



## CDAAC REGISTRATION FORM V2018

MAKE SURE THAT YOUR 'HANDWRITTEN' FORM IS LEGIBLE, OR YOUR REGISTRATION WILL NOT BE PROCESSED

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

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

College registration number if applicable: \_\_\_\_\_

Title: Dental Hygienist: \_\_\_\_\_ CDA/RDA: \_\_\_\_\_ Other: \_\_\_\_\_

New enrollment: \_\_\_\_\_ Recertification: \_\_\_\_\_

Student email address: \_\_\_\_\_  
(for online quizzes)

Student cellphone number: \_\_\_\_\_  
(for contacting on course day if needed)

Dentist who paid the tuition if not paid by you: \_\_\_\_\_

Practice you are associated with: \_\_\_\_\_

Practice owner email address: \_\_\_\_\_

Does your practice treat primarily pediatric patients: Yes: \_\_\_\_\_ No: \_\_\_\_\_

I have faxed or emailed a copy of my current valid **Health Care Provider** CPR certificate

Yes: \_\_\_\_\_ No, will fax soon: \_\_\_\_\_ No will show proof at course: \_\_\_\_\_

Paid for as course add-on: \_\_\_\_\_