

**LOS ANGELES SCHOOL OF DENTAL ASSISTING**  
2701 Beverly Boulevard, Los Angeles, CA 90057  
(213) 389-6211, Fax (213) 389-4168  
www.losangelesdentalassistant.com

**RADIATION SAFETY COURSE REGISTRATION FORM**

Name\_\_\_\_\_

Social Security Number\_\_\_\_\_Date of Birth\_\_\_\_\_

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 does not include X-ray films, PPE, film holders, film mounts, etc.*

**CANCELLATION POLICY:**

The fee for this board approved Radiation Safety Course (Dental X-Ray Certification) is **\$400** 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\_\_\_\_\_