



Dental Assisting INSTITUTE

Dental Assisting Institute requires verification of prior employment to attending any classes. Classes are limited please call to verify if spot is still available.

Office: _____

Office Address: _____

City/State/Zip: _____

Office Phone Number: _____ Fax: _____

Employment Dates: _____

Student Name: _____

Student Signature: _____

Student Email Address: _____

I have read the information given above and verify the information to be correct. If any information is falsified a certificate will not be given.

Date: _____

Doctor's Signature: _____

Doctor' License #: _____

Office Email Address: _____

By signing this form I acknowledge that I have witnessed the student in all expanded functions and/or radiology procedures.

Class Date: _____

Since class space is limited and we usually have a waiting list, a 120 hour notice (5 days) must be given to transfer to a different class or receive a full refund. No exceptions. Your spot is not guaranteed until payment is received.

For EFDA COURSE only: Student must bring with them to EFDA course: 4 hole motor, straight attachment, acrylic bur, safety glasses, mask and a basic setup (mirror, explorer, air/water tip). These instruments are not provided but can be rented for \$50 the day of class. Payment must be received before date of class.

Dental Assisting Institute
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