

DR. FERNANDO DE LA PENA DENTAL CORPORATION

2701 Beverly Blvd. Los Angeles, CA 90057

Tel (213) 389-6211 Fax (213) 389-4168

www.losangelesdentalassistant.com

drfdelapena@gmail.com

**DENTAL PRACTICE ACT (2 Hours) HOME STUDY COURSE
REGISTRATION FORM** (V2026)

This is a Dental Board of California approved home study course which meets the required Dental Practice Act (2 Hours) continuing education requirement towards Ca license renewal and RDA examination application.

Name:

Date:

Circle One: DDS/DMD RDA DA RDH RDAEF **Other:**

License Number (If Applicable):

Last Four Digits of SSN:

Date of Birth:

Address: **City:** **State:** **Zip:**

Home Phone: () **Work Phone: ()**

Cell Phone: () **E-Mail:**

This is a Do-At-Home Course (All materials and certificate will be e-mailed to the student) and the cost is **\$45.00**

Instructions and Cancellation Policy:

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 e-mailed to you.

You have one month to complete the test answer sheets from the date the course is emailed to you, the student. The test answer sheets may be mailed, faxed or e-mailed back to us.

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

There will be no refunds regardless of reason and the entire payment is forfeited AFTER the course materials have been e-mailed to the candidate.

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

Signature _____ Date _____