



Dental Board of California  
Continuing Education Provider  
Permit No. RP2189

**BUTTE-SIERRA DENTAL SOCIETY CONTINUING EDUCATION**

**The Big 3 Requirements:  
OSHA, Infection Control & California  
Dental Practice Act (6-CE Units)**

**BSDS Continuing Education Program Will Continue to Offer Courses In Live-Online Lecture Format (except for CPR/BLS For Healthcare Providers that require in-person practical tests). *Let us know if you only need just one, or two of the classes.***

**‘The Big 3’ Required Courses for Licensure Renewal  
Friday, October 15, 2021 8:00am-2:30pm**

8:00am - 10:00am	<b>OSHA</b> (2 CE's)
10:00am - 12:00pm	<b>Infection Control</b> (2 CE's)
12:00noon	Lunch Break
12:30pm - 2:30pm	<b>California Dental Practice Act</b> (2 CE's)

**REGISTRATION BSDDS Member Dentists price: \$150 Member Dental Staff: \$100**

Doctor Name: \_\_\_\_\_ License # \_\_\_\_\_ Dr. attending? yes / no

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Lic. type and #: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Lic. type and #: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**Registration for each participant must include email address and phone for CE Certificates.**

Payment Method:  Check enclosed  Visa  Mastercard  American Express

Billing Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

email for credit card e-receipt: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp: \_\_\_ / \_\_\_ CVC Code: \_\_\_\_\_ **TOTAL: \$**

**Non-Member Dentist: \$200 Non-Member Auxiliary Staff: \$100**

**FAX: (530) 265-2703**

**BSDDS Office Phone: (530) 265-2569**

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