HCS 620 – Nitrous Oxide Sedation for the Dental Hygienist and Dental Assistant

Registered dental hygienists and experienced dental assistants will receive a comprehensive introduction to conscious sedation with the opportunity to practice the administration and monitoring of nitrous oxide in the clinical session. Topics include areas of anatomy, physiology, pharmacology, and dental emergencies. Lectures consist of 10 units of online study and submission of answers following each unit, which must be completed prior to the lab session.

Instructor: Kim Pankau

Lab Location: Parkland College L157

Fee: $299 (book and lab fees included)

Prerequisites: Illinois Dental Hygiene license or 1,000 hours of assisting experience and current CPR certification

HCS 631 – Local Anesthesia for the Dental Hygienist

Discover the essential skills and knowledge for safe and effective administration of local anesthesia in dental hygiene practice. Discuss the integration of anatomy, physiology, and pharmacology as they relate to the administration of local anesthetics. Hands-on clinical sessions are included to develop competency and confidence in the techniques of administering local anesthetics. The course consists of 10 units of online study and submission of answers following each unit, which must be completed prior to the lab session.

Instructor: Liz Jinks

Lab Location: Parkland College L157

Fee: $630 (book additional)

Prerequisites: Illinois Dental Hygiene license or 1,000 hours of assisting experience and current CPR certification

For more information, contact Parkland College Business Development Center 217/351-2235.

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"Brush up" on your skills!
Continuing Education for Dental Hygienists and Assistants

NITROUS OXYDE SEDATION
HCS 620-960(S)
Online Instruction: June 26 – July 24
Lab: Fri July 25
1–5 pm
Deadline: June 20

HCS 620-960
Online Instruction: September 8 – October 3
Lab: Sat October 4
9 am – 1 pm
Deadline: August 30

LOCAL ANESTHESIA
HCS 631-960(S)
Online Instruction: July 1 – August 4
Lab: Tue/Wed Aug 5 & 6
8 am – 5 pm
Deadline: June 24

HCS 631-960
Online Instruction: November 3 – December 14
Lab: Mon/Tue Dec 15 & 16
8 am – 5 pm
Deadline: October 27

Registration
- Payment is due at the time of registration. Your registration is complete when tuition and fees are paid.
- Mail or deliver the completed registration form along with payment to Parkland College Business Development Center, 1315 N. Mattis Ave., Champaign, IL 61821.
- Fax the completed form to the BDC — 217/351-5928.
- Call 217/351-2235.
- Online — www.parkland.edu/bdc

Cancellation/Refund Policy
Parkland College BDC reserves the right to cancel a workshop/course at least two business days prior to the start of the course. Notification of cancellation will be sent via email or phone. If the college cancels a workshop/course, a full refund is issued automatically.
A 100% refund of fees for workshops and courses will be processed if an official drop is made BEFORE the first day of the workshop/course. You will be responsible for payment of fees if you do not officially drop before the first day of the course.

Registration
PLEASE REGISTER ME FOR:

Check one:
- HC 620-960(S)
- HC 620-960
- HC 631-960(S)
- HC 631-960

Prerequisites:
- Illinois Dental Hygiene licensure or 1,000 hours of assisting experience
- Current CPR certification

PERSONAL INFORMATION
Name (last) ___________________________ (first) ___________________________
Address (issue) ___________________________ (city/state/zip) ___________________________
Social Security number ___________________________ Email address ___________________________
Home phone ___________________________
Work phone ___________________________
CITIZEN/VisA STATUS:
- U.S. Citizen
- Permanent resident (green card)
- Nonresident alien/international student
  - Visa type ___________________________ Country ___________________________
Amount of check enclosed (payable to Parkland College) $ ___________________________
Amount charged to credit card $ ___________________________
Exp. date ___________________________
Card Number: ___________________________
3-digit code on back of credit card ___________________________

VOLUNTARY INFORMATION
(for state reporting purposes only)
GENDER:
- Male
- Female
ETHNIC/RACIAL DESCRIPTION:
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Black, Non-Hispanic
- Hispanic
- White, Non-Hispanic
- Nonresident Alien
- Other/Unknown
HIGHEST DEGREE EarnED:
- GED
- High school diploma
- Certificate
- Associate’s degree
- Bachelor’s degree
- Master’s degree
- First professional degree
- Doctoral degree
- Other
- None

RESIDENCY INFORMATION
A resident of Parkland College District 505 is one who has established a permanent dwelling place (domicile) in the district for other than educational purposes and shows evidence of continuing intent to remain in the district. Residency must be established a minimum of 30 days prior to registering for, or the beginning of the term in which the student wishes to enroll. Students under the age of 21 whose parents live outside District 505 may not claim residency unless they can provide proof they are financially independent of their parents, and they may not be claimed as dependents for income tax purposes or on any type of insurance.

- I reside within the Parkland College district and am financially dependent upon my parents (or legal guardians), who are permanent residents of Parkland’s district.
  (If you check this statement, disregard remaining statements.)
- My permanent residence is outside the Parkland district. I am a resident of:
  - city ___________________________ state ___________________________
- My permanent and only place of residence is within the Parkland College district. I am independent of parental control and support; I am not claimed as a dependent for income tax, family insurance, or financial aid purposes by anyone other than myself or my spouse. (An affidavit will be required for students who move from outside the district.)
  I established my permanent residence within Parkland’s district on:
  - city ___________________________ state ___________________________
  - month ___________________________ year ___________________________
  My voter registration, automobile registration, and driver’s license all verify that my residence is within Parkland’s district.
  - City/State Where Issued ___________________________ Date Issued ___________________________
Voter Registration ___________________________
Driver’s License ___________________________

YOUR SIGNATURE IS REQUIRED
I certify that the above statements are correct and complete.

SIGNATURE ___________________________ DATE ___________________________

MAC-0408