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## INSTRUCTIONS TO REGISTER

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### 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](mailto: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](mailto: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

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Tel: (855)665-4200  
Email: ocdacertification@gmail.com  
Website: www.orangecountydentalassistant.com

## REGISTRATION FORM Dental Board 8-Hour Infection Control Certification

**PLEASE TYPE OR WRITE LEGIBLY**

|  |                      |                     |                     |
|--|----------------------|---------------------|---------------------|
| 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 ( <b>COMPANY EMAIL ADDRESS NOT ACCEPTED</b> ) |                      |                     |                     |
| 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\*\***

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## CLINICAL CLASS POLICY

- The class will begin at the scheduled time. Out of respect for other students, please be prepared to start on time. If a student arrives **15 minutes or more after the scheduled start time**, they will be required to **reschedule** to another date for the clinical/laboratory portion of the course. [redacted] (Initial here that you understand)
- If a student has not completed the online course, passed the practice online final exam, and passed the proctored final exam, the student will **not be allowed to attend the clinical class** and will be **sent home**. The student will need to **reschedule their clinical class** for a later date. [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)

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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](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.

Please note that the name on your certificate will appear exactly as written on your registration form. If you request a name change after the certificate has been issued, other than to correct an error we made, there will be a **\$25 reprocessing fee**. We kindly ask that you double-check the spelling and format of your name on the registration form before submission to avoid any additional charges. [redacted] (Initial here that you understand)

## METHOD OF PAYMENT

**\*\*MUST CHOOSE ONE AND COMPLETE ALL HIGHLIGHTED AREAS BEFORE OR AFTER MAKING PAYMENT. ALL SIGNATURE MUST BE HAND WRITTEN\*\***

Please check one of the following:

**Credit Card – Phone Payment**

- I authorize ORANGE COUNTY DENTAL INSTITUTE to charge the credit card starting with [REDACTED] (first 4 digits of the card) and ending with [REDACTED] (last 4 digits of the card). This payment authorization is for the goods/services described on this registration form, for the amount of \$220 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: [REDACTED]

Card Holder Signature: [REDACTED] Date: [REDACTED]

**Credit Card – Online Payment**

- I authorize ORANGE COUNTY DENTAL INSTITUTE to charge the credit card in the web form starting with [REDACTED] (first 4 digits of the card) and ending with [REDACTED] (last 4 digits of the card). This payment authorization is for the goods/services described on this registration form, for the amount of \$220 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: [REDACTED]

Card Holder Signature: [REDACTED] Date: [REDACTED]

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## 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 \$220 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. [REDACTED] (Initial here that you understand)
- **I UNDERSTAND THAT IF I DO NOT PASS THIS PROGRAM, I WILL NOT BE ISSUED A REFUND.**

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Student Signature: [REDACTED] Date: [REDACTED]