



## Fullerton Dental Assistant School

2720 N. Harbor Blvd #110

Fullerton, CA 92835

School #714-882-5518

Fax (714)637-1163

[WWW.DentalAssistantFullerton.com](http://WWW.DentalAssistantFullerton.com)

Student: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Social security: \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax #: \_\_\_\_\_

Personal Reference Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

COURSES	Hours of Completion	Number of Patient needed For the courses	Interested on taking the class/classes	Date & Time of the class	Fees
CPR/BLS for healthcare provider AHA approved ( new student / renewal)	4 hours	N/A			\$60
8 Hour Infection Control / 2 hour Dental Practice Act DBC Approved # IC 111	8 Hour IC 2 hour DPA	N/A			\$245
Radiation Health and Safety Course DBC Approved #X 239	3 days (24 CE units)	4 Patients			\$485
Coronal Polishing Course DBC Approved #CP 077	2 days ( 16 CE units)	3 Patients			\$330
Pit & Fissure Sealant DBC Approved # PF 127	2 days (16 CE units)	4 Patients			\$430
RDA Practical Review	2 days	N/A			\$245
RDA Written Review	2 days	N/A			\$330
DPA Review	8 hours	N/A			\$150

***\*There are no other hidden charges. Everything is included, including books, supplies and materials. The tuition is all inclusive.***

# FULLERTON DENTAL ASSISTANT SCHOOL

2720 North Harbor Blvd. Suite #110

Fullerton, CA 92835

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## PIT & FISSURE SEALANT COURSE

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

Class Location: 2720 North Harbor Blvd. Suite 110 Fullerton, Ca. 92835

Contact Person: Noha Meyer at (714) 882-5518 if you have any questions

**Note: You must wear and bring your own scrub uniform, lab jacket and safety goggles/shield**

### COURSE PRE-REQUISITE

In order to qualify in taking the course, the student should bring a copy of the following on the first day of class:

1. Current CPR card (American Heart Association "AHA" or American Red Cross "ARC")
2. Copy of Immunization records:
3. Hepatitis B and Tuberculosis test records
4. Coronal Polishing License
5. RDA License

## Pit & Fissure Sealant Course Student Agreement

I \_\_\_\_\_ understand that in taking this Pit & Fissure Sealant course from Fullerton Dental Assistant School that I shall abide by all conditions as listed above. I release Fullerton Dental Assistant School from any liability from damage to me during or after this Pit & Fissure Sealant Certification class. Further, I agree to release Fullerton Dental Assistant School from any liability in damages to equipment used by me during this class.

In accordance to the class requirements, I am 18 years of age and understand that I shall bring all the copy of the following requirements above on the prior or on the first day of class.

I understand that to pass the Pit & Fissure Sealant course that I must meet and completed all competencies as stated in the course criteria and objectives. Failure to do so will result in a failed course grade and I will be required to pay for another course of instruction.

**I agree that it is my responsibility to find and provide patients until I pass the four (4) patients required on this course. Failure to do so will result in a failed course grade and I will be required to pay for another course of instruction in full fee. I also understand that I must pass both the final written exam and clinical examination with 75% pass scores.**

### ***Fullerton Dental Assistant School shall provide the following:***

- 1) Prophy angle handpieces (must be disposable) and one slow speed handpiece
- 2) Prophy paste (no fluoride)
- 3) Sealant materials and curing light
- 4) Acid etchant
- 5) Patient napkin
- 6) Patient cups
- 7) Cotton rolls or dri-angle
- 8) Waxed dental floss or tape
- 9) Alligator clip for patient napkin
- 10) Basic instruments (mouth mirror, explorer, cotton plier)
- 11) Oral evacuation tips and saliva ejectors
- 12) PPE'S (Mask, gloves and protective eyewear, lab coat)
- 13) Disposable air/water syringe tip barrier or plastic barriers
- 14) Surface disinfectant

### ***I will provide the Following:***

1. This signed contract
2. I should bring a copy of the following on the first day of class:
  - Current CPR card (American Heart Association "AHA or American Red Cross "ARC")
  - Immunization records (Hepatitis B and Tuberculosis test records not more than 6 months from the last test)
  - Infection Control Certificate
  - RDA License (If passed the Dental Board Exam)
  - Coronal Polishing Certificate
1. **It's my responsibility to provide four (4) patients to be able to pass this course**, two (2) for practical two (2) for clinical patient. For each patient I shall follow the following patient selection criteria:
  - Patient must be 18 years of age or older

- Must be in good health. (A medical history form will be completed prior to treatment and approved by the instructor or the dentist.)
- Each patient will have a minimum of four (4) virgin, non-restored, natural teeth, sufficiently erupted so that a dry field can be maintained. In addition, each patient will have minimum one tooth in all four quadrants.

**Cancellation Policy:**

- Any cancellation of a class/services with at least 10 days notice PRIOR to class will receive a refund of the amount paid minus processing fees \$50 of a class/services
- Any cancellation of a class/services with at least 5-10 days notice PRIOR to class will receive a refund of the amount paid minus processing fees \$50 OR minus 50%, whichever is greater
- Any cancellation of a class/services with less than 5 days notice PRIOR to class will forfeit all of the amount paid
- Any possibility of rescheduling for a different time at **Fullerton Dental Assistant discretion**, but if allowed a cancellation afterward may forfeit **ALL or PART** of the amount paid depending on the number of days notice before the class and the reason for the request to change to a class to a different date/location.
- Student must arrive on time for class. Door will be locked on time scheduled and they will forfeit all of the amount paid.

**Issuing Certificate if the original is lost or replaced:**

1. Student must have a written request if the original certificate is lost or misplaced and must be notarized by the notary public.
2. If the lost certificate was issued at least five years from the time it was originally issued, to the present time it was claimed missing, the student shall be required to retake the Pit & Fissure Sealant Certification Program.
3. A fee of \$35.00 for a duplicate copy of each certificate will be charged if the original is lost or misplaced.

**I have read and understand the terms of this agreement.**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FULLERTON DENTAL ASSISTANT SCHOOL**  
2720 North Harbor Blvd. Suite #110  
Fullerton, CA 92835

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**Pit and Fissure Sealant Course**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**COURSE PREREQUISITES:**

	Date taken/License number Expiration Date	Person Verified
1. CPR License	_____	_____
2. Coronal Polishing	_____	_____
3. RDA License (if applicable)	_____	_____
4. Copy of Immunization Record		
Hepatitis B Vaccine	_____	_____
TB Test Result	_____	_____

Name of person approved: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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2720 N. Harbor Blvd, Suite 110  
Fullerton, CA 92835  
(714) 882-5518  
info@dentalassistantfullerton.com

## Student Agreement

### PLEASE READ PREREQUISITS FOR ALL CLASSES

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

It is the responsibility of the student to provide a copy of their immunization records and tuberculosis test. The tuberculosis test result must be negative (**TEST CANNOT BE OLDER THAN 6 MONTHS**). If you've had a positive reading previously, you are required to provide a radiologist report of your chest x-ray reading. It cannot be older than 5 years.

These test results/records and certifications, must be provided prior to all classes; Dental Assistant Class, Infection Control/ Dental Practice Act, Coronal Polish, Pit and Fissure Sealant

**RADIATION SAFETY**: Students must provide the following certification/immunization record: (PRIOR TO CLASS): CPR, Infection Control, DPA, Tuberculosis and Hepatitis B.

The radiation safety course requires 4 patients to be seen for the clinical portion of the class. All clinical requirements with all (4) patients must be completed within (2) weeks of lecture class. If you do not complete the requirements as indicated, you will fail the class. There will be **NO REFUND** and you will need to pay the fees again if you wish to retake the class.

**INFECTION CONTROL/DPA**: Students must provide a copy of their CPR Card, TB Test results (no older than 6 months old) and Proof of Hepatitis B Immunizations. This needs to be provided prior to class.

**CORONAL POLISHING**: Students must provide CPR certification, Infection control /Dental Practice Act certifications and proof of Hepatitis B Immunization. This needs to be provided prior to the class.

This class requires (3) patients for the clinical portion. Your patients must be over the age of 18 and must have 18 virgin teeth, molar and premolar to work with.

**PIT & FISSURE SEALANT CLASS**: Students must provide CPR certification, Infection control/DPA certifications and proof of Hepatitis B Immunization. This needs to be provided prior to the class.

This class requires (4) patients for the clinical portion. Your patients must be over the age of 18 and must have 18 virgin teeth, molar and premolar to work with.

**Students are required to provide all necessary documents and complete all homework, tests and quizzes on time and must have a passing score of 75% to receive their certificates.**

**Any dishonesty or falsification of records will result in dismissal and possible reporting to the Dental Board of California.**

**If you do not complete all the requirements as indicated, you will not be allowed to attend the class and your fees will be forfeited.**

**There will be NO REFUND and you will need to pay the full fees again if you wish to retake the class.**

**Students cannot use other instructors, employees or other students as a patient. NO EXCEPTIONS**

**Your signature below indicates you have read and understand the above requirements for the classes taken with Fullerton Dental Assistant School.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Noha Meyer (Administrator)

\_\_\_\_\_  
Date