

# Basic Spanish for Dental Professionals

Friday, September 7, 2007

REGISTRATION: 8:30 a.m.

PROGRAM: 9:00 a.m. – 1:15 p.m.

## Area L AHEC

Learning Institute, Classrooms A & B

1631 S. Wesleyan Blvd.

Rocky Mount, North Carolina

Sponsored by:

Area L AHEC, Rocky Mount, North Carolina

**FACULTY:** **Fiorella Horna-Guerra, BS, RHed**, is a Health Educator and works with the Latino population. She is the founder, as well as a consultant and trainer, of Latin Life located in Cary, NC. Her company provides cultural diversity training, Spanish language instruction for service providers, consultation on how to work with the Hispanic/Latino population, and conducts health-related workshops in Spanish. Ms. Horna-Guerra is also a program consultant for the NC Farmworker Health Program.

**PURPOSE:** This course will introduce participants to the Spanish alphabet and its sounds. Basic Spanish words, phrases, and commonly used dental terms will also be covered.

**OBJECTIVES:** After completing this course, participants will be able to: (1) state the Spanish alphabet and recognize its phonetics, (2) identify common dental terms and phrases used to communicate with their clients who speak Spanish, and (3) recognize elements of the Hispanic/Latino culture.

**TARGET AUDIENCE:** This program is targeted to dentists, dental assistants, and other interested dental staff.

**CREDIT:** This program has been approved for 0.4 units of continuing education credit and 4 hours of AGD credit. Area L AHEC has been reviewed and approved as a Certified Provider of continuing education and training programs by the International Association for Continuing Education and Training.

**REGISTRATION:** \$85 for each participant

The registration fee covers registration, materials, credit, and instruction. Pre-registration is strongly encouraged to allow optimal preparation for the program. All registrations should be received in this office no later than **August 31, 2007**. Participants who cancel prior to the registration deadline will receive a refund for the amount they have paid **less 30%**, which must be kept to defray handling costs. There will be no registration fees returned on cancellations that are made after August 31, 2007. Substitutes are generally accepted. Unforeseen circumstances may necessitate speaker substitution or program cancellation. If Area L AHEC cancels the program, all registrants will be notified, and refunds will be given as appropriate.

**FOR FURTHER INFORMATION, PLEASE CONTACT:** Alice J. Schenall, MPH, CHES, RHed, Director-Allied, Dental, and Public Health Education, or Brenda Boykin, Program Faculty Assistant, Area L AHEC, (252) 972-6958.



**NOTE:** If you require reasonable accommodations for a disability in order to participate fully in this continuing education activity, please contact Brenda Boykin by phone (252) 972-6958 or by fax (252) 972-0419, no later than 14 days before the activity.

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(Please duplicate for multiple registrations)

**NOTE: You must complete this registration form in its entirety to confirm your registration.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last 4 digits of SS#: \_\_\_\_\_ Degree: \_\_\_\_\_

Discipline: (Circle only one) Mental Health Dentistry Medicine Nursing Pharmacy Public Health Allied Health Other: \_\_\_\_\_

Specialty/Position: \_\_\_\_\_ Employer: \_\_\_\_\_ Dept. or Section: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Prefer Mail at: \_\_\_\_\_ Office or \_\_\_\_\_ Home

**Registration for this program via mail, fax, or phone acknowledges your responsibility for payment.**

Detach this portion and mail with a check made payable to Area L AHEC to:

Attention: Registration  
Area L AHEC  
Post Office Drawer 7368  
Rocky Mount, NC 27804-0368  
Telephone: (252) 972-6958  
Fax: (252) 972-0419

Discipline:	Dentistry
Event Number:	21299
Registration Fee: (Each participant)	\$85.00

Credit:  CEU  AGD

Amount Enclosed: \$ \_\_\_\_\_

Payment By:  Individual  Agency

Signature: \_\_\_\_\_



Part of the North Carolina AHEC Program

Please bring a jacket or sweater to ensure your comfort. We cannot assure a constant room temperature.



Visit us at [www.areasahc.dst.nc.us](http://www.areasahc.dst.nc.us)