

| NAME            |       |     |  |
|-----------------|-------|-----|--|
| ADDRESS         |       |     |  |
| City            | State | Zip |  |
| OFFICE PHONE    |       |     |  |
| CELL/HOME PHONE |       |     |  |
| EMAIL ADDRESS   |       |     |  |

| What class are you registering for? <u>Registration deadline is 2 weeks before date of course.</u> |                                |                           |                                   |  |
|--|--------------------------------|---------------------------|-----------------------------------|--|
| Continuing Education Course  | Fee                            | Please check which course | Date of Course<br>(write date in) |  |
| Radiology 2 Hour   | \$40.00                        |                           |                                   |  |
| Coronal Polishing  | \$400.00                       |                           |                                   |  |
| Sealant Placement  | \$400.00                       |                           |                                   |  |
| Nitrous Oxide Monitoring/Sedation  | \$150 (asst)<br>\$250.00 (RDH) |                           |                                   |  |

If you have any questions, please contact the Dental Department through email: paula.oliver@youngstown.kl2.oh.us or 330-744-8749

Make check/money order payable to: Youngstown City Schools and enclose this registration form. Mail to Choffin Adult Dental Asst. Program 200 E. Wood St. Youngstown, Ohio 44503

## <u>Please remember to enclose any necessary documentation for Coronal Polishing,</u> <u>Sealant Placement (proof of CDA, RDA, CODA and CPR card)</u> <u>or CPR card only for Nitrous Oxide.</u>

You will not be registered for class until all items are received.

Classes fill up quickly and will close when full.