



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: \$4500.00 (Non-Refundable)	<p><u>Malpractice Insurance:</u> Personal coverage is required. If purchasing a new policy for this course, or modifying an existing policy, please ensure that <i>Southwestern College Dental Hygiene Post-Graduate Studies for Dental Professionals</i> is listed as a certificate holder.</p> <p>Provide copies of current CPR, current DH licensure status, malpractice insurance coverage (minimum coverage \$1,000,000).</p>
COURSE FORMAT	<p>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.</p>
CAMPUS Location	<p>Southwestern College, Higher Education Center at National City 880 National City Blvd, National City CA. 91950</p>
Participant Information (Please Print Clearly) Name: _____ SWC ID# _____ Address: _____ City, State, Zip: _____ Cell Phone#: _____ Other Phone#: _____ Email: _____ (required)	COURSE DATE: € December 1, 2016 (On Campus Jan 6-8 and Jan 20-22, 2017)
Participant Acknowledgment NOTE: Low enrollment may cause delay of start date. Enrolled participants will be notified by telephone.	<p>I am aware that I must provide the following to participate in this course:</p> <ul style="list-style-type: none"> 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. <p>Participant (signature) _____ Date: _____</p>
Payment Information (Select one) € Visa € MC € Amex € Discover Applicants may call this information in to 619-216-6665 x4862 for increased security.	<p> <input type="checkbox"/> Credit Card Payment: <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Personal Check </p> <p>CARDHOLDERS NAME: _____</p> <p>CC#: _____</p> <p>Exp Date: _____ Sec Code# _____</p> <p>Cardholders signature (required to process payment): _____</p> <p>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.</p> <p>FAX form to secured number 619-216-6678, Attn: Sylvia Banda-Ramirez or by email to: 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</p>