

# Orange County Dental Careers

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Registration for CA Dental Board Program IC- 78 & CA Dental Practice Act (CA Law)

**8 Hour Infection Control/Bloodborne Pathogens/Medical & Hazardous Waste \$220**

The **CA Dental Practice Act (\$14)** is offered ON-LINE and paid separately ON-LINE @ <http://www.dentaldidacticsce.com/calawre.html>

This is a certification program that is all-inclusive. Students do not need to provide anything other than presenting themselves with comfortable attire, preferably scrubs, hair pulled back and wearing shoes that are not open ended. A professional attitude is encouraged in order to maximize your learning experience. The morning session is a lecture followed by a written exam; the afternoon consists of performing 15 clinical dental infection control procedures.

We withhold \$100 for those who request a refund **without** a written request 14 days prior to the start date; a full refund of \$220 is issued if the class is canceled due to enrollment.

Attach to an email, Fax 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 10 days prior to the date of the course (return check fee is \$50). Make checks payable to **George Eliades, D.D.S.**

**Class starts 8:30 am and finishes at 5:00 pm with a 30 minute break for lunch. Certificates are issued at the end of each class for those that successfully complete this program.**

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 \_\_\_\_\_

## Course Fee \$220

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 \_\_\_\_\_