

EDAA *Home Study Courses & Resource Materials*

Please **PRINT** clearly and include all requested information.

Name _____

EDAA or Calgary Member # _____ AB/SK/BC License # _____ Occupation _____

Mailing Address _____

City/Town _____ Province _____ Postal Code _____

Home Phone _____ - _____ - _____ Work Phone _____ - _____ - _____

PLEASE PUT AN "X" NEXT TO EACH COURSE YOU WISH TO ORDER

1 CE hour

- | | | |
|---|--|--|
| <input type="checkbox"/> The Effects of Crystal Meth on Dental Health | <input type="checkbox"/> The Patient Centered Practice | <input type="checkbox"/> Latex Allergies |
| <input type="checkbox"/> Orthodontics and Down Syndrome: A Case Study | <input type="checkbox"/> Win Win Conflict Resolution | <input type="checkbox"/> Eating Disorders - V2 |
| <input type="checkbox"/> Temporomandibular Joints: An Insight | <input type="checkbox"/> Body Piercing and Dental Concerns | <input type="checkbox"/> Carpal Tunnel Syndrome - V2 |
| <input type="checkbox"/> Educating your Patients about Hand Washing | <input type="checkbox"/> Innervation of the Oral Cavity | <input type="checkbox"/> Scheduling for Success |
| <input type="checkbox"/> Choosing Shades and Moulds | <input type="checkbox"/> Emergency Strategies - V2 | |

2 CE hours

- | | | |
|--|---|---|
| <input type="checkbox"/> Issues in Dental Record-Keeping - V2 | <input type="checkbox"/> Medical History Record Keeping | <input type="checkbox"/> Orthodontics: The Basics |
| <input type="checkbox"/> Understanding Brain Attack (Stroke) - V2 | <input type="checkbox"/> Understanding Asthma - V2 | <input type="checkbox"/> Effective Communications |
| <input type="checkbox"/> Oral Complications of Cancer Treatment | <input type="checkbox"/> Vaccinations for Your Health | <input type="checkbox"/> Communicating Across Generations |
| <input type="checkbox"/> Acquisition, Record Keeping and Ongoing Maintenance of Dental Equipment | | |

3 CE hours

- | | | |
|--|--|--|
| <input type="checkbox"/> Dental Services for People Living with HIV/AIDS | <input type="checkbox"/> Ethics at Work | <input type="checkbox"/> A Guide to Dental Insurance |
| <input type="checkbox"/> Oral Hygiene & Dental Concerns During Pregnancy - V2 | <input type="checkbox"/> Infant Oral Health | <input type="checkbox"/> Oral Anatomy and Physiology |
| <input type="checkbox"/> Nutrient Deficiencies Associated with Periodontal Disease | <input type="checkbox"/> The Connection: Alzheimer's Disease & Periodontal Disease - <i>NEW!</i> | |

4 CE hours

- | | |
|--|---|
| <input type="checkbox"/> Patients with Diabetes & Periodontal Disease - V2 | <input type="checkbox"/> Medical and Dental Terminology |
| <input type="checkbox"/> Understanding Cardiovascular Disease CVD - V2 | <input type="checkbox"/> Menopause: Every Woman's Journey |

5 CE hours

- | | |
|---|--|
| <input type="checkbox"/> Family Violence Handbook for Dental Professionals | <input type="checkbox"/> Basic Nutrition and Oral Health |
| <input type="checkbox"/> Forensic Odontology | <input type="checkbox"/> HPV & Head and Neck Squamous Cell Carcinoma - <i>NEW!</i> |
| <input type="checkbox"/> Handpiece Maintenance (<i>Available only to individuals supporting AB Local associations through membership dues</i>) (<i>available by mail only</i>) | |
| <input type="checkbox"/> Working to Achieve Employment and Practice Success - The EDAA Guide for Dental Employers and Employees
(<i>Available to non-members and Employers for a minimum donation of \$100 towards the operation of the EDAA Employment Registry services</i>) | |

INDIVIDUAL COURSE FEES (effective October 5-2017):

	EDAA & AADA partner members only	Non-members (fee includes processing, marking, admin & S/H costs)
1 CE hour course	\$15	\$55
2 CE hour course	\$19	\$59
3 CE hour course	\$26	\$66
4 CE hour course	\$33	\$73
5 CE hour course	\$40	\$80

NOTE: Out of Country orders add \$10. All fees are in CDN \$.

TOTAL Amount enclosed or payable \$ _____ CDN for this order **THANK YOU**

Order Paid by (choose one) : Cheque _____ Money Order _____ VISA _____ MC _____

_____ Card Expiry Date: ____ / ____ / ____ m/y

Name of Cardholder (please print carefully) _____

Signature of Cardholder

Send my course by Mail _____ Send my course by Email to: _____

Mail order form with cheque or Money Order payments to: EDAA 4 Elbow Drive Devon AB T9G 1M5

Orders with credit card payments may be mailed or may be faxed to: 780-987-2022 or emailed to: edaa@interbaun.com

Please allow up to 4 weeks for processing. Processing is faster during renewal time. **NO REFUNDS ON PROCESSED ORDERS.**
Courses may NOT be copied/shared/given to another user. Out of Province CE requirements may differ—check with your organization.

