

EFDA Course Registration

Course: *Removable Prosthetics*

Location: Office of Dr. Joseph Shea, 3555 Sunset Office Dr, Ste 200, St. Louis, MO

Date & Time: September 12-13, 2008 Friday - 8:30 a.m. to 5 p.m. (Lunch provided)
 Saturday – 8:30 a.m. to 12 p.m.

Fee: \$375

Description: Students participating in this course will be required to pass a prerequisite exam over preliminary information on dental anatomy. The manual for the course will be mailed out four weeks in advance of the scheduled course date to allow the student sufficient study time. This Expanded Functions Course in Removable Prosthetics is a 1½ day course. The hands on modules consists of making impressions for the fabrication of removable prosthesis, placing temporary soft liners in removable prosthesis and making extra-oral adjustment of removable prosthesis during and after insertion. Upon successful completion of the modules, the student receives a certificate for dental anatomy and morphology and a certificate of completion of removable prosthetic expanded functions allowing them to perform, under direct supervision of a dentist, all removable prosthetic functions eligible to Missouri Expanded Function Dental Assistants.

THE REMOVABLE PROSTHETICS COURSE MUST BE TAKEN AND PASSED PRIOR TO THE TAKING THE FIXED PROSTHETICS COURSE. PLEASE REGISTER FOR BOTH COURSES TO ENSURE AVAILABILITY.

Register: Complete this form and return it to the GSLDS. Limit of 12 registrants per course. Registration is accepted on a first come, first served basis. For questions, contact Laura Breeden at 314-569-0444, or Laura@gslsds.org *A separate enrollment form must be completed for each registrant.*

Deadline: **Monday, August 11, 2008 (form for enrollment received by this date)**

Note: *Along with enrollment form, you must include a copy of your CDA or COA certificate, or Basic Skills Mastery Exam certificate of completion. **Cancellation Policy:** A \$25 fee per registrant will be charged for all cancellations made one to six weeks prior to the course; no refund will be given for cancellations within one week of course.*

Registrant Information

First Name: _____ Last Name: _____ MI: _____

Name as to appear on badge: _____

Doctor's Name: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Office Fax: _____

Email: _____ **Have you included your certificate?**

Payment Information

Fee: \$375 Check Enclosed (*Pay to GSLDS*) Credit Card (*MC & Visa only*)

Credit Card Number: _____ Expiration: _____

Name as it appears on card: _____

Signature: _____