

## Registration Confirmation

1. The candidate verifies that they have registered for the correct course and can commit to the designated date and time for the Online portion of the course. In order for attendance to be marked as present, the camera on the device being used (whether it's a computer or phone) must remain on for the entire duration of the course.
2. Candidates understand that a portion of the course will be conducted online, while the clinical component will be completed with their supervising dentist. Any necessary materials or instructions for the clinical portion will be provided throughout the course.
3. Candidates need to wear Personal Protective Equipment (PPE) while completing the hands-on portion of the course with their supervising dentist.
4. A clinical model, required for completing the Clinical portion of the course, will be shipped after the online course is finished, typically arriving within one week. If the materials are not received, candidates should email [jason@appledentalcare.org](mailto:jason@appledentalcare.org) to request a reshipment.
5. Candidates grant Apple Dental Education permission to take screenshots or record videos during the Online course. They authorize Apple Dental Education to copyright, use, and publish these materials electronically or virtually. These materials may be used, with or without attribution, for lawful purposes, including publicity, illustration, advertising, and web content.

### Cancellation Policy:

Cancellations made one week or more prior to the course will incur a 25% cancellation fee. Cancellations made less than one week before the course will be subject to a 50% fee. No-shows will be charged the full course fee.

The candidate understands that Apple Dental Education reserves the right to cancel the course if there is insufficient enrollment. In such cases, a full refund will be provided, or the fee may be transferred to the next available course date.

Please sign below to acknowledge that you have reviewed and agree to the guidelines for participation in the Coronal Polishing and/or Dental Sealants Course. Kindly print your name legibly, as this will be the name used on your certificate upon successful completion of the course.

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Signature of Candidate and Name of Candidate (please print)

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Date

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## 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 One Thousand (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, place six (6) pit and fissure sealants to six (6) patients in order to lawfully validate this certification which is valid only in Illinois.

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Signature of Candidate and Name of Candidate (please print)

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Date

***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](mailto:Jason@appledentalcare.org)***