

REGISTRATION FORM

Dates: Lecture Sessions A & B Weds, Thurs, Fri May 24, 25, 26, 2017
 Clinic Session A Saturday-Wednesday May 27 - 31, 2017
 Clinic Session B Saturday-Wednesday June 10 - 14, 2017



Location: Lecture Instructional Resource Centre (IRC), UBC
 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

PLEASE TYPE OR PRINT CLEARLY

DE9125

- TUITION** \$1450 Full Payment, OR
 \$250 Deposit due upon registration (until February 3, 2017)
 \$600 First Instalment due Feb. 3, 2017
 \$600 Final Balance due April 10, 2017

Last Name: _____
 First Name: _____
 Mailing Address: _____
 City: _____
 Province: _____
 Postal Code: _____
 Home Number: _____
 Cell Number: _____
 Work Number: _____
 Employer Name: _____
 Your Email Address: _____

\$250 of the fees are non-refundable at any time.
 There will be no refunds given after February 3, 2017

PLEASE INDICATE PROFESSION

CDA RDH Registration # _____

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

School of Graduation: _____

Year of Graduation: _____

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 please be advised that, due to credit card security compliance, you must register and pay online at: www.dentistry.ubc.ca/omreg



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DISCLAIMER: Dental education institutions have an obligation to disseminate new knowledge related to dental practice. Some presentations may include controversial materials or commercial references. Sponsorship of a continuing education course by The University of British Columbia does not imply endorsement of a particular philosophy, procedure or product by The University of British Columbia.