

**DR. FERNANDO DE LA PENA DENTAL CORPORATION
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DE LA PENA DENTAL GROUP**

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**PIT AND FISSURE SEALANTS COURSE
REGISTRATION FORM** (V2026)

Name _____ RDA # _____

Last Four Digits of SSN: _____ Date of Birth: _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ E-Mail _____

In case of emergency contact:

Name _____ Relationship _____

Phone () _____

Address _____ City _____ State _____ Zip _____

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

The fee for this course includes all Pit and Fissure Sealant supplies (Low Speed, Pumice, Sealants, Etchants, etc.) needed by the candidate to perform Pit & Fissure Sealant 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 Pit and Fissure Sealant Course is \$460 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 _____