



Fullerton Dental Assistant School

2720 N. Harbor Blvd #110

Fullerton CA 92835

School #714-882-5518

Fax (714)637-1163

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			
8 Hour Infection Control / 2 hour Dental Practice Act DBC Approved # IC 111	8 Hour IC 2 hour DPA	N/A			
Radiation Health and Safety Course DBC Approved #X 239	3 days (24 CE units)	4 Patients			
Coronal Polishing Course DBC Approved #CP 077	2 days (16 CE units)	3 Patients			
Pit & Fissure Sealant DBC Approved # PF 127	2 days (16 CE units)	4 Patients			
RDA Practical Review	2 days	N/A			
RDA Written Review	2 days	N/A			
DPA Review	8 hours	N/A			

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

**FULLERTON DENTAL ASSISTANT SCHOOL
2720 N. HARBOR BLVD. SUITE #110
FULLERTON CA. 92835**

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: _____

Signature: _____

***If student do not attend this course without informing the school, student will forfeit the tuition fee that they paid.**

FULLETON DENTAL ASSISTANT SCHOOL

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.

***If student do not attend this course without informing the school, student will forfeit the tuition fee that they pay.**

I have read and understand the terms of this agreement.

Student Signature: _____ Date: _____