



Dental Ed

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**MODERATE CONSCIOUS SEDATION (MODSED) FOR DENTISTS REGISTRATION
FORM: FALL 2019 COURSE**

Fax to: 1-604-800-0487

Course start date you are registering for is September 2019 program

STUDENT DEMOGRAPHICS

Name: _____

(As you want printed on your certificate)

Registration #: _____ Province/State of Registration: _____

Mailing Address: _____ City: _____

Province/State: _____ Postal/Zip Code: _____ Phone: _____

Cellular: _____ Fax: _____ Email: _____

Due to the nature of this program, full tuition fee refunds will not be given except for extreme circumstances. Visit <https://www.dentaled.com/policies.html> for further information.



I have faxed:

- A. A copy of my current Heart and Stroke Foundation Health Care Provider CPR certificate (valid for 12 months from date of issue). This card must be Heart and Stroke Foundation of Canada. No other CPR provider is recognized (Relates to prerequisites for the ACLS course you will be completing during the program)

Yes: _____ No: _____ will send when I have

- B. A copy of my DDS/DMD active registration from my dental regulatory authority.

Yes: _____ No: _____ will send when I have collected it

- C. Proof of 5 million dollars in malpractice liability insurance.

Yes: _____ No: _____ will send when I have in place

- D. A letter of good standing from my current dental regulatory authority has been requested to be mailed to DentalEd.

Yes: _____ No: _____

PAYMENT INFORMATION

- Deposit: \$5,000.00 + GST CAD due at time of registration.
- Payment 2: \$5,000.00 + GST due June 15, 2019
- Payment 3: \$7,999.00 + GST due August 15, 2019
- Option to do clinical at your own practice, additional \$9,000.00 + GST due August 15, 2019 (all dentistry done can be billed for with this option)
- Office CDA's/RDA's, Hygienists, and RN's are encouraged to attend the didactic portion of the program. Cost \$1,800.00 + GST per participant. This will include a Canadian Dental Anaesthesia Assistant Certification (CDAAC) after completion of a written exam. These fees are due at the time of final payment. Two staff must assist you in clinical and have completed their CDAAC certification.
- If your own CDAs/RDAs are not provided for the clinical rotation an additional staffing charge will apply of \$2,500.00 + GST.
- Please call 1-778-984-0915 and speak to the program head Michael Dare to make any payments.

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CATERING DIETARY REQUESTS

Please list and special dietary restrictions/requests that you or your staff has regarding course catering.

Name: _____ Issues/requests: _____

Name: _____ Issues/requests: _____

Name: _____ Issues/requests: _____



AUXILIARY TEAM MEMBER #1 (CDA/RDA/HYGEINIST/RN) REGISTRATION INFORMATION

Name of assistant 1: _____

Title: Dental Hygienist: _____ CDA/RDA: _____ Other: _____

Registration Number: _____

Address: _____

City: _____ Province/State: _____

Postal/Zip Code: _____

Cellular Phone: _____

Personal non-shared email: _____

Wishes to attend didactic classes and write CDAAC certification exam: Yes: _____ No: _____

✓ I have faxed a copy of my current Health Care Provider CPR certificate. Yes: _____ No: _____

✓ I have faxed a copy of my practice permit. Yes: _____ No: _____

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AUXILIARY TEAM MEMBER #2 (CDA/RDA/HYGEINIST/RN) REGISTRATION INFORMATION

Name of assistant 2: _____

Title: Dental Hygienist: _____ CDA/RDA: _____ Other: _____

Registration Number: _____

Address: _____

City: _____ Province/State: _____

Postal/Zip Code: _____

Cellular Phone: _____

Personal non-shared email: _____

Wishes to attend didactic classes and write CDAAC certification exam: Yes: _____ No: _____

✓ I have faxed a copy of my current Health Care Provider CPR certificate. Yes: _____ No: _____

✓ I have faxed a copy of my practice permit. Yes: _____ No: _____

Fax to: 1-604-800-0487

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COURSE POLICIES

- A. Due to the nature of the pediatric and adult sedation courses for dentists, tuition fee refunds will not be given except for extreme circumstances. The full tuition amount will be charged as per the original payment schedule. If you have any questions or concerns, please contact our office.
- B. The intent to withdraw from a sedation course for dentists must be communicated to the program director in writing.
- C. Supporting documentation of illness or family emergency must be submitted to the program coordinator for consideration of a full or partial refund for a sedation course for dentists within three weeks of the withdrawal notification.
- D. Salaries required to fulfill commitments to faculty members relating to your course registration are not necessarily refundable.
- E. For sedation courses with a clinical rotation, the student has one year from the date of the end of the didactic lectures to complete their clinical training. If the student exceeds the one-year time limit, then they must redo the didactic portion of the course and pay a tuition of \$9000.00 before undertaking their clinical rotation
- F. Academic misconduct such as cheating will result in immediate failure of a course and/or clinical practicum and a loss of all tuition and other associated expenses
- G. Each participant of our dental sedation courses must be aware that if they do not perform satisfactorily during the course, the course director will not write a letter to their governing body stating that they are competent in parenteral moderate sedation and airway management

I have read and understand the above policies:

Name: _____

Signature: _____

Date: _____

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