

**DR. FERNANDO DE LA PENA DENTAL CORPORATION  
LOS ANGELES SCHOOL OF DENTAL ASSISTING  
DE LA PENA DENTAL GROUP**

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**2-Hour INFECTION CONTROL COURSE  
REGISTRATION FORM** (2024)

*This is a Dental Board of California approved home study course which meets the required 2-hour Infection Control continuing education requirement towards Ca license renewal.*

**Date:**

**Name:**

**Circle One:** DDS/DMD RDA RDH RDAEF **Other:**

**License Number:**

**Last Four Digits of Social Security Number:**

**Date of Birth:**

**Address:** **City:** **State:** **Zip:**

**Home Phone:** ( ) **Work Phone:** ( )

**Cell Phone:** ( ) **E-Mail:**

This is a Do-At-Home Course (All materials and certificate will be e-mailed to the student) and the cost is **\$45.00**

**Instructions:**

*Please download this form, fill up and mail/fax/email to the office. Please see contact info above.*

*Upon receipt of your registration form, we will contact you by phone for payment arrangements.*

*For HIPAA and security reasons, payments are made with a credit card over the phone only. Your credit card information will not be stored in our system.*

*Upon confirmation of payment, Course Materials, Instructions Sheets and Test Sheets will be e-mailed to you. There will be no refunds regardless of reason AFTER the course materials have been e-mailed to the candidate and the entire payment is forfeited.*

*You have one month to complete the test sheet from the date specified. The test sheet may be mailed, faxed or e-mailed to us.*

*Upon successfully passing the test, your Certificate of Completion will be mailed or e-mailed to you.*