

# OZARKS TECHNICAL COMMUNITY COLLEGE

## CENTER FOR WORKFORCE DEVELOPMENT

### DENTAL CLASSES – SPRING 2012

Check all classes you wish to register for. Complete reverse side of form and fax **BOTH** sides to (417) 447-8893.

<b>WDH 585</b>	<b>Hybrid Restorative Expanded Functions **</b>	<b>\$395</b>
-01 _____	Jan 28 9am - 5pm	
-02 _____	Apr 14 9am - 5pm	
<b>WDH 584-01</b>	<b>Hybrid Prosthetics Expanded Functions **</b>	<b>\$395</b>
_____	Feb 25 9am - 5pm	
<b>WDH 586-01</b>	<b>Hybrid Orthodontic Expanded Functions **</b>	<b>\$395</b>
_____	May 12 9am - 5pm	
<b>WDH 606-01</b>	<b>Dental Blood Borne Pathogens</b>	<b>\$125</b>
_____	Mar 2 8am - 3pm	
<b>WDH 608-01</b>	<b>Certification of Anesthesia</b>	<b>\$400</b>
_____	Mar 9 5pm - 9pm & Mar 10 8am - 5pm	
<b>WDH 605-01</b>	<b>Infection Control for Dental Auxiliaries</b>	<b>\$75</b>
_____	Apr 27 9am - noon	
<b>WDH 607-01</b>	<b>Nitrous Oxide for Dental Hygienists &amp; Assistants</b>	<b>\$225</b>
_____	Apr 28 8am - 5pm	
<b>WDH 628</b>	<b>Basic Skills Exam Only</b>	<b>\$75</b>
-01 _____	Feb 10 1pm - 2:30pm	
-02 _____	Apr 27 1pm - 2:30pm	
<b>WDH 627-01</b>	<b>Basic Skills Review &amp; Exam</b>	<b>\$150</b>
_____	Mar 13 8am - 2:30pm	
<b>WDH 295-01</b>	<b>Online Basic Skills Review &amp; Exam</b>	<b>\$200</b>
_____	Ongoing. 417-447-8888 or sellj@otc.edu for information.	

**\*\*Hybrid class materials are accessed online/skills assessment on campus.**

**\*\*You MUST bring your original MO Basics Skills Certificate or CDA Certificate to class.**

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### REGISTRATION FORM - PLEASE PRINT OR TYPE

Name \_\_\_\_\_ SSN \_\_\_\_\_

Home Address \_\_\_\_\_ DOB \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Student Phone (H) \_\_\_\_\_ (O) \_\_\_\_\_ (C) \_\_\_\_\_

**Email Address** \_\_\_\_\_

*(Required for Hybrid courses & Online Basic Skills & Exam; requested from all for confirmation to be sent.)*

Dentist's Name \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

1. Enclose check payable to **OTC** and mail to:

Ozarks Technical Community College, Community Enrichment Center, 1001 E. Chestnut Expwy.,  
Springfield MO 65802-3625.

2. Complete the credit/debit card information. Mail to address above OR fax to (417) 447-8893.

Method of Payment: Check \_\_\_\_\_ (Payable to OTC) Discover \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_

Card Holder's Name, as it appears on card \_\_\_\_\_

Card Holder's Email Address, for sending receipt \_\_\_\_\_

Card Holder's Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_ Verification Code \_\_\_\_\_

**To register by phone (debit/credit card only), call (417) 447-8888.**

**Payment must be provided at time of registration.**