



Virtual Course Registration for

Thursday, November 2, 2023 7:00-10:00 PM CE: 3

New Mandated Continuing Education Courses

A course on ‘Opioids’, ‘Ethics for the Dental Professional’ and ‘Infection Control’ will be required by the NJ Board of Dentistry for each license renewal cycle. 1 CE ‘Opioids’, 1 CE ‘Ethics’, and 1 CE ‘Infection Prevention’ are being offered by BCDHA and will satisfy your mandatory requirements for license renewal by December 2023. The courses have NJ Board of Dentistry Approval.

Course Title: Opioids

Speaker: Tom Viola, Registered Pharmacist

It is imperative that Dental Hygienists are equipped with the tools necessary to identify opioid misuse and abuse. The course will discuss prescription opioid drugs, including alternatives to opioids for managing and treating pain, and the risks and signs of opioid use and abuse, addiction and diversion.

Course Title: Infection Prevention for the Dental Professional

Speaker: Linda Hecker, MA, BS, RDH Former Member, NJSBOD

The course is designed to review best practices in infection control and prevention. It will provide an overview of CDC guidelines and OSHA regulations.

Course Title: Ethics

Speaker: Linda Hecker, MA, BS, RDH Former Member, NJSBOD

This course is designed to fulfill the NJ State Board of Dentistry’s requirement for a course concerning professional ethics.

Registration Form for November 2, 2023 Virtual course

_____ \$30.00 BCDHA/NJDHA After October 15th _____ \$55
_____ \$60.00 Non-Members After October 15th _____ \$85

\$15.00 Students

Late fees, add \$25.00 after October 15, 2023

Once registered, no refunds.

Name _____

Address _____

Email _____

Cell/phone _____

ADHA Member #, _____

Amount enclosed \$ _____

Please mail the check (payable to BCDHA) to:

Maria Workman, RDH, MS

80 Prospect Ave

Westwood NJ 07675
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CPR in 2023: to satisfy NJ Board of Dentistry mandates for the next renewal cycle must be in person, not virtual.

Email for information: Mworkman80@aol.com

Call for Officers Flyer attached & Bio-Data Form attached, page 3.

Voting will take place at the November 12 In-person meeting.

_____ **President** _____ **Vice President** _____ **Secretary**

_____ **Trustee** _____ **Treasurer**

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.

Return form to: mworkman80@aol.com or sheacamp12@aol.com