

UNIVERSITY OF TENNESSEE COLLEGE OF DENTISTRY EXPANDED FUNCTIONS FOR DENTAL AUXILIARY

This is a **limited attendance** course. Applications will be accepted in order of receipt. Application and a \$500 deposit are due eight weeks prior to start of course with final payment due two weeks prior to start of course. Mail application, deposit and subsequent payments to: Attn: Continuing Dental Education, 875 Union Avenue, Memphis, TN 38163.

Questions regarding the Expanded Functions courses should be directed to the Department of Continuing Education in the College of Dentistry, (901) 448-5386.

(Type or print clearly.)

Name (Last)	(First)	(Middle)
Home Address		City, State, Zip
Home Telephone	Cell Phone	Email
SSN	TN License/Registration Number	Date of Registration

Please choose the certification course and session you wish to enroll.

Restorative (\$3,775 per attendee)

_____ **2009** August 24-27, 2009 – week one; September 14-17 – week two; October 12-15 – week three

_____ **2010 Option A** March 1-4, 2010 – Week One; March 29- April 1 – Week Two; April 26-29 – Week Three

_____ **2010 Option B** August 16-19, 2010 – Week One; September 13-16 – Week Two; October 11-14 – Week Three

Prosthetic (\$2,775 per attendee)

_____ **2010 Option C** January 11-14, 2010 - Week One; February 8-11- Week Two

PAYMENT INFORMATION (pay by check, MasterCard or VISA)

_____ Charge my card full amount due. _____ Charge \$500 deposit and send bill for the amount due.

Circle one: MC VI

Check/Card Number Expiration Date

Cardholder Signature

EMPLOYMENT INFORMATION (use additional paper if necessary)

Dental Office Name (present employer)

Doctor's Name

Office Address

City, State, Zip

Office Telephone

Dates of Employment

Dental Office Name

Doctor's Name

Office Address

City, State, Zip

Office Telephone

Dates of Employment

IMPORTANT - THIS FORM MUST BE SIGNED BY THE INDIVIDUAL & EMPLOYER DENTIST

By signing this application, I and my employer dentist attest to the fact that I have been a Tennessee registered dental hygienist or dental assistant as defined in Rules 0460-03-.01 and 0460-04-.04, respectfully, and have held a minimum of two (2) years of continuous full-time employment in a general practice as a registered dental hygienist or registered dental assistant.

Applicant's Signature

Date

Attest - Employer Dentist's Signature

Date

IMPORTANT

Application and \$500 deposit is due eight weeks prior to start of course. Final payment is 30 days prior to start of course. **Cancellations made less than eight weeks prior to start of course will forfeit deposit.**