

Orange County Dental Careers

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Registration

California Radiation Safety Course #59

This is a certification program for individuals already trained in dental radiography. Every candidate provides 4 patients for F.M.X.'s. Three patients are seen at your present facility and one at **O.C.D.C.** Notices signed by your supervising dentist to validate that the candidate produced these radiographs, along with the actual 3 series must be provided the first day of class. There are no refunds to those who do not pass this program. We withhold \$175 for those who request a refund **without** a written request 14 days prior to the selected start date.

Fax, attach to an email or physically mail this form along with your payment.

Accepted forms of payment are Money Orders, Cashier's Check, Visa, MasterCard, Discover Card or American Express. Personal checks are accepted **only** if received 14 days prior to the date of the course (return check fee is \$50). Make checks payable to **George Eliades, D.D.S.**

Start date of program selected (month, day, year) _____

Name _____ print clearly

Last Four Digits of Social Security Number or E.I.N. # _____ phone # _____

Address _____

City _____

State _____ Zip Code _____

Supervising Dentist's name and address _____

FAX _____

Phone _____

Course Fee \$350

Credit Card Information *must be legible*

Name on Card _____

Billing Address if different from above _____

State _____ Zip Code _____

Card Type _____ security code _____

Card Number _____

Expiration _____

Date _____

Credit Card Authorized Signature _____

Signature of Candidate _____