SOUTHWESTERN COLLEGE

Dental Hygiene Program Post-Graduate Studies for Dental Professionals

ENROLLMENT Dental Hygiene Expanded Duties Certification

Local Anesthesia / Periodontal Soft Tissue Curettage / Nitrous Oxide

COURSE FEE: $4, 400 **(Non-Refundable)**	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 Studies for Dental Professionals* is listed as a certificate holder. 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 and begin at least 3 weeks prior to the on-campus weekends. 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. Adobe Flash cannot be viewed on an iPad.
CAMPUS Location	Southwestern College, Higher Education Center at National City 880 National City Blvd, National City CA. 91950

Participant Information (Print)

Name:_____

Address:_____

City, State, Zip:_____

Cellphone:_____Other phone:_____

Email:_____ **(required)**

SELECT COURSE DATE:

☐ **February 24**, 2014
(On Campus Mar 21-23 and Apr 4-6)

☐ **June 2**, 2014
(On Campus June 27-29 and July 11-13)

☐ **Sept 12**, 2014
(On Campus October 3-5 and 17-19)

Participant Acknowledgment

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:

- Proof of CPR certification
- Proof of DH licensure status or current 4th semester DH student in good standing
- Proof of malpractice insurance with SWCDH PGSDP department listed
- Instruments
- Personal protection equipment (disposables are supplied)
- Understand that *no refunds can be accommodated*.

Participant (***signature***)_____

Date:_____

Payment Information
(Select one)

☐ Visa
☐ MC
☐ Amex
☐ Discover

Applicants may call this information in to 619-216-6665 x4870 for increased security.

☐ Credit Card Payment: ☐ Cashier's Check ☐ Personal Check

CC#:_____

Exp Date:_____Sec Code#_____

Cardholders ***signature*** (required to process payment):

_____

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.

FAX *form to* ***secured*** *number* ***619-216-6678, Attn: Gabriella Castillo***
or by email: gcastillo@swccd.edu or sbanda@swccd.edu or MAIL form and payment to:
SWC DH Post-Graduate Education for Dental Professionals
880 National City Blvd, National City, CA 91950