



THE CINCINNATI DENTAL SOCIETY'S

Stay Up To Date on Regulatory Compliance for Your Dental Office!

Speaker: Christopher A. Moore

DATE: Friday, November 1, 2024

CREDITS: 3.0 CE Credits

LOCATION: Cooper Creek Event Center, 4040 Cooper Road, Blue Ash, OH 45242

TIME: 7:30 a.m. Registration & Continental Breakfast
8 to 11:00 a.m. Program

This course includes information about HIPAA compliance, so we have increased the total time of the course from 2 to 3 hours.

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, HIPAA 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 35 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 1, 2024

Please Note:

- One Form Per Dental Office Please.
- Registration Deadline is October 25, 2024.
- ***Cancellation Policy:*** A \$30 cancellation fee will be charged if registration is cancelled after October 25, 2024.

Dentist: _____ Phone Number: _____

Dentist or First Person: _____

Names of Additional Staff Members: _____

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\$120 for Non-Member

FILLABLE FORM

**To register for this course, please make check payable to *Cincinnati Dental Society* and mail 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.) Zip Code of Billing Address: _____

If personal card, please provide your complete address: _____

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