

Butte County ROP Dental Specialty Courses

Infection Control / DPA

Key Course Details

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

To be completed BEFORE start of class:

- ☐ Read ALL **Course Materials** (printed and/or reviewed online)
 - Online PowerPoint lecture for Infection Control
 - Online PowerPoint lecture for Dental Practice Act (2 sections)
- ☐ 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



Butte County ROP Dental Specialty Courses

Registration Form 2025-2026

Course Name: Infection Control / DPA

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

**Course
Fee:
\$330**

1. Course Dates: Select ONE one-day session

Fri, Aug 15, 2025 (reg. deadline July 18, 2025)
Sat, Sept 13, 2025 (reg. deadline August 15, 2025)
Sat, Jan 17, 2026 (reg. deadline December 12, 2025)
Sat, Feb 21, 2026 (reg. deadline January 23, 2026)
Fri, May 8, 2026 (reg. deadline April 10, 2026)

2. Include the following documentation with this form:

Copy of current BLS Certificate (AHA or ARC only)

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
2491 Carmichael Drive
Suite 100
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!

Butte County ROP
2491 Carmichael Drive, Suite 100, Chico CA 95928
530-879-7462 | Email: CTE@bcoe.org | CTE.bcoe.org

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

