

Local Anesthesia COVID-19 COURSE REQUIREMENTS

PLEASE READ THE FOLLOWING CAREFULLY. You must initial each section confirming the requirements are understood as well as signing and dating the last page agreeing to the terms of the course.

Covid-19 has forced our course facilities to change their protocols in their facilities. Because of this, our policy of requiring participants to provide certain equipment and supplies will be **STRICTLY ENFORCED**. Arriving at the course without the required supplies and equipment will result in dismissal from the course and a refund will not be granted and transferring to another course date will not be an option. We have been lax on this requirement in the past but will enforcing this requirement for the foreseeable future.

PPE Requirements

Until further notice, everyone taking a course through the Oklahoma Dental Foundation in accordance with CDC guidelines and facility protocols **will be REQUIRED to provide their own:**

- **N95 that has been properly fit-tested OR a KN95 mask**
- **Surgical masks**
- **Gloves**
- **Protective eyewear**

(Please Initial) RDH _____

Equipment Requirements

All hygienists participating in the course are required to provide their own **non-disposable, metallic, breech-loading, cartridge-type, aspirating (NOT self-aspirating) syringes**. *Participants will need to practice using the syringe before the course on their own.*

(Please Initial) RDH _____

COVID-19 Screening Requirements

You may be required to complete OU's online Covid-19 Screening. Requirements are based on your vaccination status, symptoms, and exposure. Details will be part of your course packet email and will help you determine if you need to complete the screening.

(Please Initial) RDH _____

I have read the above requirements and understand failure to provide the required supplies, equipment, and patient(s) will result in dismissal from the course. I will not receive a refund will be required to re-enroll and pay the full course enrollment fee.

Date: _____

Dental Hygienist (Name Printed): _____

Dental Hygienist (Signature): _____

Requirement forms not initialed and signed will not be accepted.