

LOS ANGELES SCHOOL OF DENTAL ASSISTING

2701 Beverly Blvd. Los Angeles, CA 90057

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www.losangelesdentalassistant.com

**8-Hour INFECTION CONTROL COURSE and DENTAL PRACTICE ACT
BUNDLE REGISTRATION FORM**

Name _____

Social Security Number _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____ E-Mail _____

In case of emergency contact:

Name _____ Phone (____) _____ Relationship _____

Address _____ City _____ State _____ Zip _____

I wish to be considered for acceptance for the course scheduled on: _____

The fee for the course does not include PPE.

The Dental Practice Act part of this two-course bundle is a Dental Board of California approved home study course which meets the required 2-hour Dental Practice Act continuing education requirement towards Ca license renewal and RDA examination application.

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 or you may also call the office for payment arrangements after submission of your registration form.

Course Materials, Instructions Sheets and Test Sheets will either be e-mailed to you or handed to you on the first day of the Infection Control class.

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.

CANCELLATION POLICY:

The fee for this board approved Infection Control Course and Dental Practice Act bundle is \$250 and part of which is a NON-REFUNDABLE processing fee of \$50.00. Any cancellations, regardless of reason, TWO WEEKS PRIOR TO THE START OF THE CLASS WILL RECEIVE NO REFUNDS WHATSOEVER AND THE ENTIRE PAYMENT IS FORFEITED.

Signature _____

Date _____