

# **Radiation Safety Certification Course**

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

EFDAA
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 ( )

( )

Employer Information

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



**Tuition:** \$500.00

Complete the follow	ing 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		,	
Credit Card 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.

### **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



<u>efdaa4u@efdaaservices.com</u>. Custom courses scheduled cannot be changed or cancelled; thus there is no refund on the tuition.

### **Pre-Requisites**

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Students upon enrollment must submit the following Certificates
8Hour Infection Control
CPR/BLS

# **Supply Requirements**

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

### **Attire Requirements**

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