

## **8-Hour Infection Control**

Mandatory for ALL Unlicensed Dental Assistants



The employer of a dental assistant shall be responsible for ensuring that the dental assistant has successfully completed a board-approved 8 Hour Infection Control **PRIOR TO** performing any procedures involving potential exposure to blood, saliva, or other potentially infectious materials.

Full Version of SB1453: https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill\_id=202320240SB1453

The Didactic portion of the course (4 hours) is taken as home study. The clinical portion of the course (4 hours) is mandatory as hands-on. Leslie will conduct the clinical portion of the course at Elevate Dental Institute, Inc. in San Jose (Parking in back and easily accessible via public transportation)

3 Dates to choose from: Wed Nov 19, Fri Dec 13, 2025 and Sat Jan 31, 2026

| Tuition for 8-Hour Infection Control course \$695 Now \$350/per person •4-Hour Didactic Home Study Module   |
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| ◆4-Hour Clinical Module Conducted at ELEVATE DENTAL INSTITUTE, INC. IN SAN JOSE   |
| ◆Pick one Clinical Training Date: ☐ 11/19/25 9-1pm Only ☐ 12/13/25 ☐ 1/31/26  |
| ◆Pick one Session Time: 8am-12pm OR   |
| ◆Bonus! Includes Dental Practice Act Home Study - Online Video Training Course  |
| <ul> <li>◆Peace of Mind in Knowing that Unlicensed Dental Assistants can work Legally in your practice<br/>Meets Dental Board Requirements</li> </ul> |
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**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 cans 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 should be completed prior to clinical training to get certificate awarded on training day.

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

Special Rate!

| Name of Dental Assistant  | Phone Number             |
|---|--------------------------|
| Dental Assistant's Email Address (Personal Email address required for online acce | ess 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  |