

# Pediatric Conscious Sedation and ACLS Training

**Course Summary:** This hands-on educational experience is appropriate for any dentist interested in reinforcing the knowledge and performance skills requisite to providing best practices for the sedated pediatric dental patient. This course fulfills the biennium continuing education requirements mandated by the Florida Board of Dentistry for the renewal of pediatric and general conscious sedation permits.

**Faculty:** Dennis Stone, MD, Pediatric Anesthesiologist, Jacksonville, FL  
Hector Vila, MD, Pediatric Anesthesiologist, Tampa, FL  
Nancy Setzer-Saade, MD, Pediatric Anesthesiologist, Miami, FL  
David Schultz, DO, Anesthesiologist, Daytona Beach, FL  
Bob Traficante, DDS, Pediatric Dentistry, Loma Linda School of Dentistry  
Lorie Primosch, RDH, MEd, EMT, University of Florida, AHA BLS instructor  
Robert Primosch, DDS, Pediatric Dentistry, University of Florida

**CE credit:** 14 CEU will be awarded for attendance at this course. A certificate of completion will be issued upon course completion and ACLS cards will be mailed to all participants who successfully pass the written examination and testing stations.

**Fee:** \$775.00 for members of the Florida Academy of Pediatric Dentistry\* and \$900.00 for non-members. Fee includes ACLS Provider Manual, study materials, and meals.

**Dates:** **Friday/Saturday April 30-May 1, 2010**

**Registration:** Enrollment is limited to 24 participants. Registration will be on a first come, first served basis. No on-site registration will be permitted and no refunds will be granted after the deadline date (2 weeks prior to course date). **Registration opens January 1, 2010.**

\*FAPD membership form located on the website: [www.FAPD4kids.org](http://www.FAPD4kids.org)

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**Enrollment Form:** Please complete this form and detach. Please mail form along with registration fee (\$775 or \$900) payable to the *Florida Academy of Pediatric Dentistry* to Dr. Robert Primosch, Executive Director, Florida Academy of Pediatric Dentistry, PO Box 100426, University of Florida, 32610. Phone #: 352-273-5953, Fax #: 352-392-8195, email: [rprimosch@dental.ufl.edu](mailto:rprimosch@dental.ufl.edu)

**Name:** \_\_\_\_\_

**I have a current ACLS card:** Yes No  
If Yes, date of expiration is: \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**I have a current BLS card:** Yes No  
If Yes, date of expiration is: \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email #:** \_\_\_\_\_