

Sunday, November 12, 2023 NOON-3:30 PM CE: 4 Registration at NOON
 Buffet lunch and dessert break will be provided.

Hackensack Golf Club, Soldier Hill Road, Oradell, NJ 07649

Local Anesthesia Administration Renewal Course

This course meets NJ Bd. of Dentistry's Renewal Requirement for Local Anesthesia Administration.

Please note: this course will provide 4 CE credits for you whether you hold an anesthesia permit or not.

Special emphasis will be given to patient selection, risk assessment, choice of anesthetic agents, and injection fundamentals. Participants will be able to recognize and manage any adverse reactions and medical emergencies related to the administration of local anesthesia. Proper record keeping, current acceptable infection control protocols, and quality assurance procedures and basic pharmacology will also be reviewed.

Speaker: Sebu Idiculla, DMD

Clinical Attending, Dept. of Prosthodontics

Department of Veteran's Affairs New York Harbor Healthcare

Parkview Dental & Prosthodontics, North Haledon, NJ 07508

Please make check payable to BCDHA and mail to:

Maria Workman, RDH, MS
 80 Prospect Avenue
 Westwood, NJ 07675

NO ON-SITE REGISTRATION

Early fee, Save \$10.00 before August 15th

ADHA/NJDHA/BCDHA's fees: _____ \$ 99 before August 15th _____ \$109 before October 31th _____ \$134 after
 Non-member fees: _____ \$149 before August 15th _____ \$159 before October 31th _____ \$184 after

Once paid, the registration fee is **NON-REFUNDABLE**.

Registration is limited to 75. Late fee of \$25 after October 31st.

Name _____ Address _____
 Email Address _____ ADHA
 number if member _____ Phone _____ or Cell number _____

Questions? Maria Workman, President, BCDHA mworkman80@aol.com Joanna Campbell, Treasurer, BCDHA sheacamp12@aol.com

Raffle will benefit the Winter Homeless Shelter Project. Judy Bertola will be going to the shelter with supplies purchased from your donations.



Page 2 Elections will be held for 2024 Officers at the November 12th meeting.

BERGEN COUNTY DENTAL HYGIENISTS' ASSOCIATION BIO-DATA FORM

Please provide information from the last five years.

Name _____ Email _____

Address _____

Cell Phone or Landline _____ ADHA/NJDHA member #: _____

Position you are seeking: _____

Association experience: _____

Professional experience: _____

Community Services: _____

Honors / Awards _____ CV may be attached to this form.

OFFICE YOU WOULD LIKE TO SUBMIT YOUR NAME FOR ELECTION ON NOVEMBER 12TH.

PRESIDENT: Official representative of the component at all functions as well as NJDHA Board meetings; prepare agenda for all VIRTUAL and component CE meetings; appoint committee members; submit the Annual Report to NJDHA

VICE PRESIDENT: Substitute for the President in her/his absence; attend component meetings and vote on all issues; review all appointments and vote on their approval

TREASURER: Follow all NJDHA guidelines for payment of component costs; pay the annual component insurance; incorporation fees; website fees; fees to restaurants; pay speaker's honorariums; prepare annual financial report for NJDHA and submit an Annual Report for the upcoming year

SECRETARY: Take notes at virtual and in-person meetings; submit reports after the meetings; submit annual reports to President for the component annual report to NJDHA

COMPONENT TRUSTEE: Attend all BOT meetings and report back to the component; vote at the component meetings; report back at the in-person meetings or Zoom meetings to keep the membership informed about issues in the state and ADHA when applicable.

Please return your information to: Maria Workman: mworkman80@aol.com or
Joanna Campbell: sheacamp12@aol.com