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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. 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 OA Course Certificate
4. Email all above documents to: [ocdacertification@gmail.com](mailto:ocdacertification@gmail.com)
5. Make a payment.

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### STEP 2

1. Upon receipt of your completed **registration form/required documents** 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.
4. You are ready to start your online portion of the course. Good Luck!

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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. 1<sup>st</sup> St. Suite D Tustin CA 92780  
 Tel: (855)665-4200  
 Email: ocdacertification@gmail.com  
 Website: www.orangecountydentalassistant.com

## REGISTRATION FORM Ultrasonic Scaling 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 ( <b>COMPANY EMAIL ADDRESS NOT ACCEPTED</b> )				
Requested Clinical Class Date				

### CLASS DESCRIPTION:

This 8-hour Ultrasonic Scaling Certification course consists of 4 hours of on-line learning and 4 hours of laboratory and clinical instruction. This course offers complete instruction in the use of the ultrasonic scaler by the RDA or OAP candidate in an orthodontic environment. Upon completing this course, the graduate will earn a certificate in Ultrasonic Scaling.

### 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 OAP 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. OA Course 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.

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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 [ ] (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 \$225 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 \$225 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: \_\_\_\_\_

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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 \$225 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.**

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_