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. If you are an RDA, send copy of your RDA license
3. If you are a DA, please send the following:

   - A copy of current CPR/BLS 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
   - A copy of Coronal Polish Certificate
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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 on-line training and quizzes before you can start the clinical class.

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

Pit and Fissure Sealant 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	RDA License # (If applicable)	
Student's Personal Email Address **(COMPANY EMAIL ADDRESS NOT ACCEPTED)**			
Requested Clinical Class Date			

CLASS DESCRIPTION:

This Pit and Fissure Sealants course is a California Dental Board approved course that fulfills the certification requirements for RDA's renewing an RDA license, and/or RDA's seeking to perform pit and fissure sealant on patients in a dental office. Upon completing this course, the graduate will earn a certificate in Pit and Fissure Sealants.

PREREQUISITES:

- **Must be able to communicate in English.**
- **Must be 18 years of age or older.**
- Must be RDA(send copy of RDA License) **OR**
- DA qualified to take the RDA exam. DA must send copies of:
    1. Current CPR/BLS card (AHA or ARC)
    2. California 8-hour Infection Control Certificate.
    3. California Dental Practice Act Certificate
    4. Radiation Safety Certificate
    5. Coronal Polish 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 (4) four clinical patients who meet the criteria, see below:**

- Each patient should have a minimum of four (4) virgin non-restored natural posterior teeth (bicuspids and/or molars) for application of pit and fissure sealants.
  _____ (Initial here that you understand)
- Each patient must have one tooth for each quadrant of the mouth to satisfy the minimum number of virgin non-restored posterior teeth to be sealed per patient.
  _____ (Initial here that you understand)
- Minimum age of patient is 12 years, but recommended age of patient is 18 years of age or older. _____ (Initial here that you understand)
- If a patient has any dental or orthodontic appliances, including permanent/fixed retainers, I understand that they may become loose, damaged, or broken during clinical procedures. I acknowledge that Dr. Thomas Boone, Orange County Dental Institute, its staff, instructors, and employees, are not responsible for any repairs, replacement costs, or related expenses. _____ (Initial here that you understand)
- 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) _____ (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.
  _____ (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**). _____ (Initial here that you understand)

HELPFUL TIPS!

WE REALLY WANT TO HELP YOU COMPLETE THIS CERTIFICATION AS EFFICIENTLY AS POSSIBLE. TO HELP SAVE YOU TIME, AND A POSSIBLE RETURN TRIP:

- Please make sure your patients meet minimum requirements (see above). If you are an RDA or are employed by a dental office, your dentist and/or co-workers can help you to verify if your potential patients meet the requirements.
- The best patients that almost always qualify are people between the ages of 12-25. Many times, students bring parents and older people, and they must return to bring more patients.

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._____ (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._____ (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)

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.

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. _____ (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 _____ (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 $395 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 $395 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 $198 for those who request a refund **without** written request 14 days prior to the start date.
- A full refund of $395 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: _____