



Local Anesthesia, Nitrous Oxide and Periodontal Soft Tissue Curettage Course Provider Biennial Report

Date:

COURSE PROVIDER	PROVIDER NO.
MAILING ADDRESS	PHONE NO.
NAME OF COURSE DIRECTOR	<u>EMAIL ADDRESS</u>
NAME OF COURSE	
DATES COURSE OFFERED	NUMBER OF <u>UNITS/HOURS</u>
<u>NUMBER OF GRADUATES</u> NUMBER OF ATTENDEES	NUMBER OF CERTIFICATES ISSUED
<u>PROGRAM CHANGES RESULTING FROM COURSE EVALUATIONS CHANGES IN COURSE SINCE THE LAST BIENNIAL REPORT, OR, IF THIS IS THE FIRST BIENNIAL REPORT, SINCE COURSE APPROVAL.</u>	

IN COMPLETING THIS FORM, PLEASE CONSULT THE REGULATIONS GOVERNING COURSES IN Local Anesthesia, Nitrous Oxide, And Periodontal Soft Tissue Curettage AT SECTION 1107 OF TITLE 16 OF THE California Code of Regulations.