## DR. FERNANDO DE LA PENA DENTAL CORPORATION LOS ANGELES SCHOOL OF DENTAL ASSISTING DE LA PENA DENTAL GROUP

2701 Beverly Blvd. Los Angeles, CA 90057 Tel (213) 389-6211 Fax (213) 389-4168 www.losangelesdentalassistant.com drfdelapena@gmail.com

## 8-Hour INFECTION CONTROL COURSE & DENTAL PRACTICE ACT BUNDLE REGISTRATION FORM (2022)

Name		-			
Social Security Number		Date of Birth			
Address_	City	State	Zip		
Home Phone ()	V	Vork Phone (	)		
Cell Phone ()	E-N	E-Mail			
In case of emergency contact:					
Name	Phone ( )	Rela	tionship		
Address	City	State	Zip		
The Dental Practice Act part of this two which meets the required 2-hour Dental and RDA examination application. Please download this form, fill up and n Upon receipt of your registration form, arrangements after submission of your recourse Materials, Instructions Sheets at day of the Infection Control class. You have one month to complete the test mailed to us. Upon successfully passing the test, your CANCELLATION POLICY: The fee for this board approved In Mail) or \$310 (Mail) and part of which cancellations, regardless of reason RECEIVE NO REFUNDS WHATSOI	Practice Act continuing mail/fax/email to the office we will contact you by phregistration form. In a Test Sheets will either to sheet from the date spector Certificate of Completion fection Control Coursich is a NON-REFUND IN, TWO WEEKS PRIOR TWO WEEKS PRIOR TO THE WEEKS PRIOR TWO WEEKS PRIOR TWO WEEKS PRIOR TO THE TEST TO THE TO THE TEST	education requirer e. Please see conta tone or you may al be e-mailed to you ified. The test shee n will be mailed or e and Dental Pra ABLE processir R TO THE STAR	ment towards Ca license rest info above.  Iso call the office for payment or handed to you on the payment may be mailed, faxed or e-mailed to you.  Actice Act bundle is \$2 and fee of \$50.00. Any IT OF THE CLASS WILL	enewal nent first e-	
Signature		Date		_	