



## CDAAC REGISTRATION FORM V2019

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: \_\_\_\_\_

Email to [janice@dental-ed.com](mailto:janice@dental-ed.com) or fax to 604-800-0487