At the completion of this activity, participants should be able to:

1. Define and identify clinical landmarks of cavity preparations.
2. Identify each advanced function and differentiate between the armamentarium and clinical technique for each.
3. Explain and demonstrate the recommended technique for preparation and use of each material involved in each advanced function.
4. Demonstrate, in a hands-on laboratory setting, the correct clinical technique to accomplish clinical acceptability for each of the following advanced functions:
   - Rubber dam application and removal
   - Matrix band application and removal
   - Pit and fissure sealant application
   - Preliminary alginate impressions
   - Study cast fabrication
   - Liner and desensitizing agent application
   - Temporary restoration placement
   - Provisional restoration fabrication
   - Cementation and cement removal
   - Gingival retraction cord placement
5. Distinguish between legal and illegal expanded functions for dental assistants in North Carolina.

UNC FACULTY
Ms. Lynn Smith, Clinical Assistant Professor and Director, Department of Dental Ecology
Dr. Ralph Leonard, Distinguished Professor and Director, Department of Operative Dentistry

TIME & LOCATION / The program will be held at the UNC School of Dentistry, located at the corner of Manning Drive and South Columbia Street in Chapel Hill. Registration will begin at 8:30am. The program will be held from 9:00am – 4:30pm daily.

REGISTRATION FEE & CREDIT / The registration fee is $425. The program will award 6 hours of CDE credit daily, 12 hours total.

REGISTER BY MAIL: Send the completed registration form and check or money order made payable to the UNC School of Dentistry to:
Attention: Registration
UNC Dental Continuing Education
Campus Box # 7450
Chapel Hill, NC 27599-7450

REGISTER ON-LINE: Direct your web-browser to www.dentistry.unc.edu/ce/cde

QUESTIONS? Call: 919-537-3400 or E-mail us at CDE@dentistry.unc.edu

CANCELLATIONS AND REFUNDS
A registration refund, less a $50 fee, will be issued for cancellations received by Friday, October 23, 2015. Cancellations must be received in writing either by fax 919-537-3098 or email cde@dentistry.unc.edu. The cancellation request must include: the name of the activity, name of the person registered, name of the person requesting the cancellation, and the reason for the cancellation. No refunds will be issued after Friday, October 23, 2015. The UNC School of Dentistry Continuing Dental Education Program cannot be responsible for the refund of any part of the registration fee as a result of emergencies, unforeseen circumstances, or events beyond its control after the cancellation date. Payments made by credit card will be refunded by credit card.
ADVANCED FUNCTIONS IN DENTAL ASSISTING: A DA II PREP COURSE

Friday & Saturday, October 30–31, 2015
Course Code (16-DE-004)

TUITION: $425

**Please make additional copies for each person registering**

First Name ________________________________ Last Name _________________________________ Jr. / Sr. _____________

Badge Name _____________________________

Employer ______________________________________________________________________________________________

Mailing Address _________________________________________________________________________________________

City _____________________________________ State ____________________________________  Zip ________________

County in NC ___________________________________________________________________________________________

Daytime Phone (_____) _____________________ Fax (_____) ___________________________________________________

Email _________________________________________________________________________________________________

Register On-line with a Credit Card at www.dentistry.unc.edu/ce/cde

Date Received (office use only) _____________________________________________________________________________

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