

LOS ANGELES SCHOOL OF DENTAL ASSISTING

2701 Beverly Boulevard, Los Angeles, CA 90057

(213) 389-6211, Fax (213) 389-4168

RADIATION SAFETY COURSE REGISTRATION FORM

Date: _____

Name _____ Maiden Name _____

Social Security Number _____ Date of Birth _____

Current Address _____ City _____ State _____ Zip _____

Permanent Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ E-Mail _____

Parent, Guardian or Spouse _____ Phone () _____

Address _____ City _____ State _____ Zip _____

High School _____ Year of Graduation _____

High School Address _____ City _____ State _____ Zip _____

High School Graduate? _____ Year of Grad? _____ GED? _____

Have you attended a College or Technical Institution? _____ Graduated? _____

2 or 4 Year Degree? _____ Name of College _____

College Address _____ Date of Graduation _____

How I first heard about this program: _____

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 does not include X-ray films, PPE, film holders, film mounts, etc.

CANCELLATION POLICY:

The fee for this board approved Radiation Safety Course (Dental X-Ray Certification) is \$400 and part of which is a NON-REFUNDABLE processing fee of \$50.00. Any cancellations, regardless of reason, **SIX (6) DAYS PRIOR TO THE START OF THE CLASS WILL RECEIVE NO REFUNDS WHATSOEVER AND THE ENTIRE PAYMENT IS FORFEITED.**