
INSTRUCTIONS TO REGISTER

STEP 1

EMAIL THE FOLLOWING DOCUMENTS: **(MUST be received no later than 2 days before scheduled clinical class)**

1. Completed and signed Registration Form *(Please hand sign)*
2. Submit the following:
 - A copy of current CPR Card through the American Heart Association or the American Red Cross
 - A copy of 8-hour Infection Control Certificate
 - A copy of California Dental Practice Act Certificate
 - A copy of Radiation Safety Certificate
3. Email all above documents to: ocdacertification@gmail.com
4. Make a payment.

STEP 2

1. Upon receipt of your completed **registration form/required documents** and **payment**, you will get an email from ocdacertification@gmail.com.
2. Read and respond immediately to the email that you received it.
3. You will then receive an email (during normal business hours) from OCDA/TalentLMS with your log-in information for the online course. If you do not receive an email from OCDA/Talent LMS, please check your spam folder.
4. You are ready to start your online portion of the course. Good Luck!

STEP 3

1. Student must complete the on-line training and quizzes before you can start the clinical class.
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OC DENTAL SPECIALISTS

11702 Beach Blvd. Stanton CA 90680
 1076 E. First St. Suite D Tustin CA 92780
 Tel: (855)665-4200
 Email: ocdacertification@gmail.com
 Website: www.orangecountydentalassistant.com

REGISTRATION FORM Coronal Polish Certification

Full Name (How you want to appear on the certificate)		Date of Birth	SSN (Last 4 digits)	
Street Address	Suite# / Apartment #	City	State	Zip code
Cell Phone		Home Phone		
Email Address				
Requested Class Start Date				

CLASS DESCRIPTION:

The Coronal Polishing course is a Dental Board approved course that will fulfill the requirements for unlicensed Dental Assistants seeking to become an RDA. After completing this course, the graduate will earn a certificate in Coronal Polishing.

PREREQUISITES:

- **Must be able to communicate in English.**
- DA qualified to take the RDA exam. DA must send copies of:
 1. Current CPR card (AHA or ARC)
 2. California 8-hour Infection Control Certificate
 3. California Dental Practice Act Certificate
 4. Radiation Safety Certificate

REQUIREMENTS FOR CLINICAL/LAB DAY

1. Student must wear scrubs.
2. Student must wear closed toe shoes.
3. Student must have their hair pulled back above collar.
4. Student must bring protective eyewear. Gloves and mask will be provided.

5. Student must present a valid form of identification (for example: Driver's license, Passport, CA identification, etc.)
6. **Student must have COMPLETED the on-line learning and quizzes before class.**
7. A certificate will be issued upon completion of the clinical day.

PATIENT REQUIREMENTS - Each student MUST provide (3) three clinical patients on the clinical day who meet the criteria, see below:

- Must be 18 years or older.
- Must be calculus-free.
- Moderate plaque present.
- Must not be in any orthodontic appliances (**including permanent or fixed retainer**).
- All clinical patients **MUST** be present within 60 minutes of the start time of the course. (If any patient does not meet the minimum qualifications, you will have time to call for backup patients) [redacted] (Initial here that you understand)
- If the student cannot provide clinical patients meeting the minimum requirements on their clinical day, the student can schedule qualified patients to be done in our facility on a different day within **15 calendar days** to be determined by the instructor. [redacted] (Initial here that you understand)
- All clinical patients must be treated at our facility during your scheduled clinical day. (**CANNOT BE DONE AT YOUR OFFICE**). [redacted] (Initial here that you understand)

CLINICAL CLASS POLICY

- The class will start at the scheduled time. Out of respect for other students please be ready to start. If student arrives 15 minutes late from the start time of class, the student will be required to reschedule to another date for the clinical/laboratory portion of the course. [redacted] (Initial here that you understand)
- If student does not pass written final exam on clinical day, student will be allowed **ONE** retake of written final exam **WITHIN 15 days** of completed clinical course. [redacted] (Initial here that you understand)
- Retake exam will be scheduled on a day and time determined by the instructor and **WILL NOT** be on a clinical instruction day. [redacted] (Initial here that you understand)
- **IF STUDENT FAILS THE FINAL EXAM ON THE RETAKE ATTEMPT, STUDENT UNDERSTANDS THAT HE/SHE FORFEITS REGISTRATION FEE AND WILL NEED TO REPURCHASE THE COURSE AND START OVER.** [redacted] (Initial here that you understand)

REGISTRATION POLICY

Registration and payment MUST be received no later than 2 days before scheduled clinical class. Registrations received after normal business hours (9am – 6pm Monday to Friday, excluding holidays) will be processed the following business day. Please allow up to 1-2 business days to process your registration. Once registration and payment are processed, you will receive an e-mail from ocdacertification@gmail.com with details on how to start the online portion of the course. Please check your spam or bulk mail for the e-mail and attachments or you can e-mail us to follow up.

METHOD OF PAYMENT

Please check one of the following:

- Cash (PAY IN PERSON)
- Money Order or Cashier's check or Business check (NO PERSONAL CHECKS)
- Credit Card – Phone Payment

- I authorize OC DENTAL SPECIALISTS/ORANGE COUNTY DENTAL INSTITUTE to charge the credit card starting with _____ (first 4 digits of the card) and ending with _____ (last 4 digits of the card). This payment authorization is for the goods/services described on this registration form, for the amount of \$230 only, and is valid for one (1) time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Name on Card: _____

Card Holder Signature: _____ Date: _____

- Credit Card – Online Payment

- I authorize OC DENTAL SPECIALISTS/ORANGE COUNTY DENTAL INSTITUTE to charge the credit card in the web form starting with _____ (first 4 digits of the card) and ending with _____ (last 4 digits of the card). This payment authorization is for the goods/services described on this registration form, for the amount of \$230 only, and is valid for one (1) time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Name on Card: _____

Card Holder Signature: _____ Date: _____

REFUND POLICY

- If the student does not attend his/her class, the registration fee will be automatically forfeited.
- We withhold \$150 for those who request a refund **without** written request 14 days prior to the start date.
- A full refund of \$230 is issued if the class is canceled.
- Student agrees to **complete** course within **30 days** of payment for the course or student forfeits tuition for the course. _____ (Initial here that you understand)
- **I UNDERSTAND THAT IF I DO NOT PASS THIS PROGRAM, I WILL NOT BE ISSUED A REFUND**

Student Signature: _____ Date: _____