DentalED
SEDATION TRAINING FOR THE DENTAL PROFESSION

PO Box 499, Brackendale BC V0N 1H0
T: 778.984.0915 F: 604.800.0487
M: info@dental-ed.com W: www.DentalEd.com

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

Do not delay in registering. This is a limited space course. You can send in the required documents as you collect them after your initial registration and course payment.

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:** _____

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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 taken the course

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: _____ will be requesting soon

CATERING DIETARY REQUESTS

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

Name: _____ **Issues/requests:** _____

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AUXILIARY TEAM MEMBER #1 (CDA/RDA/HYGEINIST/RN) REGISTRATION INFORMATION (CAN BE SENT IN AT A LATER DATE)

Please note that this is not the registration information needed if this staff person is taking a CDAAC course. They must still fill in the main CDAAC registration form also.

Will send in at a later date: _____

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 (CAN BE SENT IN AT A LATER DATE)

Please note that this is not the registration information needed if this staff person is taking a CDAAC course. They must still fill in the main CDAAC registration form also.

Will send in at a later date: _____

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: _____**

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COURSE POLICIES

A. **Due to the nature of 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**