
INSTRUCTIONS TO REGISTER

STEP 1

EMAIL THE FOLLOWING DOCUMENTS:

****Please submit registration form, required documents and payment at least 1 week prior to first day of class to allow enough time to complete required online modules****

1. Completed and signed Registration Form (*Please hand sign*)
2. If you are an RDA, send copy of your RDA license
3. If you are a DA, please send the following:
 - A copy of 8-hour Infection Control Certificate
 - Documentation of proof of eleven (11) months experience in dental assisting in the United States
 - A copy of CPR certification accredited by AHA or ARC
4. Email all above documents to: ocdacertification@gmail.com
5. 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 assigned on-line training and quizzes before the clinical/laboratory 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

Orthodontic Assistant Permit Certification (course includes Ultrasonic Scaling 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	RDA License # (If applicable)	
Email Address			
Requested Class Start Date			

CLASS DESCRIPTION:

This is a California Dental Board-approved course that certifies students for eligibility to take the Dental Board Orthodontic Assistant Permit Exam.

PREREQUISITES:

- **Student must be able to communicate in English**
 - Student must have 8-Hour Infection Control Certificate
 - Student must have CPR certification accredited by AHA or ARC
 - Must have a minimum of eleven (11) months experience in dental assisting in the United States and provide documentation from the dental office.
- OR-
- Have an active RDA or RDAEF License (Copy of RDA/ RDAEF license is required)


DOCUMENTATION OF PROOF: *For (11) eleven months experience*

- Letter written on Dental Office letterhead (including address and phone number)
- Letter to include: Dates of employment and experience
- Letter must be signed and dated by the supervising Dentist.

*Note: OC Dental Specialists will be kindly verifying your employment and experience.

REQUIREMENTS FOR CLINICAL/LABORATORY DAY:

****STUDENT MUST COMPLETE ONLINE MODULES 1-3 AND THEIR CORRESPONDING QUIZZES BEFORE THE FIRST DAY OF CLASS****

 (Initial here that you understand)

1. Student must wear scrubs.
2. Student must wear closed toe shoes.
3. Student must have their hair pulled back above collar.
4. 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 COMPLETE the assigned on-line training and pass on-line quizzes BEFORE each day of class.**

PATIENT REQUIREMENTS:

- Must be at least 18 years or older.
- No Periodontal Disease
- Not Pregnant
- No Implants
- No history of cardiovascular or kidney problem
- No braces or any orthodontic appliance (including permanent or fixed retainers)
- Must complete all the clinical forms

CLINICAL/LABORATORY 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.

OA Dental Board Written Examination Information

- Effective January 1, 2010, graduates of the Orthodontic Assisting Permit Course will be required to take a California Dental Board-administered examination. Each student must pass with a grade of 75% or above in order to receive their orthodontic assistant permit.

Documents/certificates needed in order to apply for a California Dental Board-administered examination:

- Completion of at least 12 months experience as a dental assistant (not required if current RDA)
- CPR certification accredited by AHA or ARC.
- Certificate from Board approved course in California Dental Practice Act
- Certificate from Board approved course in 8 Hour Infection Control
- Certificate from Board approved course in Orthodontic Assisting
- Certificate from Board approved course in Ultrasonic Scaling

REGISTRATION POLICY

Registration and payment MUST be received no later than 1 week before scheduled first day of class to allow enough time to complete required online modules. 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 \$1195 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 \$1195 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. Student must attend the first day of class.
- We withhold \$250 for those who request a refund **without** written request 14 days prior to the start date.
- If a student chooses to withdraw from this program after attending any classes, the student will receive a prorated refund. The prorated refund will be the registration fee minus \$250 for each week the student is in attendance. For example, if the student paid \$1195 and attended class for two (2) weeks, the total amount refunded would be \$695.
- A full refund of \$1195 is issued if the class is canceled.
- Student agrees to **complete** course within **120 days** of payment for the course or student forfeits tuition for the course. (Initial here that you understand)

SCHEDULE CHANGE FEE

This course is an 84-Hour, 6-week course. If the student requests and needs ANY change in this 84-Hour, 6-week course, the student can request an extension via email and pay an additional \$100 for each one-week extension. There will be no exceptions. (Initial here that you understand)

Student Signature: _____ Date: _____