

# Orange County Dental Careers

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## **Coronal Polishing Dental Board Program CP-41 Enrollment Form**

There are no refunds to those who do not pass this program. We withhold \$135 for those who request a refund **without** a written request 14 days prior to the start date; a full refund of \$220 is issued if the class is canceled due to enrollment.

Attach to an email 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 5 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.

Candidates must provide three (3) patients for the course. All patients must be **calculus-free**. You will also complete a take home written final examination that is returned 1 week later for grading and issuing of the certificate of completion. Students must show they have completed a Board-approved 8-hour infection control course & possess current, valid certification in basic life support (BLS).

### **Total Charges for this program is \$220**

Our Program will provide everything except the three (3) clinical patients.

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

Name of candidate (**print clearly**) \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_

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

### **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 \_\_\_\_\_ Date \_\_\_\_\_

By signing above, you understand this is a legal binding document.