

NZ SOCIETY FOR SEDATION IN DENTISTRY
COMPREHENSIVE COURSE IN IV SEDATION

The Hilton Hotel, Auckland

23-24 May 2020

This is a course for dentists who wish to undertake a training program in IV Sedation. We strongly encourage you to bring your appropriate staff members too as IV sedation is a team procedure.

The program is for dental practitioners with minimal or no previous experience in IV sedation and those who have previously provided IV sedation, but do not have certification. You must have been graduated for at least one year or hold a current hospital house surgeon position. The training program will meet the requirements of the NZDA Code of Practice for IV Sedation.

There is new requirement to complete the course - a time limit of 12 months to complete the course observations and pass SST.

The course will involve a 2-day program of lectures, demonstrations, simulated IV experience, practical venepuncture training and an examination.

The NZDA require Core immediate or equivalent training.

Then to gain certification you will be required to...

1. Observe 3 clinical cases of IV sedation with a mentor who is a member of the NZSSD.
2. On receipt of a letter confirming your observations, you will be required to pass online Safe Sedation Training.
3. Once you have successfully completed SST, you will be issued with a certificate in IV sedation.

You will be notified when you are accepted on to the course, then you will be posted the course manual 4 weeks prior to the course. You must be familiar with this prior to the course. Please allow time to study this as you must achieve a 75% pass mark.

Please make your own arrangements for transport and accommodation.

Cost \$1,550.00 including GST, and your first year of membership of NZSSD.

If you have any questions, please contact **Dr Don Macalister** on **021 937-887**.

Please complete the application form below to apply. Upon acceptance a GST tax invoice will be emailed to you.

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Full name:

Please print your name clearly, how you would like it to appear on your certificate.

Preferred first name:

Dental Council Reg No:

University of graduation: Year of graduation:

Address:

..... Post code:

Phone Bus: (....) Pvt: (....)

Mobile:

Email:

Bank deposit details - NZ Society for Sedation in Dentistry 12-3209-0464408-00

Name as reference - and please include your Invoice Number.

If paying via internet banking, please notify suegibbons810@gmail.com

- I understand that I am required to attain a mark of 75% or higher to pass this course, observe 3 cases of IV sedation, and pass Safe Sedation Training online.
- I understand if I fail to pass the course examination, I will be given one opportunity to re-sit at a time to be decided in Auckland.
- I understand that if I still fail to attain a 75% or higher pass, I will not pass this course.
- If I choose to repeat the course in the future, it will be at my own expense.

Signed:

Print Name: Date:

Return to: IV Hypnovel Course, c/o suegibbons810@gmail.com