

**DR. FERNANDO DE LA PENA DENTAL CORPORATION
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DE LA PENA DENTAL GROUP
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**2-Hour INFECTION CONTROL and DENTAL PRACTICE ACT
COURSES REGISTRATION FORM**

This is a Dental Board of California approved home study course which meets the required 2-hour Infection Control and Dental Practice Act continuing education requirement towards Ca license renewal.

Date:

Name:

Circle One: DDS/DMD RDA RDH RDAEF

Other:

License Number:

Last Four Digits of Social Security Number:

Date of Birth:

Address:

City:

State:

Zip:

Home Phone: ()

Work Phone: ()

Cell Phone: ()

E-Mail:

Please CHECK one:

() Please MAIL my course PACKETS & CERTIFICATES to the address above (Cost = \$ 80.00)

() Please E-MAIL my course PACKETS & CERTIFICATES to the e-mail above (Cost = \$ 60.00)

Instructions:

Please download this form, fill up and mail/fax/email to the office. Please see contact info above.

Upon receipt of your registration form, we will contact you by phone for payment arrangements.

For HIPAA and security reasons, payments are made with a credit card over the phone only. Your credit card information will not be stored in our system.

Upon confirmation of payment, Course Materials, Instructions Sheets and Test Sheets will be mailed or e-mailed to you depending on your preference. There will be no refunds regardless of reason AFTER the course materials have been mailed or emailed to the candidate and the entire payment is forfeited.

You have one month to complete the test sheet from the date specified. The test sheet may be mailed, faxed or e-mailed to us.

Upon successfully passing the test, your Certificate of Completion will be mailed or e-mailed to you.