



Dental Assistant Services

Review of RHS 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

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. Do you currently have a dental x-ray license in NJ? Yes No
2. If you answered yes, to question #1 when did you obtain your license?
 More than 5 years ago Less than 5 years ago Not Applicable
3. 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



Important Information

This is not a live course. By completing this registration form you are purchasing a self-study course manual designed to help you pass DANB's RHS exam for the purpose of obtaining a CDA certificate. If you are trying to obtain a dental x-ray license you should register for the [Dental Radiology](#) course instead.

If you've already passed the RHS exam (as most NJ dental assistants will in order to obtain a dental x-ray license) your passing score is valid for five years. In other words, if you can meet all of the other requirements to become a CDA certificant in less than five years total you should not need to retake the RHS exam. [Click here](#) for further information about who should purchase this course.

Please note that as with the other program courses we offer, the purchase of this course entitles you to take a live [practice test](#) in our office for free.

Additional Instructions

After completing this registration form in its entirety, please print it out. Payment is due in full at time of purchase and should be made out to Dental Assistant Services.

Course manuals are typically mailed out within 1-2 weeks. Please call the office if you need a copy sooner at 732-919-1816.

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

