

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

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**8-Hour INFECTION CONTROL COURSE and DENTAL PRACTICE ACT  
BUNDLE REGISTRATION FORM**

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

In case of emergency contact:

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I wish to be considered for acceptance for the course scheduled on: \_\_\_\_\_

***The fee for the course does not include PPE.***

*The Dental Practice Act part of this two-course bundle is a Dental Board of California approved home study course which meets the required 2-hour Dental Practice Act continuing education requirement towards Ca license renewal and RDA examination application.*

*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 or you may also call the office for payment arrangements after submission of your registration form.*

*Course Materials, Instructions Sheets and Test Sheets will either be e-mailed to you or handed to you on the first day of the Infection Control class.*

*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.*

**CANCELLATION POLICY:**

**The fee for this board approved Infection Control Course and Dental Practice Act bundle is \$245 (E-Mail) or \$255 (Mail) and part of which is a NON-REFUNDABLE processing fee of \$50.00. Any cancellations, regardless of reason, TWO WEEKS PRIOR TO THE START OF THE CLASS WILL RECEIVE NO REFUNDS WHATSOEVER AND THE ENTIRE PAYMENT IS FORFEITED.**

Signature \_\_\_\_\_

Date \_\_\_\_\_