



**EXPANDED FUNCTIONS
DENTAL ASSISTANT
ASSOCIATION**

42-215 WASHINGTON STREET, SUITE A #378
PALM DESERT, CA 92211
efdaa4u@efdaaservices.com www.efdaaservices.com
Phone: 760-200-2851 Fax: 760-200-2850

Orthodontic Assistant (OA) Permit Course

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

**EFDA
42215 Washington Street, Suite A #378
Palm Desert, CA 92211
Efdaa4u@efdaaservices.com**

Or

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

Registration Information

(Please print)

Name		
Address		
City	State	Zip
E-mail (must be included and clearly written)		
Home Phone ()	Cell Phone ()	

Employer Information

Employer Name		
Address		
City	State	Zip
Business Phone ()	Fax ()	



Tuition: \$900.00

Complete the following information: Course Number _____ Course Dates _____

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)

CC Holder's Name		
Account Number	Expiration Date	
Security Code (back of card)		
Address		
City	State	Zip
Authorized Signature		

Be sure you include the following documents with this application. Please note the documents required for the RDA are different from those for the Dental Assistant.

Requirements for an RDA

- Copy of current RDA license
- Copy of CPR
- Copy of supervising DDS liability insurance.
- Copy of certificate from an 8 hour IC course



EXPANDED FUNCTIONS DENTAL ASSISTANT ASSOCIATION

42-215 WASHINGTON STREET, SUITE A #378
PALM DESERT, CA 92211
efdaa4u@efdaaservices.com www.efdaaservices.com
Phone: 760-200-2851 Fax: 760-200-2850

- Copy of certificate from 2 hour Dental Practice Act course
- Requirements for a Dental Assistant or Orthodontic Assistant (if you are not an RDA)**
- Copy of certificate from an 8 hour IC course
 - Copy of certificate from 2 hour Dental Practice Act course
 - Copy of current CPR certification
 - Copy of supervising DDS liability insurance

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 efdaa4u@efdaaservices.com.

Custom courses scheduled cannot be changed or cancelled; thus there is no refund on the tuition.

Attire Requirements

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