Dear <Supervisor’s Name>:

Knowledge of infection prevention and control guidelines, standards, and best practices is essential for all dental health care personnel and proof of education may even become mandatory. To ensure that our practice is well prepared to face new challenges, I am seeking **$215.00** to purchase the [OSAP-DALE Foundation Dental Infection Prevention and Control Certificate Program™](https://dentalinfectioncontrol.org/site-files/wp-content/uploads/osap-dale-foundation-certificate-program-flyer.pdf) (“Certificate Program”) bundle.

The Certificate Program is comprehensive and based on federal standards and evidence-based guidelines. Completing the Certificate Program will enhance my infection control knowledge and enable me to ensure that related CDC guidelines and OSHA standards are properly implemented in our practice and will demonstrate our commitment to patient and personnel safety.

Features of the Certificate Program:

* Based on related CDC guidelines and OSHA standards and aligned to the [Master Curriculum Elements](https://dentalinfectioncontrol.org/site-files/wp-content/uploads/2018/11/ICC_MasterCurriculum_Elements_052518.pdf) developed by ADA, AGD, AADB, AADA, ADEA, DANB, OSAP, and CDC
* Available online and can be completed on my own schedule
* Contains links to additional evidence-based sources for more advanced learning

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| **Component** | **CE Credits** |
| OSAP-DALE Foundation CDEA® module [Understanding CDC’s Summary of Infection Prevention Practices in Dental Settings](https://www.dalefoundation.org/Courses-And-Study-Aids/Product-Catalog-Search/Understanding-CDC-Summary-of-Infection-Prevention-Practices-in-Dental-Settings) | 2 |
| [OSAP-DALE Foundation Dental Infection Prevention and Control eHandbook™](https://www.dalefoundation.org/Courses-And-Study-Aids/Product-Catalog-Search/OSAP-DALE-Foundation-Dental-Infection-Prevention-and-Control-eHandbook) | 10 |

When I successfully complete the Certificate Program, I will be able to make recommendations for improvements in our dental infection prevention and control practices. I will also be able to reference evidence-based sources that support any modifications to our protocols and assist with implementation to promote The Safest Dental VisitTM. Additionally, I will be provided with a certificate that can be displayed in our office.

Please let me know if I am eligible to receive funding to purchase the Certificate Program. I’ll be glad to provide any additional information that you need in order to make a sound decision.

Sincerely,

<your name>