



Greater St. Louis
DENTAL SOCIETY

SEDATION/ ANESTHESIA COURSE

- SEDATION REVIEW COURSE FOR DOCTORS (PARENTERAL AND ENTERAL PERMIT HOLDERS)
- SEDATION ASSISTANT MONITORING COURSE (HYGIENIST OR DENTAL ASSISTANTS)
- ANESTHESIA ASSISTING MONITORING COURSE (ORAL SURGERY ASSISTANTS)

COURSE DESCRIPTION

Discuss appropriate definitions; Review appropriate patient records including DEA and BNDD record keeping; Review of history and physical evaluation; Define the ASA classification; Discuss the indications for medical consultations; Review appropriate patient selection; Demonstrate a properly maintained and equipped facilities; Discuss oral and written informed consent; Review pharmacological review of common sedatives and reversal agents; Define and demonstrate a time oriented anesthesia record; Review monitoring and assessment of the sedated patient during treatment and recovery; Discuss appropriate documentation of the management and treatment of sedated patients; Discuss appropriate discharge criteria and post-sedation instructions; Understand responses to the most common emergencies incident to administration of moderate sedation; and An examination measuring knowledge required of a dentist essential for safe and efficient moderate sedation of dental patients.

LEARNING OBJECTIVES

Basic Sciences

Anatomy & Physiology of cardiovascular, circulatory, pulmonary, & central & peripheral nervous systems.

Patient Evaluation and Preparation

Emphasis on patients with medical problems, such as cardiac, pulmonary, and metabolic disease.

Anesthetic Drugs and Techniques

Drugs used in the administration of local, oral and IV sedation, as well as other administration techniques. Review of BNDD rules.

Monitoring

Definitions and descriptions of monitoring techniques and equipment, with an emphasis on equipment maintenance and checks.

Emergency Procedures

Highlights of various emergency situations and appropriate treatment.

Case Reviews

Case reviews of actual sedation cases turned into the Missouri Dental Board for review.

Simulated Airway Procedures

INSTRUCTORS

Sean M. Thoms, DMD, MS, FADSA

Michael J. Hoffmann, DDS, FACD, FADSA, FAGD

Diplomates, American Dental Board of Anesthesiology

Diplomates, National Dental Board of Anesthesiology

DATES

- Friday, November 14, 2025 8:00AM - 5:00PM
- Saturday, November 15, 2025 8:00AM - 4:00PM
- 3 hours optional Hands-on @ The Dental Anesthesia Center
- 15 CERP CE hours
- Missouri Dental Board Approved CE pertaining to airway management, required to renew a permit every 5 years.
- Registration deadline: November 1, 2025

LOCATION

City Place 3 Training Room
3 Cityplace Dr., 2nd Floor
St. Louis, MO 63141
Phone: 314-569-0444 Fax: 314-569-0448
Email: emily@stlouisdental.org

PRICING AND CANCELLATION

- \$750 ADA Member Doctor
- \$450 Assistant/Hygienist
- \$1,050 Non-ADA Member Dentists
- \$550 Non-ADA Member Assistants/Hygienist
- Cancellation deadline 14 days prior (processing fee may apply)

SUPPORTED, IN PART, BY



ADA CERP® | Continuing Education
Recognition Program

Greater St. Louis Dental Society is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Greater St. Louis Dental Society designates this activity for 15 continuing education credits.



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MAIL/EMAIL/FAX REGISTRATION FORM WITH PAYMENT TO:

GSLDS Office and Event Center
2 Cityplace Dr., Ste. 70
St. Louis, MO 63141
Phone: 314-569-0444 Fax: 314-569-0448
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ONE REGISTRATION FORM PER PERSON (PLEASE PRINT)

ADA Dentist ADA Dental Assistant/Hygienist Non-ADA Member Dentists Non-ADA Member Dental Assistant/Hygienist

License Number (dentists & hygienists only): _____

Name Name of Dentist

Business Address

City/State/Zip Code

Phone/Fax Email

PAYMENT AND TERMS: 100% of the total fee is due upon receipt of agreement

Check - payable to Greater St. Louis Dental Society Visa MasterCard AMEX

CC# Expiration Date Sec Code

Credit Card Billing Address

Signature (indicates approval for charges on your account)