



# 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

### Dental Board 8-Hour Infection Control Certification

Full Name	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:

This is a California Dental Board Approved, 8-hour Infection Control Certification. This 8-hour course consists of four(4) hours of on-line learning and quizzes, and four(4) hours of laboratory and clinical instruction.

#### REQUIREMENTS FOR CLINICAL 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 present a valid form of identification (for example: Driver's license, Passport, CA identification, etc.)
- 5. Student must be able to communicate in English.**
- 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.

## 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 portion of the course.

---

## 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](mailto: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.

---

## REFUND POLICY

- If the student does not attend his/her class, the registration fee will be automatically forfeited.
- We withhold \$120 for those who request a refund **without** written request 14 days prior to the start date.
- A full refund of \$210 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: \_\_\_\_\_

---

## INSTRUCTIONS

---

### 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. Email all above documents to: ocdacertification@gmail.com
- 

### STEP 2

1. Upon receipt of your completed **registration form** 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.
- 

### STEP 3

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