



## Registration Confirmation

1. The candidate verifies that he or she has matriculated into the correct course and is able to commit to the designated date, time and location of the course.
2. Candidate agrees to assume the role as both student and patient. If the student needs to be pre-medicated prior to any dental work, he or she is to bring these medications and inform the staff of the particular condition.
3. Candidates will need to wear scrubs and bring protective eyewear for the clinical portion of the course.
4. The Candidate understands that Apple Dental Education has the right to cancel the course due to insufficient enrollment and guarantees a full refund or the fee will be transferred to the next course date. 25% of the full cost will be charged if cancellations are made one week prior to the course. 50% of the total cost will be charged if cancellations are made less than one week prior to the course. No-shows are responsible for the entire amount.
5. Lunch will be provided, please advise of any allergies or dietary restrictions upon registration.
6. Candidates grant Apple Dental Education the right to take photographs or videos in connection with the course. Candidates authorize Apple Dental Education to copyright, use and publish the same in print and/or electronically/virtually and may use such photographs of said candidates with or without name specification and for any lawful purpose, including such purposes as publicity, illustration, advertising, and Web content.

Please sign your name in acknowledgement that you have reviewed the above and agree to the guidelines of participation in the Coronal Polishing and Dental Sealants Course. Be sure to print your name legibly as this will be the name that will appear on your certificate upon successful completion of the course.

\_\_\_\_\_  
Name of Candidate (please print)

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

## Supervising Dentist Affidavit

In accordance with Section 1220.245 of the Rules for the Administration of the Dental Practice Act of the State of Illinois, a dental assistant must be at least 18 years of age, have 1000 hours of clinical dental assisting experience or have graduated from an accredited program for dental assistants recognized by the Commission on Dental Accreditation of the American Dental Association, or lastly, is a currently board-certified dental assistant as designated by the National Dental Assisting board and may lawfully perform Coronal Polishing and the application of Pit and Fissure Dental Sealants.

I attest that upon completion of the course I will observe, \_\_\_\_\_ to successfully,  
Dental Assistant Name (please print)  
place six pit and fissure sealants to six patients in order to lawfully validate this certification which is valid only in IL.

\_\_\_\_\_  
Name of Supervising Dentist (please print)

\_\_\_\_\_  
Signature of Supervising Dentist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dentist License Number

***If you have any questions, please call Jason Henriquez at 773.384.3500, to complete your registration fax this form at 773.384.3963 or send it by email to Jason@appledentalcare.org***