



Michigan

Dental Hygienists' Association
Greater Detroit Dental Hygienists' Association

GREATER DETROIT DENTAL HYGIENISTS'
ASSOCIATION PRESENTS

"CPR Certification for BLS Providers"

Saturday January 5, 2019

Farmington Community Library, Twelve Mile location

12:45-5PM

CE's – CPR not eligible for CE per the MBD/ American Heart Association

Please provide email to receive your card- they will not be provided at class; late arrivals will not qualify for the AHA CPR card. Max attendance is 25, a wait list will be started after first 25.

Janet Miller, RDH BS

Janet is a Certified CPR Instructor as well as a Registered Dental Hygienist. She received her Dental Hygiene Certification from the University of Detroit and received her Bachelor of Science Degree through O'Hehir University. She practices as a clinical dental hygienist and is a consultant for OraPharma and Arestin. Jan is the current President of MDHA. She is a former President of OCDHA and continues as a board member of GDDHA. She is a Board Member and Secretary of the University of Detroit Mercy School of Dentistry Alumni Association and is also a member of the Sigma Phi Alpha Honor Society at the University of Detroit Mercy School of Dental Hygiene.

COURSE OBJECTIVES:

- How to recognize an emergency situation
- Review and update CPR for health care providers
- Review and update AED requirements
- Review and update use of a defibrillator

***** Farmington Community Library, Twelve Mile location *****

12:45 – 1:00 PM Registration and Announcements

1:00 – 5:00 PM Jan Millers CPR Presentation

Deadline: 12/29/2018 *There may be an additional charge for late registration

You can sign up and pay for your class at www.gddha.com

Please provide your e-mail address as we may be e-mailing you CPR certification cards to you

Mail registration to: Deb Hurst, RDH BS 3268 Catalpa Dr. Berkley, MI 48072 (248)990-2542 berkleydeh@gmail.com

Make checks payable to GDDHA No refunds unless spot can be filled- 48hr notice required

1/5/19 "CPR Certification for BLS Providers"

_____ \$40- ADHA Members

_____ \$60- DDS

_____ \$60- Non-Members

NAME: _____

EMAIL: _____

ADDRESS: (City, State, Zip) _____

PHONE: _____

ADHA Member # _____ Component Name: _____ DDS _____ Non-member _____

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