

# **Orange County Dental Careers / George Eliades, D.D.S.**

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Registration for CA Dental Board Program IC- 78 & CA Dental Practice Act (CA Law)

**8 Hour Infection Control/Bloodborne Pathogens/Medical & Hazardous Waste  
\$199**

This is a certification program that is all-inclusive. Students do not need to provide anything other than presenting themselves with comfortable attire, preferably scrubs, hair pulled back and wearing shoes that are not open ended. The Home Study (4 hours) is provided with PDFs on line; included is the 40-question exam that must be printed out as a hard copy, completed and brought to the dental office on the clinical day of instruction. The clinical session is preceded with grading of the written exam; the 4-hour clinical portion consists of successfully performing 15 clinical dental infection control procedures.

We withhold \$100 for those who request a refund **without** a written request 14 days prior to the start date; a full refund of \$199 is issued if the class is canceled due to enrollment.

Attach to an email, Fax or physically mail this form along with your payment. Accepted forms of payment are Money Orders, Cashier's Check, Visa, MasterCard, Discover Card or American Express. Personal checks are accepted **only** if received 10 days prior to the date of the course (return check fee is \$50). Make checks payable to **George Eliades, D.D.S.** This institution does not accept payments from state or federal student aid programs. By signing below you understand that this is a legal binding document.

**Class starts at 10:00 and finishes by 2:00. Certificates are issued at the end of each class for those whom successfully pass the 4-hour written exam plus the 15 clinical procedures.**

Start date of program selected (month, day, year) \_\_\_\_\_

Name \_\_\_\_\_ print clearly

Last Four Digits of Social Security Number or E.I.N. # \_\_\_\_\_ phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

## **Course Fee \$199**

Credit Card Information *must be legible*

Name on Card \_\_\_\_\_

Billing Address if different from above \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Card Type \_\_\_\_\_ security code \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration

Date \_\_\_\_\_

Credit Card Authorized Signature \_\_\_\_\_

Signature of Candidate \_\_\_\_\_