

Dental Assisting Institute

Dental Assisting Institute requires verification of employment prior to attending any classes. Classes are limited please call to verify if spot is still available.

Current Employment: _____

Employer's Address: _____

City/State/Zip: _____

Employer's Phone Number: _____ Fax: _____

Employment Dates: _____

Student Name: _____

Student Signature: _____

Student Email Address: _____

I have read the information given above and verify the information to be correct. If any information is falsified a certificate will not be given.

Date: _____

Doctor's Signature: _____

Doctor' License #: _____

Office Email Address: _____

By signing this form I acknowledge that I have formally trained the student in all expanded functions and radiology procedures.

Class Date: _____

Student must bring with them to EFDA course: 4 hole motor, straight attachment, acrylic bur, safety glasses, mask and a basic setup (mirror, explorer, air/water tip). These instruments are not provided but can be rented for \$30 the day of class.

Since class space is limited and we usually have a waiting list, a 72 hour notice must be given to transfer to a different class or receive a refund. No exceptions. Your spot is not guaranteed until payment is received.

Dental Assisting Institute
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