# **GOLD COAST DENTAL ACADEMY**

# Registered Dental Assistant in Extended Functions 2 Program Acceptance Application and Student Enrollment Form

| Program Level (choose one)  |              |                                       |   |
|---|--------------|---------------------------------------|---|
| <ul><li>□ RDAEF2 Program for RDAs</li><li>□ RDAEF2 Program for Existi</li></ul> |              |                                       |   |
| Applicant Information (please pri   | nt clearly): |                                       |   |
| First Name  | Middle       | Last Name                             |   |
| Street Address  | City         | Zip Code                              | _ |
| Primary Contact Phone (include area code)                                       |              | Alternative Phone (include area code) | _ |
| Email Address   |              |                                       |   |

## Admissions Requirements and Ability to Benefit:

The applicant must be aware that the RDAEF2 program is rigorous, challenging, and a comprehensive program of education at the highest level possible to achieve successful results in the state board examination process. Applicants must be prepared to engage in classroom study with full participation, homework assignments that may require up to 20 hours per week of attention, and clinical requirements performed at the highest possible competency for patient protection and clinical success.

(Some program assignments/lectures will be presented online; therefore, you are required to provide a valid email address)

## The minimum standards for admission into our RDAEF2 program are:

- High School Graduate
- Current California licensed RDA or RDAEF1 (Please submit copy)
- Minimum two (2) year experience assisting in clinical restorative dentistry; experience shall have been accomplished within the past three (3) years
- Proof of coronal polishing, x-ray certification, and \*sealant certification (printed on your pocket license)
- Current CPR certification (Please submit copy)

- Proof of malpractice (liability) insurance (copy of employer's insurance will meet this requirement)
- Successful completion of an entrance examination demonstrating competency in dental terminology. The
  entrance examination for this program ensures that the applicant has the clinical knowledge and
  background.
  - \* Applicants are required to provide evidence of having previously obtained certification in pit and fissure sealants; however, if a student has not yet completed this course requirement, the student will be required to enroll in a sealant certification class before the end of the first module.

| <b>Acknowledgement:</b> My signature below affirms that I fully understand the admission requirements and that I amfully prepared educationally and professionally to participate in this program.  |  |   |  |  |  |
|---|--|---|--|--|--|
| Applicant Signature   |  | te  |  |  |  |
| Supervising Dentist and Clinical Requirements-S A required element of all RDAEF programs is the current licensed dentist. It is the responsibility complete the clinical assignments in a compete taught in the program. Please provide the nam (print clearly) | completion of clinical experiences und<br>of the student to secure a supervise<br>nt manner and in accordance with t | sing dentist with whom you he techniques and protocols    |  |  |  |
| Name of Supervising Dentist   | <br>Dental Licen   | Dental License #  |  |  |  |
| Office Mailing Address  | City   | Zip Code  |  |  |  |
| Telephone (include area code)   | Email Addres   | Email Address   |  |  |  |
| <b>Acknowledgement:</b> I understand that the clinic performed under the direct supervision of a lice participate in the clinical requirements as necessitation of the clinical requirements and for my R   | ensed dentist who may or may not b<br>ssary. I understand it is my responsil   | e my employer but who will bility to secure a supervising |  |  |  |
| Applicant Signature   |  | Date  |  |  |  |

#### **Application Deposit and Payment for Program Fees:**

**Application Deposit:** If you wish to reserve a seat before enrollment, you must submit a \$500 non-refundable deposit with this application and will be credited toward student tuition fees.

**Program Tuition for RDAs:** \$15,900 (410 hour program)

**Program Tuition for Existing RDAEFs: \$11,900 (318 hour program)** 

**Mandatory Student Kit:** \$1500

Textbook kit: \$125

It is highly recommended that students acquire lighted loupes for this course. There will be an opportunity to talk to a Designs for Vision representative, in class at the beginning of the course. They give our students a very nice discount and offer monthly payments.

### What are the Program Prerequisites?

The following pre-requisites must be met before entrance into the program. Copies of the following documents must be submitted with your registration form, tuition payment for Module 1 and the fee for the student armamentarium kit.

- Valid California RDA or RDAEF license
- Valid CPR card from ARC or AHA
- Proof of Liability Insurance Coverage. (this is a copy of your employer's malpractice insurance)
- Current employment as a practicing RDA or RDAEF

Participants will need to provide many of their own instruments and consumable supplies which are typically found in their dental office. A mandatory **EF student armamentarium kit** will be required for each student. The cost of this kit will be **\$1500**. It will include items such as a "special typodont" and over 125 prepared teeth for amalgam and composite placement, amalgam, composite material, impression material and much more. The entrance examination for this program ensures that the applicant has the clinical knowledge and background in basic dental terminology to be successful in the theoretical aspects of the curriculum. Specifically, each applicant must be able to pass a multiple-choice test on basic intraoral structures, tooth anatomy, legal scope of practice and infection control.

Applications for admission are accepted on a first-come-first-served basis so you are encouraged to apply as soon as possible to ensure successful and timely processing.

#### **Cancellation and Refund Statement:**

Upon acceptance into the program, all students are expected to complete program requirements. If a student is unable to perform the required work and/or elects to withdraw before completion, refunds may not be issued and will be considered on a case-by-case basis based on, 1) the legitimate reasons why an applicant or enrolled student may not be able to either start or complete their education and, 2) the reasonable expenses incurred by the Academy. All cancellation and refund policies comply with applicable federal and state laws and regulations.

#### **Application and Tuition Submission:**

Upon completion of this initial application form, submit the original along with copies of the required documents defined on page one, and a non-refundable deposit payment to:

Gold Coast Dental Academy 275 Centennial Way, Suite 109 Tustin, CA 92780

For any questions regarding the RDAEF course, please don't hesitate to contact us at 714-397-4876 or email us at Lori@GoldCoastDental.com