

OZARKS TECHNICAL COMMUNITY COLLEGE

CENTER FOR WORKFORCE DEVELOPMENT

DENTAL CLASSES - 2011

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

CEH 628	Basic Skills Exam Only	1-2:30pm	\$59
_____	May 6	_____ Sept 23	
_____	July 15	_____ Dec 2	
CEH 585	Restorative Expanded Functions ***		\$395
_____	Aug 20	8am-5pm	
_____	Oct 15	8am-5pm	
CEH 586	Orthodontic Expanded Functions***		\$395
_____	Oct 1	8am-5pm Saturday	
CEH 584	Prosthodontics Expanded Functions ***		\$395
_____	Sept 17	8am-5pm	
_____	Nov 19	8am-5pm	
CEH 607	Nitrous Oxide for Dental Hygienist & Assistants		\$225
_____	Sept 10	8am – 5pm	
CEH 608	Certification of Anesthesia for Dental Hygienist		\$400
_____	Oct 7 5-9pm & Oct 8 8am-5pm		
CEH 588	Infection Control for Dental Assistants		\$125
_____	October 29	8am – 3pm	
CEH 295	Online Basic Skills Review & Exam		\$200
	<i>Available all semester</i>		
	<i>Call 417-447-8888 or email for more information: sellj@otc.edu</i>		

*****Hybrid:** course materials accessed online/ skills assessment on campus.
MUST bring an Original Missouri Basic Skills or CDA Certificate to class.

OZARKS TECHNICAL COMMUNITY COLLEGE

CENTER FOR WORKFORCE DEVELOPMENT REGISTRATION FORM - PLEASE PRINT OR TYPE

Name _____ SSN _____

Home Address _____ DOB _____

City _____ State _____ Zip code _____

Dentist's Name _____

Office Address _____

City _____ State _____ Zip code _____

Student Phone (H) _____ (O) _____ (C) _____

Email Address *(Required for Hybrid courses & Online Basic Skills)* _____

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 Address _____ Phone _____

City, State, Zip _____

Card # _____ - _____ - _____ - _____ Exp. Date ____/____ Verification Code _____

**Register by phone (debit/credit card only) or call (417) 447-8888.
Payment must be provided at time of registration.**