



**MODERATE PARENTERAL SEDATION (MODSED) FOR DENTISTS
REGISTRATION FORM: FALL 2023 COURSE**

Email to info@dentaled.com

The course start date you are registering for is the September 2023 Vancouver program.
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.

STUDENT DEMOGRAPHICS

Name: _____

(As you want printed on your certificate)

Registration #: _____ Province of Registration: _____

Mailing Address: _____ City: _____

Province/State: _____ Postal/Zip Code: _____ Phone: _____

Cellular: _____ Personal Email: _____

Dental practice address for your clinical:



PAYMENT INFORMATION

Your tuition of \$23,499.00 plus GST will be split into twelve equal monthly payments of \$ 2,056.16. All payments will come in the form of an INTERAC e-Transfer request from Dental Ed. If the request is not paid within 5 days, your credit card will automatically be charged the payment amount plus a 3% credit card fee.

Email for e-transfer request: _____

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 DentalEd. **Not applicable for Ontario Dentists**

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



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

- A. Please visit <https://dentaed.com/terms-conditions/> for detailed course policies.
- B. Due to the nature of sedation courses for dentists, tuition fee refunds will not be given except for extreme circumstances. The full tuition amount will be charged as per the original payment schedule. If you have any questions or concerns, please contact our office.
- C. The intent to withdraw from a sedation course for dentists must be communicated to the program coordinator in writing.
- D. Supporting documentation of illness or family emergency must be submitted to the program coordinator for consideration of a full or partial refund. These supporting documents must be submitted within three weeks of the withdrawal notification.
- E. Salaries required to fulfill commitments to faculty members relating to your course registration are not necessarily refundable.
- F. For sedation courses with a clinical component, the student has one year from the date of the end of the didactic lectures to complete their clinical training. If the student exceeds the one-year time limit they must redo the didactic portion of the course before undertaking their clinical rotation.
- G. The student is responsible for providing all the staff needed to make up their dental sedation team.



- H. If you are registered for the group clinical taking place in Vancouver, BC you are responsible for having in place a temporary practice permit from the BCCOHP if you are a dentist from outside of BC.
- I. Academic misconduct such as cheating will result in immediate failure of a course and/or clinical practicum and a loss of all tuition and other associated expenses.
- J. Each participant of our dental sedation courses must be aware that if they do not perform satisfactorily during the course, the course director will not write a letter to their governing body stating that they are competent in parenteral moderate sedation and airway management.