Local Anesthesia
Review for Licensed Practitioners
April 1, 2016
10:00 AM to 3:00 PM
Course Content:
• Neurophysiology
• Neuroanatomy
• Armamentarium
• Pharmacology
• Medical History
• Injection Techniques
• Local & Systemic Complications
For More Information:
Michelle G. Klenk, RDH, EdD
304.734.6653
michelle.klenk@bridgevalley.edu
Local Anesthesia: Review for Licensed Practitioners

Participants will receive Four Continuing Education Credits

This course is designed for the licensed dental hygiene practitioner who holds a current local anesthesia certificate. This practitioner may not have been given the opportunity to apply local anesthesia skills and knowledge in their current practice and wishes to refresh this important expanded function.

Course content will include a review of neurophysiology, neuroanatomy, pharmacology, medical history, injection techniques and local and systemic complications. Course participants will be given the opportunity to practice injections.

Classroom instruction will be provided by:
Michelle G. Klenk RDH, EdD

Clinical instruction will be directed by:
Demetra Logothetis RDH, MS

Space is limited – Please register by March 9th

BridgeValley Community and Technical College is an equal opportunity/affirmative action institution and does not discriminate against any person because of race, gender, age, color, religion, disability, national or ethnic origin.

For more information: Michelle Bissell, Title IX Coordinator (304) 205-6600 or michelle.bissell@bridgevalley.edu

Registration Form: Please Return with Payment to the Address Below

BridgeValley Community and Technical College • Dental Hygiene Department
Davis Hall, Room 601 • 619 2nd Avenue • Montgomery, WV 25316

Dates: April 1, 2016
Cost: $100 Per Participant

Name: ____________________________________________
Address: _________________________________________
City: ____________________________________________
State: _________ Zip: ________
Phone: __________________________ Email: ________________

Check or Card Type: ____________________________
Total Payment Amount: _________________________
Credit Card #: ____________________________
Security #: ___________________________
Expiration Date: ______________
Print Name: ____________________________
Signature: ______________