DentalED
SEDATION TRAINING FOR THE DENTAL PROFESSION

PO Box 499, Brackendale BC V0N 1H0
T: 778.984.0915 F: 604.800.0487
M: info@DentalEd.com W: www.DentalEd.com

VANCOUVER BC MODERATE PARENTERAL SEDATION (MODSED) FOR DENTISTS

REGISTRATION FORM

Email to info@dentaled.com

Do not delay registering. This is a limited space course. You can send in the required documents as you collect them after your initial registration and course payment starts.

STUDENT DEMOGRAPHICS

Name: _____

(As you want printed on your sedation certificate)

Dental College Registration #: _____ **Province/Territory:** _____

Mailing Address: _____

City: _____ **Province:** _____ **Postal/Zip Code:** _____

Mobile Phone: _____**Personal Email:** _____

How did you hear about us: _____

OTHER INFORMATION

Course start date you are registering for: _____

Three Day Clinical Location: **Clinical at Practice:** ☐

Request Group Clinical: ☐

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PAYMENT INFORMATION

Dental Ed offers 12 monthly interest free tuition payments by Interac e-transfer. You will receive a monthly e-transfer request that must be paid within 5 days. If it is not paid, your credit card will be charged along with a 3% credit card fee.

Email for monthly e-transfer requests: _____

CREDIT CARD INFORMATION (THIS MUST BE FILLED IN)

Name on Card: _____

Card Number: _____

Expiry Date: _____ CVV Code: _____

I have emailed:

A. A copy of my current Basic Life Support (BLS) CPR certificate.

Yes: ☐ **No:** ☐ **will send when I have taken the course**

B. A copy of my DDS/DMD active registration from my dental regulatory authority.

Yes: ☐ **No:** ☐ **will send when I have collected it**

C. Proof of at least 5 million dollars in malpractice liability insurance.

Yes: ☐ **No:** ☐ **will send when I have in place**

D. A letter of good standing from my current dental regulatory authority has been requested to be mailed to Dental Ed.

Yes: ☐ **No:** ☐ **will be requesting soon**

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CATERING DIETARY REQUESTS

Please list any special dietary restrictions/requests that you or your staff have regarding course catering.

None: _____ or

Name: _____ Issues/requests: _____

Name: _____ Issues/requests: _____

Name: _____ Issues/requests: _____

COURSE POLICIES

Please visit https://dentaled.com/terms-conditions/ for detailed course policies and ensure they are read before registering for this course.

SIGNATURE

By signing this document, you agree to the course policies and payment plan detailed above.

Signature: _____ Date (YYYYMMDD): _____

Name (printed): _____