



# Dental Assistant Services

## General Chairside Registration Form

### Contact Information

Full Name

Primary Phone

Home  Work  Cell

Please Select One

Street Address

Secondary Phone

Home  Work  Cell

Please Select One

City/Town

State

Zip Code

Email Address

Last Four Digits of Social Security Number

### Course Information

Start Date of Course  
(from [Website](#))

End Date of Course  
(from [Website](#))

Start and Ending Time  
(from [Website](#))

The full cost of this course is \$ . Please call the office at 732-919-1816 for the current rate and to assure that there is an opening in this course.

### Questions

1. I would like to be called if there should be an opening for this course at an earlier date.

Yes  No

2. I have read and agree to all the [terms and conditions](#) as well as the [copyright notice](#). Please note that you must mark **yes** to the right or you will not be permitted to register for this course.

Yes  No

3. Do you currently possess a valid CPR certificate?

Yes  No



## Work Experience Requirement

It is a DANB requirement that prior to taking the General Chairside exam you have at least 3500 hours of work experience as a dental assistant working in a dental office in at least a “two year” and in no more than a “four year” period. This may occur at any point during your career.

With respect to this requirement:  I already meet it  I do not yet meet it

If you already meet the requirement, skip ahead to the next section.

If you do **not** yet meet the requirement, please select ALL of the following that apply.

- I am currently on pace to meet this requirement before I would take the exam.
- It will be more than one year from today before I'll meet this requirement.
- It will be more than two years from today before I'll meet this requirement.
- I do not yet have ANY in-office experience as a dental assistant.

I understand that it will take me additional time to attain the required work experience and that I cannot take the exam until I do. Nevertheless, I would still like to register for this course at this time.

## Additional Instructions

After completing this registration form in its entirety, please print it out. Sign and date the form below and mail it in along with your \$100 non-refundable deposit made out to Dental Assistant Services. This will reserve your seat in the course. Alternatively, you may bring this form and your deposit to our office in person.

You will be called one week prior to the start of class to confirm your registration. Prior to this, calls will only be made if your registration form is received **AFTER** the course has already been filled. In other words, if you do **NOT** receive a call from us and your bank statement shows that your \$100 has been deposited you can safely assume that your registration has been accepted.

Click [here](#) for additional information about accepted forms of payment.

## Signature

I certify that all information on this registration form was completed by me and is correct and accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Date:

*Please mail all registration materials together in one envelope to:*

Dental Assistant Services, 1306 Highway 33, Suite 3A, Farmingdale, NJ 07727

