

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

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CORONAL POLISHING COURSE REGISTRATION FORM (V2026)

Name_____

Last Four Digits of SSN: _____ 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, Prophyl Paste, etc.) that a candidate needs to perform Coronal Polishing Procedures but does not include PPE. It is the candidate's responsibility to bring their own PPE (Head Cap, Face Masks, Face Shield or Eye Protection, 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 \$385 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. NO REFUNDS FOR NO SHOWS IN CLASS.

Student's electronic text, actual signature or digital signature below confirms acceptance of all of the above:

Signature_____

Date_____