

REGISTRATION FORM

Dates:	Lecture	Sessions A & B	Weds, Thurs, Fri	May 23, 24, 25, 2018
	Clinic	Session A	Saturday-Wednesday	May 26 - 30, 2018, or
	Clinic	Session B	Saturday-Wednesday	June 9 - 13, 2018
Location:	Lecture	To be advised		
	Clinical	Nobel Biocare Oral health Centre, UBC		



Eligibility requirements: Current active license to practice in British Columbia, one year practical experience as CDA or hygienist, good vision for close work (or effective corrective prescription).
 As participants work on each other it is important that you have enough teeth that can be separated, or you must bring a stand-in. If you are in braces, you will be required to dewire and debracket some teeth, or bring a stand-in.
 Out of town participants will be given preference in Session A, and participants who are able to commute to the university daily will be placed in Session B. We will do our best to accommodate special requests.

Do you work in a:
 Certified Orthodontic Specialty Practice
 General Practice with Ortho
 Public Health
 General Practice
 Other _____ *please specify*
 Name of Employer (Dentist) _____

Please note:

If you are required by the College of Dental Surgeons of BC to be recertified in Orthodontics, you will be required to complete the full Orthodontic Module.

How many years of clinical experience in a dental practice do you have? (a minimum of one year is required)

Percentage of time spent on orthodontic procedures by the dentist you assist:

0% 0 - 25% 25 - 50% 50 - 75% 75 - 100%

Approximately 50 hours of instruction

REGISTRATION APPLICATION

TUITION \$1495 Full Payment, OR
 \$295 Deposit due upon registration
 (until February 1, 2018)
 \$600 First Instalment due Feb. 1, 2018
 \$600 Final Balance due April 9, 2018

\$295 of the fees are non-refundable at any time. There will be no refunds given after February 1, 2018

PLEASE INDICATE PROFESSION

CDA RDH Registration# _____

Do you hold a current active license to practice in British Columbia?

School of Graduation: _____

Year of Graduation: _____

PLEASE TYPE OR PRINT CLEARLY

DE9125

Last Name: _____

First Name: _____

Mailing Address: _____

City: _____

Province: _____

Postal Code: _____

Home Number: _____

Cell Number: _____

Work Number: _____

Employer Name: _____

Your Email Address: _____

Payment details must accompany registration. The tuition fee is deductible for Canadian Income Tax purposes. Income tax receipts are issued to the person paying for the course. As this is a LIMITED ENROLMENT course, tuition fees will not be refunded for any reason after the deadlines. Fees are non-transferable.

Please mail completed form and cheque to:
 Continuing Dental Education, 105-2194 Health Science Mall, Vancouver, BC V6T 1Z3

Should you wish to pay by credit card, you must register and pay online at:
www.dentistry.ubc.ca/omreg



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