

SUFFOLK COUNTY DENTAL SOCIETY

of the State of New York, Inc.

150 Motor Parkway, Suite 105, Hauppauge, New York 11788

Tel: (631) 232-1400 Fax: (631) 232-1402

E-mail: suffolkdental@optonline.net Web page: www.suffolkdental.org

CPR and AED

Simplified, complete training in the newest guidelines for Adult CPR and

Automated External Defibrillators presented by

"Have Dummy Will Travel"

9 am - Noon

Friday, October 6, 2017 or

Wednesday, October 25, 2017



Cost: \$100 ADA members and staff/ \$150 non-ADA dentists

Credits: 3 m.c.e. credits


Place: Media Center (lower level), SCDS offices
150 Motor Parkway, Hauppauge, NY 11788

This course will update, inform and train members and their staff in the newest CPR/AED guidelines. At the completion of the course, 2-year National Safety Council CPR/AED certification cards will be issued. Attendees will receive hands-on training on the Philips On-Site AED.

CLASS SIZE IS STRICTLY LIMITED: REGISTRATIONS ACCEPTED FIRST-COME, FIRST-SERVED

NO REFUNDS WILL BE MADE ON DAY OF PROGRAM!

<p>ADA CERP® Continuing Education Recognition Program</p> <p>Suffolk County Dental Society is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at www.ada.org/goto.cerp.</p>
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 <p>Academy of General Dentistry™ PACE Program Approval for Continuing Education</p>	<p>AGD Approved PACE Program Provider FAGD/MAGD Credit Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. 12/19/2013 to 12/18/2017 Provider ID # 219113</p>
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Detach and mail with your payment to SCDS, 150 Motor Pkwy, Ste 105, Hauppauge, NY 11788 or fax (charges only) to 232-1402.

Adult CPR/AED Training Course

[] Friday, October 6

[] Wednesday, October 25

Name of dentist:.....ADA #:.....

Office address:..... Tel. #:.....

[] Check enclosed for \$.....(\$100 ADA Members and staff; \$150 Non-ADA dentists)

[] Charge my Visa/MasterCard #: _____ Exp. date: Mo. _____ Yr. _____

Cardholder signature \$ _____ CVV: _____ Zip Code: _____
Amount