Dental Hygiene Program Post-Graduate Education for Dental Professionals

# ENROLLMENT Dental Hygiene Expanded Duties Certification

Local Anesthesia / Periodontal Soft Tissue Curettage / Nitrous Oxide

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| **COURSE FEE: $4, 400** | Malpractice Insurance: Personal coverage is required. If purchasing a new policy for this course, or modifying an existing policy, please ensure that *Southwestern College Dental Hygiene Post-Graduate Education for Dental Professionals* is listed as a certificate holder.<br><br>Provide copies of current CPR, current DH licensure status, malpractice insurance coverage (minimum coverage $1,000,000). |
| **COURSE FORMAT** | All didactic modules are presented in an online format. Participants must have access to high-speed internet and the ability to download free software packages such as Adobe PDF Reader, and Adobe Flash Player. The computers used for this course should be equipped with speakers or a headset, a DVD or CD-ROM drive.<br>Adobe Flash cannot be viewed on an iPad. |
| **CAMPUS Location** | Southwestern College, Higher Education Center at National City<br>880 National City Blvd, National City CA. 91950 |
| **Participant Information** | Name:_____<br>Address:_____<br>City, State, Zip:_____<br><br>Cell phone:_____Other phone:_____<br>E-mail:_____ **(required)** |
| **Participant Acknowledgment**<br><br>**NOTE:** Low enrollment may cause delay of start date. Enrolled participants will be notified by telephone. | I am aware that I must provide the following to participate in this course:<br>• Proof of CPR certification<br>• Proof of DH licensure status or student in good standing<br>• Proof of malpractice insurance with SWCDH PGEDP department listed<br>• Instruments<br>• Personal protection equipment<br>• Understand that no refunds can be accommodated.<br><br>Participant (signature)_____<br>Date:_____ |
| **Payment Information** (Select one)<br><br>€ Visa<br>€ MC<br>€ Amex<br>€ Discover<br><br>Applicants may call this information in to 619-216-6665 x4862 for increased security. | □ Credit Card Payment: □ Cashier's Check □ Personal Check<br>CC#:_____<br><br>Exp Date:_____Sec Code#_____<br><br>Cardholders signature (required to process payment):<br>_____<br><br>I agree that I and/or any person acting on my behalf using a credit card for course payment understands that refunds are not accommodated, and attempts to chargeback (deny payment by creditor) will be denied by SWC.<br><br>***FAX** form to **secured** number **619-216-6678, Attn: Sylvia Banda-Ramirez***<br>***or by email: sbanda@swccd.edu or MAIL form and payment to:***<br>SWC DH Post-Graduate Education for Dental Professionals<br>880 National City Blvd, National City, CA 91950 |