

Coronal Polishing for the Certified Dental Assistant SEVEN CEU'S Approved by the Ohio Dental Board

This 7 hour continuing education course will prepare the Certified Dental Assistant for coronal polishing techniques on the clinical crowns of the teeth. There are specific indications and contraindications for doing a coronal polish. Participants who successfully complete the course may obtain coronal polishing certification in the State of Ohio.

Presenter: Theresa Bonn, RDH

Fee: \$400 includes all supplies, lunch, refreshments and parking

Location: Sinclair Community College

Date: Wednesday, August 22, 2012

Registration: 8:15 am

Lecture: 8:30 - 11:30 am

Clinical: 12:30 - 4:30 pm

Standardized Exam: 4:30 - 5:30 pm

Registration Deadline: Wednesday, August 8, 2012

Capacity is limited to 20 students on a first come first serve basis with complete eligibility.

Sinclair reserves the right to cancel the course with a full refund due to insufficient enrollment.

Eligibility for the Certification of Coronal Polishing Course at Sinclair Community College requires the following items along with a completed application and full payment by the registration deadline:

1. A copy of CURRENT Certified Dental Assisting Certification (Ohio or DANB) showing expiration date
2. A copy of CURRENT CPR certification
3. After the above has been received, a medical history will be sent to you and ***MUST BE RETURNED/MAILED*** to SCC before August 17, 2012.
4. We highly recommend that candidates have a complete scaling or oral prophylaxis within 3 months of the course date.

For additional information contact Judy Fronsoe, 937-512-2779 or judy.fronsoe@sinclair.edu

CORONAL POLISHING

REGISTRATION FORM

MAIL-IN REGISTRATION FORM - ONE FORM PER PERSON PLEASE - THIS FORM MAY BE DUPLICATED.

8 / 22 / 12	COURSE TITLE	FEE	MAIL THIS FORM WITH PAYMENT TO: Sinclair Community College Dental Health Sciences Department 444 West Third Street Dayton, OH 45402-1460 Phone: 937-512-2779 FAX: 937-512-4175
	Coronal Polishing	\$ 400 <input type="checkbox"/>	

M/C VISA CARD # _____ EXP. DATE _____

C V V # _____ (THIS IS THE NUMBER ON THE BACK OF YOUR CREDIT CARD.)

CARD OWNER'S NAME IF OTHER THAN STUDENT _____

STUDENT NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE: _____ BUSINESS PHONE: _____

EMPLOYER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

WITHDRAWAL & REFUND POLICY

A handling fee, 50 percent of the total cost, will be charged when cancellations are made less than one week prior to the seminar. A handling fee, 25 percent of the total cost, will be charged when cancellations are made at least one week prior to the seminar. Full refunds will be made automatically in the event of institutional cancellations. No-shows are responsible for the entire amount.