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CORONAL POLISHING COURSE REGISTRATION FORM
(2022)

Name_____

Social Security Number_____Date of Birth_____

Current 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 this course includes all Coronal Polishing supplies (Low Speed, Prophylaxis Paste, etc.) necessary to perform Coronal Polishing Procedures **but does not include PPE**. It is the candidate's responsibility to bring their own PPE (Head Cap, KN95 Masks, ASTM Level III Face Mask, Face Shield, Disposable Gowns, Gloves, etc.). A candidate who does not have proper PPE may not be allowed to perform the procedures.*

CANCELLATION POLICY:

The fee for this board approved Coronal Polishing Course is **\$350** 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_____