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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. The Home Study (4 hours) is provided with PDFs on line; included is the 40-question exam that must be printed out as a hard copy, completed and brought to the dental office on the clinical day of instruction. The clinical session is preceded with grading of the written exam; the 4-hour clinical portion consists of successfully 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 at 10:00 and finishes by 2:00. Certificates are issued at the end of each class for those whom successfully pass the 4-hour written exam plus the 15 clinical procedures.

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 _____