February 6, 2016

IKDHA Presents Two Continuing Education Courses Required for Indiana License Renewal

Seating is limited. Please register by Wed, Feb. 3rd!

Speaker: Kathy L. Nahrwold, RDH
President, Absolute OSHA Consulting, LLC

Course #1: ETHICS: Borders and Boundaries - 2 CEUs
This course meets Indiana's license renewal requirements for biennial review of dental ethics, professional responsibility and dental laws governing the practice of Indiana dentists and dental hygienists. The newest changes in Indiana Dental/Dental Hygiene Practice Acts will be discussed. ADA and ADHA Codes of Ethics for Dental Healthcare Providers will also be presented. Limited to 125 participants.

Course # 16SHLT121
Date: Saturday, February 6, 2016
Location: IPFW Science Building, Room 168
Registration: 8:30–9:00 AM (Lobby)
Course: 9:00–11:00 AM (2 CEUs)
Cost: $60

Course #2: CPR: BLS Healthcare Provider Course - 5 CEUs
This course meets Indiana's license renewal requirements for CPR/AED recertification for dental hygienists. New American Heart Association (AHA) changes will be discussed. Limited to 30 participants.

Course # 16SHLT123
Date: Saturday, February 6, 2016
Location: IPFW Science Building, Room 168
Registration: 11:00–11:30 AM (Lobby)
Course: 11:30 AM–3:30 PM (5 CEUs*)
Cost: $75

Please Note: *Only 2 CEUs in CPR/BLS can be used for Indiana's dental hygiene license renewal.

Register online at learn.ipfw.edu, complete the mail-in form below, or call IPFW Division of Continuing Studies at (260) 481-6619.

MAIL-IN REGISTRATION FORM
(Payment must accompany this form.)

Name __________________________________________
Address __________________________________________
City/State __________________________________________
Zip Code __________________________________________
Email __________________________________________
Preferred Phone Numbers:
   Day __________________________
   Evening __________________________

__Course #1 – ETHICS  (60)  
Course # 16SHLT121

__Course #2 – CPR/BLS  (75)  
Course # 16SHLT123

Make checks payable to IPFW.

If paying by credit card, please complete the following:

__Visa  __MasterCard  __Discover
Card # __________________________________________
Expiration date ______________________________________
Amount __________________________________________
Signature __________________________________________

MAIL Registration Form to:
IPFW Division of Continuing Studies
2101 E. Coliseum Blvd, KT 139
Fort Wayne, IN 46805-1499