

8-Hour Infection Control Course

Mandatory for ALL Unlicensed Dental Assistants

SB 1453 1750.1. Unlicensed DAs Section 1750.1. (c) — Effective 1-1-2025

*The employer of a dental assistant shall be responsible for ensuring that the dental assistant has successfully completed a board-approved eight-hour course in infection control **prior to** performing any basic supportive dental procedures involving potential exposure to blood, saliva, or other potentially infectious materials.*

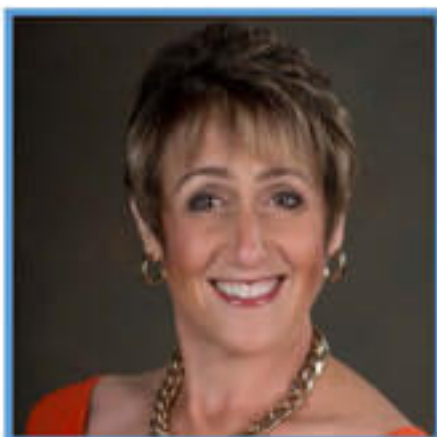
Reference Full Version of SB1453: https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB1453

The Didactic portion of the course (4 hours) may be taken as home study. The clinical portion of the course (4 hours) must be presented live, hands-on in a clinical setting. **Leslie will conduct the clinical portion of the course at CENTURION PRACTI(CE)NTER**

DATE AUGUST 25, 2025– 8:00AM-12:00PM REGISTER NOW !! LIMITED SPACE!!!

Tuition for the 8-Hour Infection Control course is \$500/person includes:

- ♦4-Hour Didactic Home Study Module Online –**Complete before Clinical session**
- ♦4-Hour Clinical Module Conducted at CENTURION PRACTI(CE)NTER
- ♦Clinical Training Date: Monday August 25, 2025 (Limited Spaces)
- ♦Dental Practice Act Home Study - Online Video Training Course included!
- ♦Peace of Mind in Knowing Your Practice Meets Dental Board Requirements



Leslie Canham, CDA, RDA, CDIPC, CSP is a Dental Board approved provider for the 8-Hour Infection Course.

To Register, submit the completed form (one per person) along with payment. Forms can be faxed to **209-785-4458** or mailed to:

Leslie Canham and Associates, LLC
PO Box 542
Copperopolis, CA 95228

The confirmation of enrollment and study materials will be emailed upon receipt of payment. The home study didactic infection control module must be completed prior to clinical training.

Have Questions? Call Leslie at **209-785-3903**.

COURSE: CENTURION PRACTI(CE)NTER CLINICAL MODULE FOR 8-HOUR INFECTION CONTROL

Name of Dental Assistant

Phone Number

Dental Assistant's Email Address (Personal Email address required for online access to course materials)

Name of Employer

Address

Payment Method

☐

Visa/Mastercard

☐

Discover

☐

American Express

☐

Check

Credit Card Number

Expiration Date

Billing Address of Credit Card

Print Card Holder's Name

Card Holder's Signature