

CONTINUING EDUCATION FOR THE DENTAL HYGIENIST

Local infiltration & Block Anaesthesia administration and Temporary dressings & Re cementing crowns temporarily

Time:	Monday 30th of March	08.30-17.00
	Tuesday 31st of March	08.45-14.30
Venue:	Dublin Dental School & Hospital	
Cost:	€400.00 <i>This includes course literature and Lunch on Monday and Tuesday</i>	
Places:	Limited to 40 places allocated on receipt of a completed application form and full payment.	

Deadline for Application and Payment: Monday 23rd of February

Programme:

Monday

08.30 - 09.00

Registration

09.00 - 09.15

Outline of course – opening

09.00 – 12.30

Local infiltration and block anaesthesia administration theory

12.30 – 14.00

Lunch

14.00 – 17.00

Local infiltration and block anaesthesia administration practical

Tuesday

08.45-10.00

Written Examination on Local Anaesthesia

10.30-12.00

Temporary dressing placement / re cementing of crowns temporarily - Theory

12.00 – 13.00

Lunch

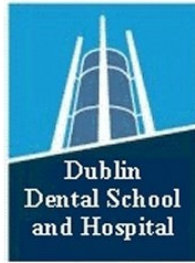
13.00 – 14.30

Temporary dressing placement / re cementing of crowns temporarily -Practical

Requirement for achieving a certificate

- 1. Pass in the written examination**
- 2. A log book must be completed in your own work place within six months.**
- 3. Valid CPR Certificate on dates of course**

Completed application should include a copy of your current Dental Council registration and your CPR certificate. Application also needs to show where you work and the name/s of the dentist/s who will supervise the local anaesthesia administrations.



APPLICATION FORM

Name: _____
[Print]

Address: _____

Phone: [daytime] _____

Year of dental hygiene graduation: _____ School: _____

Infiltration Anaesthesia included in undergraduate training programme: Yes No

If included please tick;

Current Dental Council registration [copy]

Current CPR Certificate [copy]

Certificate in infiltration anaesthesia [copy]
(If completed)

Please list the Names, Addresses and contact phone number of any dentist who will supervise you during the completion of your log book.

Name of dentist/s	Address and E-mail [if applicable] for practice	Phone number

[You may write on the back if space is too small]

Application should be sent to;
Ms. Karin Nylund, Dublin Dental School & Hospital, Trinity College, Dublin 2.

Please do not send any cash. Cheque/Postal Order should be made payable to:
Dublin Dental School & Hospital [DH course]