

Oregon Board of Dentistry

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DENTAL THERAPY CONTINUING EDUCATION LOG

October 1, _____ through September 30, _____

Licensee's Name: _____

License Number: _____

Please list at least **36 hours** of continuing education that meets the requirements of OAR 818-021-00XX. In addition, effective January 1, 2015 all licensees are required to maintain at a minimum a current Health Care Provider BLS/CPR or its equivalent certification - **please attach a current copy of your certification.**

Do not send in any other verification, however, you as the licensee are required to retain receipts, vouchers, or certificates as may be necessary to document completion of the required number of continuing education hours. Records of CE must be kept for four years. The Board may request this documentation at any time.

DATE	COURSE TITLE/BRIEF DESCRIPTION	SPONSOR/INSTRUCTOR	HOURS
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List two hours of infection control courses. If using OSHA, infection control must be delineated separately from other subjects within the course. OSHA generally does not meet the Board's requirements for infection control.

List three hours of medical emergencies related to a dental practice. Using your BLS for Healthcare Providers course can be used to fulfill this requirement. However, it cannot be used for the CE required to renew a nitrous permit.

List one hour of pain management. Effective July 1, 2022, all dentists and dental therapists must complete a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority. Here is a link to the course: <https://www.oregon.gov/oha/HPA/dsi-pmc/Pages/module.aspx>

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List two hours of Cultural Competency. Effective January 1, 2021, all licensees are required to complete at least two hours of CE related to cultural competency per renewal cycle. Per the Oregon Health Authority, "Cultural competency continuing education is a life-long process of examining values and beliefs while developing and applying an inclusive approach to healthcare practice in a manner that recognizes the context and complexities of provider-patient interactions and preserves the dignity of individuals, families and communities. Continuing education in cultural competency should teach attitudes, knowledge and skills to care effectively for patients from diverse cultures, groups and communities."

DATE	COURSE TITLE/BRIEF DESCRIPTION	SPONSOR/INSTRUCTOR	HOURS
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List all courses related to direct clinical patient care or the practice of dental public health. (You may attach additional sheets as necessary)

List any practice management/patient relations courses (record keeping, team building, risk management, etc.) This is not a required category of CE. *No more than two hours may be counted towards your CE requirements.*

By signing below, I certify that the information given on this form is true and correct. I understand that any falsification could result in disciplinary action including denial, suspension, or revocation of my license.

Signature _____

Date _____

Reminder: Records of C.E. must be retained for four (4) years (OAR 818-021-0070(2)).