SIXTH DISTRICT FALL CE MEETING – FRIDAY, SEPTEMBER 16, 2016

CHILD ABUSE RECOGNITION & REPORTING FOR DENTAL PROFESSIONALS

2 CE CREDITS REQUIRED FOR 2017 RELICENSURE, ACT 31

APPROVED BY THE DEPARTMENT OF HUMAN SERVICES & STATE BOARD OF DENTISTRY

WHERE: County Cupboard, Rt 15, Lewisburg

WHEN: Friday, September 16; registration and breakfast buffet 8:15-9 a.m.
Course 9-11 a.m., followed by questions and meeting

Upon completion of the course, you and your staff will:

1. Understand categories of child abuse as defined by the Child Protective Services Act
2. Recognize universal child abuse indicators
3. Recognize clinical and intraoral pathologies of physical and sexual abuse
4. Understand the legal responsibilities as mandated reporters
5. Know when, how, and where to report suspected abuse, and what happens after a report is made
6. Understand the protections for reporters and the penalties for failure to report

COST:  $75 PDA members
        $50 staff of PDA members
        $200 non-PDA member dentists
        $150 staff of non-PDA member dentists

ADA CERP APPROVED; the program is co-sponsored by the 6th district and the PDA

PDA 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.
This continuing education activity has been planned and implemented in accordance with the standards of the ADA Continuing Education Recognition Program (ADA CERP) through joint efforts between PDA and the Sixth District Dental Society.
Concerns or complaints about a CE provider may be directed to the provider or to the Commission for Continuing Education Provider Recognition at ADA.org/CERP.

QUESTIONS? Contact Dr Julie Ann Barna, 570/524-0600, jbarna0823@gmail.com

REFUND POLICY: A refund will be issued if the registration is cancelled 21 business days prior to the course. No refunds will be issued for no shows.
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REGISTRATION FORM – please print or type

Registrant # 1
First name: ________________________________  Last name: ________________________________
Title: (DMD, DDS, RDH, EFDA): ________________________________
Date of birth (mm/dd/yyyy): ________________________________  License number: ________________________________
Last 4 digits of SSN (required by the Department of State): ________________________________

Registrant # 2
First name: ________________________________  Last name: ________________________________
Title: (DMD, DDS, RDH, EFDA): ________________________________
Date of birth (mm/dd/yyyy): ________________________________  License number: ________________________________
Last 4 digits of SSN (required by the Department of State): ________________________________

Registrant # 3
First name: ________________________________  Last name: ________________________________
Title: (DMD, DDS, RDH, EFDA): ________________________________
Date of birth (mm/dd/yyyy): ________________________________  License number: ________________________________
Last 4 digits of SSN (required by the Department of State): ________________________________

Registrant # 4
First name: ________________________________  Last name: ________________________________
Title: (DMD, DDS, RDH, EFDA): ________________________________
Date of birth (mm/dd/yyyy): ________________________________  License number: ________________________________
Last 4 digits of SSN (required by the Department of State): ________________________________

RETURN COMPLETED FORM with check payable to Sixth District Dental Society:

Dr. Julie Ann Barna/6th District
222 JPM Rd
Lewisburg, PA 17837-9340