

# **Pit and Fissure Sealant Certification Course**

Complete this form and mail with payment (Cashier's Check, Dentist Check or MO) to:

**EFDAA** 

42-215 Washington Street, Suite A #378
Palm Desert, CA 92211
Efdaa4u@efdaaservices.com

Or

Fax (MasterCard, VISA or American Express credit card payments only) to: (760) 200-2850

# Be sure that your e-mail address is printed very clearly

| Registration Information  |            |     |  |  |
|---------------------------|------------|-----|--|--|
| (Please print clearly)    |            |     |  |  |
| Name                      |            |     |  |  |
| Address                   |            |     |  |  |
| City                      | State      | Zip |  |  |
| E-mail (must be included) |            |     |  |  |
| Home Phone                | Cell Phone |     |  |  |
| ( )                       | ( )        |     |  |  |
| Employer Information      |            |     |  |  |
| Employer Name             |            |     |  |  |
| Address                   |            |     |  |  |
| City                      | State      | Zip |  |  |
| Business Phone            | Fax        |     |  |  |
| ( )                       | ( )        |     |  |  |
|                           | •          |     |  |  |



| Tuition: \$425.00  Complete the following information: Course Number Course Date  Payment Information (please check one box)  |    |       |                 |  |  |
|---|----|-------|-----------------|--|--|
| Credit Card   |    |       |                 |  |  |
| Cashier's Check   |    |       |                 |  |  |
| Money Order   |    |       |                 |  |  |
| Dentist Check   |    |       |                 |  |  |
| (For Credit Card Transactions I agree that I and any person acting on my behalf that uses a Credit Card for Tuition understands that there are No Refunds and that any attempt at a Chargeback will be Denied)  Credit Card Holder's Name |    |       |                 |  |  |
| Credit Card Number  | er |       | Expiration Date |  |  |
| Security Code (back of card)  |    |       |                 |  |  |
| Address   |    |       |                 |  |  |
| City  |    | State | Zip             |  |  |
| Authorized Signatur   | e  |       | <u> </u>        |  |  |

# **Cancellation Policy**

If you are unable to attend our course and we receive your cancellation at least five business days prior to the course, you will receive a full refund except for a \$25 processing fee. All cancellations must be received by our office via email at <a href="mailto:efdaa4u@efdaaservices.com">efdaa4u@efdaaservices.com</a>. Custom courses scheduled cannot be changed or cancelled; thus there is no refund on the tuition.

Pre-Requisites
Students upon enrollment must submit the following Certificates
8Hour Infection Control
2Hour Dental Practice Act
CPR/BLS
4 Clinical Patients



### **Supply Requirements**

Students must provide those general sealant supplies required to perform this procedure. UltraSeal XT plus sealant material by Ultradent will be provided by EFDAA. A list of these supplies will be sent to you upon receipt of your registration via the email. All participants must wear a disposable gown, scrub-type uniform or lab coat; protective eyewear, mask and gloves in class.

#### **Attire Requirements**

Students must wear a disposable gown, scrub-type uniform or lab coat, mask in class.