

**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  
REGISTRATION FORM (2024)**

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. It is the candidate's responsibility to bring their own PPE (Head Cap, KN95 Masks, ASTM Level III Face Mask, Face Shield, Disposable Gowns, Gloves, etc.). A candidate who does not have proper PPE may not be allowed to perform the procedures.*

**CANCELLATION POLICY:**

The fee for this board approved Infection Control Course is **\$299** 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 \_\_\_\_\_