ALLAN HANCOCK COLLEGE

INFECTION CONTROL IN DENTISTRY

Board-Approved 8-Hour Continuing Education Course

Date: July 31, 2026 **Time:** 8:00 AM – 5:00 PM **Location:** Rooms M-114 and M-115, 800 S College Drive, Santa Maria, CA 93454

COURSE DESCRIPTION

Offered through Allan Hancock College, this one-day (8-hour) certification course is strictly limited to **12 students** to ensure hands-on clinical training. Designed to fully train dental assistants in current OSHA and CDC protocols, the curriculum targets modes of disease transmission, HBV/HIV prevention, medical safety, sterilization, surface disinfection, and chemical hazard compliance. This course fully satisfies the criteria of California Code of Regulations (CCR) Title 16, Section 1005.

📋 2026 STATE REGULATORY COMPLIANCE

Dentist-employers are legally obligated to ensure training for their staff. Under active 2026 guidelines, unlicensed dental assistants **MUST complete this 8-hour course PRIOR to performing any basic supportive procedures** that involve potential exposure to blood, saliva, or infectious elements. The old 1-year grace period from date of employment is no longer valid (effective 1/1/2025 under SB 1453).

CALIFORNIA DENTAL PRACTICE ACT REQUIREMENTS, BUSINESS AND PROFESSIONS CODE (BPC)

BPC Section 1750(c) (Unlicensed Dental Assistants)

Employers must verify completion of an approved 8-hour infection control course prior to allowing dental assistants to experience clinical exposure.

BPC Sections 1750.2 & 1750.4 (Orthodontic & Sedation Assistant Permits)

It is a mandatory requirement that Orthodontic Assistants (OA) and Dental Sedation Assistants (DSA) successfully complete a Board-approved 8-hour Infection Control course before they begin employment or perform specialty clinical duties.

BPC Section 1752.1(a)(2) (RDA Licensure)

Applicants seeking Registered Dental Assistant licensure must show completion of this board-approved course within the past 2 years.

REGISTRATION REQUIREMENTS

📝 REQUIRED REGISTRATION FORMS

To register, students must complete the following forms:

- **Contract Education Registration Form**
- **Payment Form**
- **Acknowledgement and Assumption of Potential Risk Form**

Submission Guidelines: Completed and scanned forms can be emailed or mailed with payment before the class starts. *We do not accept registration forms and payments on the date of the class. There are no refunds for no-shows.*

FREQUENTLY ASKED QUESTIONS

Do I need to purchase a parking permit?

Yes. Allan Hancock College requires parking permits, which are available for purchase at the automated campus kiosks. Parking is permitted in the Student Parking Lots only.

What is the required dress code for the course?

Students must wear a clean clinical uniform/scrubs, a lab coat, a protective face mask, and closed-toe shoes. Full clinical PPE is required for the laboratory segments.

💡 COURSE RECOMMENDATION

Basic Life Support (BLS) Certification: Completion of a Basic Life Support (BLS) for Healthcare Providers course (American Heart Association or American Red Cross) is **not required** to enroll in this course, but it is **highly recommended** for all dental assisting students prior to entering clinical environments.

Contract Education

ALLAN HANCOCK COLLEGE

Registration Form:

- Complete and sign this form.
  ONLY ONE PERSON PER FORM.
  The form may be duplicated.

Please print clearly.

X X X X X ☐☐☐☐
The last 4 digits of Social Security Number

NAME (First Middle Initial Last)

Month Day Year (4-digits)

☐☐ ☐☐ ☐☐☐☐
Birth Date

Have you attended Hancock before? □ **Yes** □ **No**

TRAINING TITLE & DATE OF DELIVERY

INFECTION CONTROL IN DENTISTRY, July 31, 2026 from 8:00AM to 5:00 PM

X _____

Student Signature **Date**

ALLAN HANCOCK COLLEGE
CHANGING *the* ODDS

CONTRACT EDUCATION

INVOICE # _____
Registration and Payment Form

Prepayment is required for registration

Date: _____

TRAINING:	**INFECTION CONTROL IN DENTISTRY**		
Date(s) and Time(s):	July 31, 2026 from 8:00 AM to 5:00 PM		
Location:	AHC, Rooms M-114 and M-115, 800 S. College Dr., Santa Maria, Ca 93454		
Cost:	$350 per student		
Attendee(s):			
		TOTAL AMOUNT DUE:	$ 0.00

NAME OF AGENCY:	
Billing Contact:	
Signature of Contact*:	
Street Address:	
City, State, Zip Code:	
Phone:	
Email:	

*** Your signature above confirms that you agree to all the items, terms, conditions, and fiscal charges associated with the training.**

PAYMENT:							
By CREDIT CARD ☐	**Method of Payment:** (check one):	◯ VISA	◯ MasterCard	◯ Discover	◯ American Express		
	PRINT Name (as it appears on the card):						
	CREDIT CARD #:						
	Security Code (CVC):		**Expiration Date:**				
	PRINT Address (associated with the card):						
	Authorizing Signature:	**I authorize Allan Hancock College to charge the card above for the total amount due.**					
☐	**Check to request a RECEIPT**						
By CHECK ☐	Mail this FORM and your CHECK to:	Allan Hancock College Attn: Julia Sokolovska ~~One~~ Hancock Drive, Lompoc, CA 93436					
AHC Business Services ONLY:	FOAP 1-110001-BHS-883100-701000						

Questions? Julia Sokolovska
julia.sokolovska@hancockcollege.edu
(805) 922-6966 ext 5346

Updated: 04.04.2024

ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK

_____ wishes to participate in the Allan Hancock Joint
(PRINTED NAME)
Community College District sponsored activity (ties) of _____
I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate. I understand and acknowledge that some of the injuries/illness which may result from participating in these activities include, but are not limited to, the following:

1. Sprains/strains
2. Fractured bones
3. Unconsciousness
4. Head/back injuries
5. Paralysis
6. Loss of eyesight
7. death
8. Communicable disease

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District.

I understand and acknowledge that in order to participate in these activities. I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

I understand, acknowledge, and agree that the District, its employees, officers, agent, or volunteers, shall not be liable for any injury/illness suffered by me which is incidental to and/or associated with preparing for and/or participating in this activity(ies).

Unless otherwise advised, I understand that I am responsible for my own transportation to and from the activity(ies) and the college assumes no liability for loss or injury resulting from my transportation, and any person driving a personal vehicle is not an agent of the District. Although the college may assist in coordinating the transportation, any assistance and/or recommendations provided may not be mandatory.

If the college is providing transportation but I do not use the transportation, I am responsible to make my own transportation arrangements and the college assumes no responsibility or liability of any kind.
I have no known medical condition that may pose a health and/or safety risk to me or others by participating in the activity (ies).

I acknowledge that I have carefully read this ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK form and that I understand and agree to its terms.

_____ _____
Participant Signature Date

_____
Student Printed Name

A signed ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK form must be on file with the District before a student will be allowed to participate in the above extra-curricular activity (ies).