



REGISTRATION FORM

Month/ Day/ Year

Full Name: _____ Date of Birth: _____

Title: _____ License No. _____

SSN: REQUIRED For Dental Radiation Safety Course Only (**Last 4 Digits**): _____

Street Address: _____ Unit/ Apt#: _____

City, State and Zip: _____

Cellphone Number: _____

Email Address: _____

Course Information

Course Title: _____

Start Date: _____ Course Fee: \$_____ (**NON REFUNDABLE**)

Form of Payment: _____

IF SOMEONE ELSE HAS PAID for your course, we require a signed letter with that person's legal name, address, contact number, and e-mail stating that he/she has paid for your course.

Registration:

If you prefer to register through the mail, please use a money order, or company check, or a cashier's check. *(No personal checks, please)*. Dental Office check is acceptable.

Checks are payable to Dental Academy of California

Very Important Information before you register:

We may substitute instructors, change the class location or class schedule when necessary. If we do not have enough students for a particular class, it may be postponed. The Instructor or the Program Director will contact you if that should occur.

Student Initials: _____

After Registration:

It may take 1-3 days to process your registration. Once your registration and payment has been processed, the Program Director or Instructor will call or e-mail you to schedule your class or e-mail your course information so that you may start studying the course materials. Please check your spam or junk mail for the e-mail and attachments. In the event that you do not receive it, please do not hesitate to e-mail us to follow up.

Supplies, Materials, and Clinical Patients:

Dental Academy of California and the Faculty will NOT provide any classroom or clinical supplies, materials, instruments, or Clinical Patients for the certification program. Students must provide their own PPE, including but not limited to disposable gowns, Level 3 surgical masks, or N95 masks, gloves, face shields, and other course supplies and materials for the certification program.

Extension Fee:

You may request an extension if you cannot finish your assignments on time by e-mail and pay \$100 for a one-month extension for the course.

Payment Plan:

Dental Academy of California does offer a payment plan only for multiple certification programs. Contact our Program Director via e-mail or text message for more information.

Clinical Class Location: 1569 Lexann Avenue, Suite# 218, San Jose, CA 95121

Certification:**ALL CERTIFICATES OF COMPLETION WILL BE E-MAILED TO THE STUDENTS**

It will take an additional 3 to 4 weeks to process your Certificate of Completion. You may follow up, please e-mail us your name, address, contact number, the date and the course description with your request.

Student Initials: _____

CE-Units:

The CEU units you have earned may be used towards your license renewal. The Original continuing education certificates are likely to be audited by The Dental Board and should be kept by the licensee for a period of three (3) renewal periods. (6 years) Do not send certificates to the Dental Board unless they are asking you to send it. The Dental Board of California only accepts eight (8) hours CEU per day.

Property Disclaimer:

Dental Academy of California is not held responsible for any lost or damaged personal belongings. Students will be responsible for damages occurring to school property or facility equipment.

Copyright:

Any information or documents that is given to the students is protected property of Dental Academy of California. Student agrees not to make any copies or distribute without the written permission from Dental Academy of California.

ATTORNEY'S FEES:

If any disputes occur and cannot be resolved, Dental Academy of California will take legal action to enforce all the terms and conditions. Student will pay all Arbitration, court cost and all attorney fees. Additionally, any other relief, at law or in equity, to which Dental Academy of California may have a claim.

IF THE ORIGINAL CERTIFICATE IS LOST OR MISPLACED

1. IF THE ORIGINAL CERTIFICATE IS LOST OR MISPLACED: YOU MUST SEND US A REQUEST BY E-MAIL OR A CERTIFIED LETTER REQUESTING THAT THE ORIGINAL IS LOST OR MISPLACED. PLEASE SPECIFY THE COURSE NAME AND THE DATE OF COMPLETION.
2. THE COST FOR THIS SERVICE IS \$35.00 PER CERTIFICATE.
3. IF THE ORIGINAL CERTIFICATE WAS ISSUED (5) YEARS PRIOR OR LONGER TO THE PRESENT TIME, YOU ARE REQUIRED TO RETAKE THE CERTIFICATION PROGRAM AGAIN.

Student Initials:

Cancellation Policy:

Course Fee is **NON-REFUNDABLE**.

Occasionally courses may be cancelled due to over enrollment, you will be placed in the next available class.

In order to change your class or schedule, a letter of request must be sent to us or e-mail (dentalacademyoc@yahoo.com) as soon as possible stating your reason why you are unable to attend our courses. We must receive your cancellation request at least (10) or more business days prior to the start date with a \$50.00 registration fee + PayPal Fees.

If you miss the first day of the course, you may lose your spot in the class. It will be given away to other students on the waiting list. If the student fails to attend the class, they will forfeit the registration fee.

By filling out the registration form, you are the student and the applicant for this course. You waive any liability and legal proceedings against Dental Academy of California, the Instructor, Faculty and the Clinical Office during the program. I understand all the important policies completely. I also understand that I must complete all the requirements and the program on time, if I fail to do so, I will need to repeat the course. I must enroll again and pay the current full tuition again if I decide to continue.

COURSE REQUIREMENTS (Prerequisites): Must be e-mailed the PDF documents to dentalacademyoc@yahoo.com on or before the due date as stated in the course handout and electronic media documents. *(We only accept PDF files attached to the e-mail.) Please do not send screen shot photos.*

Incomplete Requirements will not be accepted, and students may be postponed for the next scheduled class.

Student Signature: _____ **Date:** _____