RDAEF Expanded Duties Program Registration Form

Program (choose one)				
RDAEF Program	n for RDAs, starting Ju	une 27, 2024		
		s, starting June 27, 202	24	
-	_	-		
Payment				
			d you have been accepted into the progran	
your enrollment confirmation	, a detailed program sche	edule, and a list of the requ	uired equipment and materials that you m	ust bring to the
program. Flexible, interest-fre	e payment plans are avai	ilable to qualified applica	nts.	
Fees				
	\$18,000 tuition for exist	ing RDAFFs is \$17,000	Your non-refundable deposit of \$1,000 m	nust accompany
this application.	710,000, taltion for exist	ing 1027 iE1 5 is ψ17,000.	Total non retaricatore deposit of \$1,000 in	idst decompany
NAME				
Degree		Dental License		
Address				
Address				
Gty		State_	Zip	
Email				
Office	Fax		Cell	
Please make checks payable to:	Loma Linda University	, Continuing Dental Educ	cation	
Visa/MC/Dis:		Expire	Security Code	
I authorize Loma Linda Unive			leposit amount of \$1,000 to be applied to	
Module 1 tuition of \$4,700.				
Signature				
Complete and return this	form to LLU Contin	nuing Dental Educati	on with:	

Attach photocopies of the following items:

- Current RDA or RDAEF License
- Certifications in coronal polishing, x-ray and sealants
- Valid CPR Card
- Proof of Liability Insurance*

*You are required to provide liability insurance for the duration of the program since you will be working on patients and students. A copy of the liability insurance certificate must be submitted before the start of the program.

Phone: 909-558-4685

Fax: 909-558-0835

Include payment for Module 1:

• Module 1 Course Fee \$4,700

Return this form to:

Loma Linda University School of Dentistry Continuing Dental Education 11245 Anderson Street, Suite 120 Loma Linda, CA 92354