

**Marin County Dental Assistants Society Proudly Presents:
Premedication Guidelines for Dental Professionals
Speaker Sue Scherer RDH, BS
MAY 24, 2023 – 3 CE**



Course description: Compared with previous recommendations, there are currently very few patients who require antibiotic prophylaxis (AP) prior to dental procedures. The purpose of this course is to help dental professionals understand the current guidelines for AP prior to dental procedures. We will examine the growing concern for antibiotic resistance and the role dental professionals have in antibiotic stewardship.

Learning Objectives

1. Review the history of antibiotic prophylaxis.
2. Understand the current AHA, ADA and AAOS guidelines for antibiotic prophylaxis prior to dental procedures.
3. Examine the role of dental professionals toward antibiotic stewardship.

Sue is an Education & Professional Relations Manager for Waterpik Inc. She has a bachelor's in dental hygiene from Wichita State University. She has been a dental hygienist for 20 years. She has experience as a chairside clinician, dental hygiene program instructor, CE speaker and author. She is an active volunteer with the New Jersey Dental Hygienists Association currently serving as their President and the 2017 Cheryl Westphal Scholarship recipient. She lives in Mahwah, NJ with her husband and 2 sons.

MAY 24, 2023 Registration 5pm, Course and Buffet Dinner: 6-9 pm.

San Rafael Joe's: 931 Fourth St. San Rafael CA

\$55 ADAA, ADHA, ADA members \$65 non-members April 7 to May 18

REGISTRATION DEADLINE: May 15, 2023 (All payments must be submitted by this due date)

Any LATE registration received May 19 or later - add \$10 (members & non-members)

Please NO sign-ups at the door! The restaurant needs to be planned accordingly.

Questions: please contact Christy Burton rdamarinmeetings@yahoo.com

SEND PAYMENTS TO:
Marin County Dental Assistants Society
10 Beyer Ct. Novato, CA. 94945

LICENSE Number is REQUIRED on this flyer to receive credit for the class.

(Each person must be a member of the organization and provide a copy with this flyer)

NAME: _____ Phone #: _____
Email Address: _____

LICENSE # _____ TYPE: DDS DMD RDH RDA (circle one)
MEMBER # ADA, ADHA, ADAA: _____

Please Note: one sheet per person