

# FLORIDA SOUTHWESTERN STATE COLLEGE

PROGRAM DIRECTOR:

Karen Molumby, CDA, RDH, MBA

COURSE FACULTY:

Dr. Anthony Contino, DDS

Dr. Richard Olitsky, DDS

**TAKE THE FIRST STEP  
and contact us for  
more details!**

**239-985-8322**  
**Karen Molumby**  
**kmolumby@fsw.edu**

## **DENTAL HYGIENE LOCAL ANESTHESIA COURSE**

*Sponsored by: School of Health Professions*  
**Dental Hygiene Program**



**AUDIENCE:** RDH holding current FL license

**CONTENT:** 30 Hours Online + 30 Hours Clinical

**Online DATES:** Starts Monthly on 1st & 15th

**Clinical DATES:** September 20-21 or October 11-12

**Clinical LOCATION:** Lee Campus, Fort Myers FL

**COURSE COST:** \$1500 Course + \$30 Application Fee

**ADDITIONAL COSTS:** Textbook

Welcome to the Dental Hygiene Local Anesthesia Course! We are pleased that you have chosen Florida SouthWestern State College and we are committed to assisting you in accomplishing your goal to obtain your certification to administer local anesthesia. We understand that adult learners are often anxious about returning to a learning environment. Communication between course participants and faculty is essential to facilitate your success. Participants will actively engage in online classroom and hands-on clinical education activities.

This course provides an extensive review of (1) anatomy and physiology of the nerves, muscles, and bones of the head and neck, (2) pharmacology of topical and injectable local anesthetic agents, and (3) healthcare assessment. In the on-site clinical sessions, participants will deliver local anesthetic using a variety of techniques and agents on peers. In the subsequent off-site clinical sessions, participants will administer local anesthesia to patients in a private dental office setting. This course is approved by the Florida Board of

### **Equal Opportunity Statement**

Florida SouthWestern State College is committed to providing an educational and working environment free from discrimination and harassment. All programs, activities, employment and facilities of Florida SouthWestern State College are available to all on a non-discriminatory basis, without regard to race, sex, age, color, religion, national origin, ethnicity, disability, sexual orientation, marital status, genetic information or veteran's status. The College is an equal access/equal opportunity institution. Questions pertaining to educational equity, equal access, or equal opportunity should be addressed to Ronald A. Dente, Jr., College Equity Officer, Office of Human Resources, 8099 College Parkway, Fort Myers, FL 3919 (239) 489-9293.



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School of Health Professions  
Dental Hygiene Local Anesthesia Course

|                                                                                                                                                                                                                                                                                                                     |  |                                                                              |                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------|---------------------|
| <b>Last Name:</b> _____                                                                                                                                                                                                                                                                                             |  | <b>First Name:</b> _____                                                     |                     |
| <b>Street Address:</b> _____                                                                                                                                                                                                                                                                                        |  | <b>City:</b> _____                                                           | <b>State:</b> _____ |
| <b>Code:</b> _____                                                                                                                                                                                                                                                                                                  |  | <b>Zip</b> _____                                                             |                     |
| <b>Phone:</b> ( ) _____                                                                                                                                                                                                                                                                                             |  | <b>Email Address:</b> _____                                                  |                     |
| <b>Professional License(s), if applicable:</b> _____                                                                                                                                                                                                                                                                |  | <b>State</b> _____                                                           | <b>#</b> _____      |
| <b>Birth Date:</b> _____                                                                                                                                                                                                                                                                                            |  | <b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female |                     |
| <b>Race/Ethnicity:</b> <input type="checkbox"/> Caucasian (non-Hispanic) <input type="checkbox"/> African American (non-Hispanic) <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other _____ |  |                                                                              |                     |
| <b>Where did you hear about this course?</b> _____                                                                                                                                                                                                                                                                  |  |                                                                              |                     |
| <b>What is the reason that you are taking this course?</b> <input type="checkbox"/> Employer Request<br><input type="checkbox"/> Personal Interest <input type="checkbox"/> Other Reason: _____                                                                                                                     |  |                                                                              |                     |
| <b>What month/year did you complete your academic degree in dental hygiene?</b> _____ / _____                                                                                                                                                                                                                       |  |                                                                              |                     |

|                        |                  |
|------------------------|------------------|
| <b>APPLICATION FEE</b> | \$ 30.00         |
| <b>COURSE FEE</b>      | \$ 1500.00       |
| <b>TOTAL</b>           | <b>\$1530.00</b> |

Requests for refund **one week** prior to the first class meeting will be granted. If you have a ConnectCard through FSW the refund will be transferred to your ConnectCard Account. Continuing Education refunds will not be granted on or after the first class meeting. By submission of this form you are stating that you accept our refund policy. A \$100 processing fee will be deducted from the refund due to students who drop all Courses over \$1,500 in price. There is a non-refundable Application Fee of \$30 for all classes \$1,500 or greater.

**I have been given and have read the flier for this class and understand the Refund Policy**  
**Signature:** \_\_\_\_\_

**Course Fees are subject to change without notice Payment Options Do not send cash in mail**

|                                                                                                                                                         |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <input type="checkbox"/> Check Enclosed/Check # _____                                                                                                   | (make check payable to FSW) |
| <input type="checkbox"/> Cash <input type="checkbox"/> Florida Prepaid <input type="checkbox"/> Alternate form of payment: _____                        |                             |
| <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover /Credit Card #: _____ |                             |
| Expiration Date: _____                                                                                                                                  |                             |
| Name As It Appears On Credit Card: _____                                                                                                                |                             |

Please mail your completed form with personal/cashier's check payable to:

**Florida SouthWestern State College**  
**ATTN: Tamra Pacheco**  
**Dental Hygiene Program**  
**Building A, Room 120**  
**8099 College Parkway**  
**Fort Myers, FL 33919**

Please direct questions about this course to: Karen Molumby [kmolumby@fsw.edu](mailto:kmolumby@fsw.edu) or (239) 985-8322

## LOCAL ANESTHESIA for the Dental Hygienist



Offered through FloridaSouthWestern State College  
Dental Hygiene Department

This course is designed through 30-hours of online study and 30-hours of clinical preparation for licensed dental hygienists to administer local anesthesia. The online course content includes the medical and dental history, theory of pain control, selection of pain control modalities, review of essential anatomy, neurophysiology, pharmacology of local anesthetics, pharmacology of vasoconstrictors, psychological aspects of pain control, and systemic complication.

The clinical component of the course is structured into two parts: an 18-hour onsite clinical component at the College and 12-hours of observing a Florida licensed dentist administer local anesthetic in a private practice setting.

The on-site clinical portion of the course will address armamentarium, techniques of maxillary and mandibular anesthesia and management of local anesthesia medical emergencies. In addition, participants will perform safe and effective local anesthesia administration techniques on models and course participants under the supervision of qualified faculty. The clinical private practice component will require the applicant to document observation of a Florida licensed dentist administer specific maxillary and mandibular injections.

Upon completion of the 60-hour course, the dental hygienist seeking a certificate to administer local anesthesia must apply to the Department of Health, remit an application fee, and submit verification of successful completion of a 60 hour course (30 hour didactic and 30 hour clinical) in the administration of local anesthesia.

### Learning Outcomes:

- Describe the anatomy and physiology of the nerves, muscles, and bones of the head and neck especially focusing on sensory innervation and theories of pain control.
- Explain the pharmacology of topical and injectable

local anesthetic agents and the common vasoconstrictors included with those agents.

- Identify the factors in a patient history that contribute to decisions concerning anesthetic deposition and distinguish between anesthetic agents for a particular patient.
- Deliver local anesthetic using a variety of injection techniques and anesthetic agents on-site on other students in the class and off-site on patients in private practice.

**Course hours:** 60 hours total, 30-hours didactic and 30 hours clinical

1. Online Didactic : 30 hours
2. Onsite Clinical: 18 hours
  - a. Saturday: 8:00-6:00
  - b. Sunday: 8:00-6:00
3. Private Practice Clinical: 12 hours
  - a. Document and observe a Florida licensed dentist administer specific injections.

### **Dates:**

Online Course starts 1<sup>st</sup> & 15<sup>th</sup> of every month.

Onsite Clinical Sessions:

Option A: September 20<sup>th</sup> & 21<sup>st</sup> 2014

Option B: October 11<sup>th</sup> & 12<sup>th</sup> 2014

Maximum of 12 students per Class

**Course Fee:** \$1530.00

**Required text:** Bassett, Kathy B, DiMarco, Naughton, Local Anesthesia for Dental Professionals New Jersey: Pearson, 2010.

**Pre-requisites:** RDH licensure in good standing from the Department of Health, Florida Board of Dentistry, proof of current CPR certification.

**Course Attire:** Students will need to bring scrubs, lab coat and safety glasses.

NOTICE OF NON-DISCRIMINATION

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The College's Equity Officer/ADA and Title IX Coordinator is:

Ronald A. Dente, Jr.

Director, Human Resources

Royal Palm Hall, N-120 – Lee Campus

8099 College Parkway SW

Fort Myers, FL 33919

(239) 489-9293