



## THE CINCINNATI DENTAL SOCIETY'S

### “Regulatory Compliance Best Practices”

Speaker: Christopher A. Moore

**DATE:** Friday, November 3, 2023

**CREDITS:** Two (2) CE Credits

**LOCATION:** Sharonville Convention Center, 11355 Chester Road, Cincinnati, OH 45246

**TIME:** 8:00 a.m. Registration & Continental Breakfast  
8:30 a.m. Program by Christopher A. Moore

**FEES:** \$65/Person for CDS Member and their Staff \* \* \$95 for ADA Member  
\$120 for Non-Member

#### **COURSE DESCRIPTION:**

Every dental office would like assurance that it is compliant with all the laws and regulations governing the practice of dentistry. Becoming and staying compliant, however, can be an arduous and confusing process. This seminar will provide attendees with practical information and guidance to help them meet their regulatory obligations including the latest state and federal regulations affecting the practice of dentistry, common areas of non-compliance, and required annual training for OSHA.

#### **Learning Objectives**

- Understand current regulatory issues impacting Ohio dental practices.
- Learn action steps to practically address regulatory compliance issues.
- Meet the annual training requirement of the OSHA Bloodborne Pathogens Standard.

#### **SPEAKER: - Christopher A. Moore**

Christopher A. Moore, ODA Director of Dental Services. Chris Moore currently serves as director of dental services for the Ohio Dental Association. He has served at the ODA for 33 years and currently administers the association's third-party payer, peer review, dental practice, and regulatory compliance programs. Chris received a Bachelor of Arts degree from Case Western Reserve University and a Master of Arts degree from Kent State University.

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### Registration Form for November 3, 2023

**Please Note:**

- One Form Per Dental Office Please.
- Registration Deadline is October 27, 2023.
- ***Cancellation Policy:*** A \$25 cancellation fee will be charged if registration is cancelled after October 27, 2023.

Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist or First Person: \_\_\_\_\_

Names of Additional Staff Members: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**To register for this course, please make check payable to *Cincinnati Dental Society* and mail with this form to 9200 Montgomery Road, Suite 21-A, Cincinnati, OH 45242.  
Or fill out credit card information and fax to 513-984-3047.**

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
(Visa, MasterCard, AMEX or Discover)

Name on Card: \_\_\_\_\_ Amount: \_\_\_\_\_ CVV#: \_\_\_\_\_  
Business or Personal Card? (Please circle one.)

If personal card, please provide your complete address: \_\_\_\_\_

\_\_\_\_\_

*The Cincinnati Dental Society is an ADA CERP Recognized Provider approved by the Ohio Dental Association.*