DATE: Saturday, September 15, 2012

TIME: 9:00 – 12:00 pm

LOCATION: Volunteer State Community College
Campus-Annex Building-400-Room 113

Three (3) continuing Education Credits will be given at the end of the course.

Please call Desiree Sutphen at (615) 230-3439 if you have any questions.
Objectives for Nitrous Oxide Monitoring Course:

1. The student will be able to discuss the laws that govern Tennessee dental assistants concerning nitrous oxide/oxygen monitoring.
2. The student will be able to discuss the applications of nitrous oxide/oxygen use in terms of philosophy and psychology in controlling anxiety and pain.
3. The student will be able to discuss the clinical differences in general anesthesia and relative analgesia.
4. The student will be able to discuss the physiology of normal respiration.
5. The student will be able to identify orally or in writing the four stages of anesthesia and describe the signs and symptoms of the patient in each stage.
6. The student will be able to identify the advantages and disadvantages for nitrous oxide/oxygen use.
7. The student will be able to describe side effects of relative analgesia.
8. The student will be able to identify their role as dental assistants in delivering nitrous oxide/oxygen.
9. The student will be able to identify and describe the equipment used to administer nitrous oxide/oxygen as well as safety measures and equipment used for protecting the dental staff.
10. The student will pass a written test covering relative analgesia with a minimum score of 80%.

Dental Assistant Education Program
Nitrous Oxide Monitoring

Please respond by September 10th to reserve your seat for the class. The cost is $65. Payment for the class will be collected on the day of the course. Check or money order is acceptable and to be made out to VSCC Dental Assistant Education Program.

You may fax the registration form to (615) 230-334 to reserve your seat.

In order for the student to be able to attend this course, they must have a valid/current Tennessee Dental Assistant Registration number. Please bring your number with you as verification of your license.

1. Name.: ________________________________
   Contact ________________________________
   License # ______________________________

If there are multiple members attending, please indicate below:

2. Name.: ________________________________
   Contact ________________________________
   License # ______________________________

3. Name.: ________________________________
   Contact ________________________________
   License # ______________________________

4. Name.: ________________________________
   Contact ________________________________
   License # ______________________________

5. Name.: ________________________________
   Contact ________________________________
   License # ______________________________

6. Name.: ________________________________
   Contact ________________________________
   License # ______________________________

7. Name.: ________________________________
   Contact ________________________________
   License # ______________________________