
INSTRUCTIONS TO REGISTER

STEP 1

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

1. Completed and signed Registration Form *(Please hand sign)*
 2. Email all above documents to: ocdacertification@gmail.com
 3. Make a payment.
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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.
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STEP 3

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

1076 E. 1st 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 (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		
Student's Personal Email Address (COMPANY EMAIL ADDRESS NOT ACCEPTED)				
Requested Clinical Class 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 bring their own protective eyewear (eye goggles and/or face shield) and lab gown/coat. **due to COVID-19, this is a MUST****
5. Student must present a valid form of identification (for example: Driver's license, Passport, CA identification, etc.)
6. **Student must be able to communicate in English.**
7. **Student must have COMPLETED the on-line learning and quizzes before class.**
8. A certificate will be issued upon completion of the clinical day.

****NOTE: All students must be at least 18 years old EXCEPT for the 8-HOUR INFECTION CONTROL COURSE****

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.
_____ (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.
_____ (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. _____ (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.
_____ (Initial here that you understand)
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REGISTRATION POLICY

Registration and payment MUST be received no later than a week 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

****MUST CHOOSE ONE AND COMPLETE ALL HIGHLIGHTED AREAS
BEFORE OR AFTER MAKING PAYMENT****

Please check one of the following:

Credit Card – Phone Payment

- I authorize 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 \$210 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 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 \$210 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 \$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: _____