Central DENTAL SOCIETY

OSHA® Occupational Safety and Health Administration

OSHA and Infection Control 2026 | 3 CE

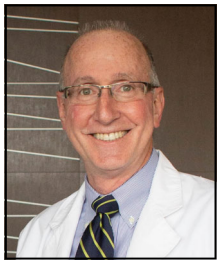
VIRTUAL OSHA!

Zoom link will be provided to the registrants the week of the course. Live Q&A at the conclusion of the presentation.

When:
Friday, September 4, 2026

Schedule:
OSHA course, 9am-12pm (3 CE)
Followed by Business Meeting.
Both meetings will be virtual.

Virtual Fee:
$75 Member Dentist
$50 Staff
$150 Non-Member Dentist



Dr. Howard Shayne presents

OSHA & Infection Control

The OSHA Bloodborne Pathogen Standard requires that employers who have employees with occupational exposure to blood and other potential infectious material provide training for those employees annually. In addition, for DANB Certified Dental Assistants, two hours of infection control and one hour of OSHA's Bloodborne Pathogens credits is required annually. This course covers both areas of required training. The OSHA standard contains 15 elements that will be addressed in the training. The major exception is that the standard does not require an annual review of the employer's exposure control plan. This portion of the requirement will need to occur in the participants' individual office setting. However, a discussion of the elements required in all plans will be included. The course will provide 3 hours of CEU (2 hours IF & 1 hour BBP). You will learn how to be aware of safety issues involved in dental care, be able to apply modern infection control principals, be knowledgeable about requirements of the OSHA Bloodborne Pathogens Standards and be able to critically analyze different methods for instrument decontamination.

CDS is an approved continuing education provider by the Missouri Dental Board.

Contact Person: _____ Email*: _____

Email used for zoom link and last-minute details. CE cards will be emailed after the presentation for virtual participants.

Attendee Name: _____ Fee: _____

Attendee Name: _____ Fee: _____

Attendee Name: _____ Fee: _____

Attendee Name: _____ Fee: _____

Attendee Name: _____ Fee: _____

Attendee Name: _____ Fee: _____

Total Fee Enclosed: _____

Return form to Central Dental Society: *3340 American Ave, Jefferson City, MO 65109 ● **Checks Only***