



Infection Control in Dentistry

Thank you for your interest in the AHC infection control certificate course. This course is designed to satisfy requirements articulated in the California Code of Regulations 1005 - Dental Board of California Infection Control Regulations. This is a one-day course limited to 12 students. The curriculum is designed to train dental assistants in the latest OSHA and CDC concepts of infection control. Modes of disease transmission and prevention of HBV and HIV are covered. Sterilization and surface disinfection are the primary focus. Chemical hazards in dentistry are identified and safe handling reviewed. This is not a continuing education course to renew your RDA. This is a certificate course for community dental assistants.

Course date: November 8, 2024

Time: 8:00 am to 5:00 pm

Address: 800 S College Drive, Santa Maria, CA 93454 - Rooms M 129 and M 114

All participants will need to purchase a parking permit at the kiosks in the parking lot on campus. You must come in a dental office uniform with a lab coat, safety glasses and closed toe shoes.

To register, submit payment and required registration forms (attached) PRIOR to the course start:

- Invoice Form – If you have more than one person attending, the invoice can reflect the name and number of attendees.
- Contract Education Registration Form – one form per person
- Acknowledgement and Assumption of Potential Risk Form – one form per person

All forms will need to be emailed to the person at the bottom of the invoice.

Thank you,

Amy Gisclon

Dental Assisting Program Coordinator

The following Business and Professions Code Sections require certain individuals to complete a Board-approved course in infection control (among other requirements):

1. 1750: The employer of a dental assistant shall be responsible for ensuring that a dental assistant who has been in continuous employment for 120 days or more has already successfully completed, or successfully completes, a board-approved course in infection control within a year of the date of employment.
 2. 1750.2: On and after January 1, 2010, the board may issue an orthodontic assistant permit to a person who provides evidence of successful completion of a board-approved course in infection control.
 3. 1750.4: On and after January 1, 2010, the board may issue a dental sedation assistant permit to a person who provides evidence of successful completion of a board-approved course in infection control.
 4. 1752.1: Individuals applying for registered dental assistant licensure on or after January -1, 2010, shall provide written evidence of successful completion within five years prior to application of a board-approved course in infection control.
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Contract Education



Registration Form:

- Complete and sign this form.
ONLY ONE PERSON PER FORM.
The form may be duplicated.

Please print clearly.

NAME (First Middle Initial Last)

H

Student ID Number

OR

X X X X X

Social Security Number

Month Day Year (4-digits)

Birth Date

Have you attended Hancock before? Yes No

TRAINING TITLE & DATE OF DELIVERY

X

Student Signature

Date



ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

Use with all athletics/sports, physical education activity courses recreation, field trips and high-risk classes, i.e., athletics, public safety, performing arts, labs, dance.

_____ wishes to participate in the Allan Hancock Joint
(PRINTED NAME)

Community College District sponsored activity(ies) of

Instructor/Advisor _____ Course #/Activity _____

Course/Club Name _____

I understand and acknowledge that these activities, by their very nature, may pose a potential risk of serious injury/illness to individuals who participate. I understand and acknowledge that some of the injuries/ illnesses that may result from participating in these activities include, but are not limited to, the following:

1. sprains/strains;
2. fractured bones;
3. unconsciousness;
4. head/neck/back injuries;
5. paralysis;
6. loss of eyesight;
7. death;
8. communicable diseases
9. or other serious injury

I understand and acknowledge that in order to participate in these activities; I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

I understand, acknowledge, and agree that the District, its employees, officers, agent, or volunteers, shall not be liable for any injury/illness suffered by me as a result of my actions that is incidental to and/or associated with preparing for and/or participating in the activity(ies).

Unless otherwise advised, I understand that I am responsible for my own transportation to and from the activity(ies) and the college assumes no liability for loss or injury resulting from my transportation and any passengers who I might transport, and any person driving a personal vehicle is not an agent of the District. Although the college may assist in coordinating the transportation, any assistance and/or recommendations provided is for informational purposes and is not mandatory. I understand that I am responsible for arranging for my own transportation.

Per Education Code § 87706, when the district does not provide transportation to and from the school premises to attend a school-sponsored activity off of the school premises, the district, its officers, and employees shall not be held liable for the conduct or safety of any student at any time when the student is not on school property.

If the college is providing transportation but I do not use the transportation, I am responsible to make my own transportation arrangements, and the college assumes no responsibility or liability of any kind.

I have no known medical condition that may pose a health and/or safety risk to me or others by participating in the activity (ies).

I hereby release, waive, discharge, indemnify and hold harmless the Allan Hancock Joint Community College District, its officers, employees, board members and agents from all liability from any loss, damage, accident, injury, or death related in any way to this field trip, excursion or other off-campus curriculum-related activity.

I acknowledge that I have carefully read this ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK form and that I understand and agree to its terms.

Student Signature

Date

Parent's Signature (if minor)

Date

IMPORTANT NOTE: Before a student will be allowed to participate in the above activity(ies), a signed Acknowledgment and Assumption of Potential Risk form must be on file each semester and retained within the department for 14 months from the end of activity per the statute of limitation (Gov. Code Sec. 911.2).



CONTRACT EDUCATION

INVOICE # _____

Registration and Payment Form

Due upon receipt

Date: _____

TRAINING:			
Date(s) and Time(s):			
Location:			
Cost:			
Attendee(s):			
TOTAL AMOUNT DUE:			

NAME OF AGENCY:	
Billing Contact:	
Signature of Contact*:	
Street Address:	
City, State, Zip Code:	
Phone:	
Email:	

* Your signature above confirms that you agree to all the items, terms, conditions, and fiscal charges associated with the training.

PAYMENT:						
By CREDIT CARD	Method of Payment: (check one):	VISA	MasterCard	Discover	American Express	
	PRINT Name (as it appears on the card):					
	CREDIT CARD #:					
	Security Code (CVC):		Expiration Date:			
	PRINT Address (associated with the card):					
	Authorizing Signature:					
	I authorize Allan Hancock College to charge the card above for the total amount due.					
	Check to request a RECEIPT					
By CHECK	Mail this FORM and your CHECK to:	Allan Hancock College Attn: Julia Sokolovska (mail bag #13) One Hancock Drive, Lompoc, CA 93436				
AHC Business Services ONLY:	FOAP 1-110001-BPA-883100-701000					

Questions? Julia Sokolovska
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 (805) 922-6966 ext 5346