

Butte County ROP Dental Specialty Courses

Infection Control / DPA

Key Course Details

- Provides Infection Control and Dental Practice Act Certificate
- Registrants must hold CPR/BLS Certificate
- Course is one day in length
- **Note: Participants must be 18 years of age or older and have a high school diploma or equivalent.**

Course Materials will consist of the following:

- Online PowerPoint lecture for Infection Control
- Online PowerPoint lecture for Dental Practice Act (2 sections)
- Coursework Assignment (to be completed prior to class)

To be completed BEFORE start of class:

- Read ALL **Course Materials** (printed and/or reviewed online)
- Complete and bring the **Coursework Assignment** to the first day of class.

Clinical Requirements:

- Clinical competencies for this course will be performed on-site as part of the one-day training.

Important Registration Information:

1. Complete course **Registration Form** (next page).
2. Make payment and mail or email Registration Form and ALL requested documentation to address on Registration Form **BEFORE** registration due date.
3. **You will receive an email with a link that includes all the information you will need by the Tuesday after the registration deadline.** IF YOU DO NOT RECEIVE AN EMAIL, PLEASE CONTACT OUR OFFICE AT (530) 879-7462 OR BY EMAIL AT CTE@BCOE.ORG.

Register online at
cte.bcoe.org/dental-specialty-courses

Butte County ROP
2491 Carmichael Drive, Suite 100, Chico CA 95928
530-879-7462 | Email: CTE@bcoe.org | [CTE.bcoe.org](https://cte.bcoe.org)



Butte County ROP Dental Specialty Courses

Registration Form 2024-2025

Course Name: Infection Control / DPA

- Provides Infection Control and Dental Practice Act Certificate
- Registrants must hold CPR/BLS Certificate
- Course is one day in length

Course Fee:
\$330

1. Course Dates: Select ONE one-day session

- Friday, 8/16/24, 8am-5pm (reg. deadline 7/19/24)
- Saturday, 9/21/24, 8am-5pm (reg. deadline 8/23/24)
- Saturday, 1/18/25, 8am-5pm (reg. deadline 12/13/24)
- Saturday, 2/22/25, 8am-5pm (reg. deadline 1/24/25)
- Friday, 5/9/25 8am-5pm (reg. deadline 4/11/25)

2. Include the following documentation with this form:

- Copy of CPR/BLS Certificate (AHA or ARC only)
- Signed Student Health Self-Assessment Agreement (attached)

3. Complete your information below:

Name _____

Address _____

City & Zip Code _____

Home Phone _____

Cell Phone _____

Email Address _____

Confirm Email Address _____

4. Current DDS Employer:

Name _____

Address _____

City & Zip Code _____

Phone _____

5. Send form, documentation and payment to:

Butte County ROP
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Chico, CA 95928
Email: CTE@bcoe.org
530-879-7462

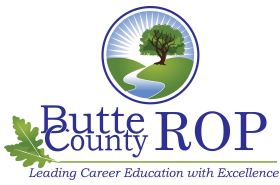
Payment may be made by credit card, cashier's check or money order only. No refunds will be provided.

Contact us!

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Our Mission: Deliver high quality career education and employment training that provides students the skills, knowledge and experience that leads to career success.





Butte County ROP Student Health Self-Assessment Agreement

First and Last Name: _____

Today's Date: _____

Phone number: _____

Program/Course: _____

Dear Student,

Please respond to the following "Self-Assessment Questions" before you arrive for the first day of class. **If you answer "Yes" to ANY of these questions before the start of class, contact your instructor to determine your next steps.**

In the future, you will need to self-assess these same questions each morning before class. If the answer to any of these questions is Yes, you must inform your instructor of your status by phone.

In addition:

- Notify your instructor immediately if your health status changes during class.
- While in class, you may be required to wear PPE as designated by your instructor.

Please sign to indicate that you are aware of and agree to these conditions.

Signature

Self-Assessment Questions:

1. Have you had any of the following symptoms in the last 14 days: Sore throat, cough, chills, headache, shortness of breath, body aches for unknown reasons, fatigue for unknown reasons, diarrhea, vomiting, loss of smell, loss of taste, and/or fever at or greater than 100 F?
Yes __ No __
2. Have you, or anyone in your household, tested positive for COVID-19 in the last 14 days?
Yes __ No __
3. Have you been in close contact* with any individual who has tested positive for COVID-19 in the last 14 days?
Yes __ No __

**Close contact includes the following: being within 6 feet of a person for 15 minutes or more; direct physical contact, such as hugging or kissing; or contact with respiratory secretions, such as a cough or sneeze close to you.*

*For more information about COVID-19 and local Public Health resources,
please visit our web page at cte.bcoe.org/covid-resources.*