FOR EFDA REGISTRATION ONLY

Kirkwood Community College Continuing Education, EFDA KLIFE 6301 Kirkwood Blvd SW Cedar Rapids, IA 52404

DATE:	

Sponsorship Payment Authorization Form Registration Form

<u>Complete both sides of this form</u> and fax all forms to Kirkwood at 319-398-5432 with credit card information OR mail all completed forms with a check to the address above, attention: EFDA KLIFE to complete enrollment into the EFDA program.

<u>STUDENT AND/OR THEIR EMPLOYER ASSUMES RESPONSIBILITY FOR TUITION AND UNDERSTANDS THAT NO REFUND WILL BE ISSUED ONCE</u>
<u>MATERIALS/ACCESS HAS BEEN SENT.</u>

Sti	udent Name:			
St	udent D.O.B.			
Student Address:				
City /State Zip:				
Primary Phone:				
Student Email Address: (needed for registration)				
*Please Note: Course materials and certificates are sent to the student by the address listed above. The student's account will also be updated to the information above. Please list current full address and up to date information.				
Mark Selections Below	Course #	EXPANDED FUNCTIONS DENTAL ASSISTANT (EFDA-Level I)	Class Dates	Class Tuition
	CHDE-5502- 149192	Non-Graduate	FY 25	\$899
	CHDE-5002- 149188	*Graduate	FY 25	\$699
*GRADUATE COURSE ELIGIBILITY: Student must be a Kirkwood Community College (KCC) Dental Assisting Program graduate within the last two years to be eligible to register into the "graduate" course.				
	CHDE-5661- 149201	EFDA Bridge Course	FY 25	\$259
BRIDGE COURSE: This option will allow students to be eligible for the complete EFDA Level I, by adding the new functions (placement of temporary restorative materials, extraoral adjustment to acrylic				

CHDE-5650- 149199	Monitoring of Nitrous Oxide Inhalation Analgesia with a Dental Patient	FY 25	\$179
Nitrous Oxide: It may be done along with the full EFDA course or as a standalone component.			

dentures, tissue conditioning: soft reline only). If more than these listed functions are needed the student

will need to register for the full course. Students must be readily able to provide a copy of their

Expanded Functions certificate of completion if requested.

	CHDE-5510- 149186	EFDA Orthodontic Course	FY 25	\$429
Orthodontic Course: This course is for students sponsored by an orthodontic office and does not				

include the full list of Level I Expanded Functions

WE AUTHORIZE KIRKWOOD COMMUNITY COLLEGE TO CHARGE OUR CARD FOR THE

STUDENT & CLASS(es) LISTED ON THIS FORM.	
Company name:		
E.I.N.:		
Address:		
City /State Zip:		Phone:
Attention:		
Email Address:		
Credit Card:	Provide credit card information (or submit with check by mail)
СС Туре:	☐ MasterCard ☐ Visa ☐ I	Discover
Name on Credit Card		
CC#		Expiration Date: (mm/yy) CVV:
	st be paid at the time of registration. The stu will not be allowed to register for future KC	
	ederal Right to Privacy Act, Kirkwood Community nt (on a separate form) of the student.	College <u>cannot disclose any student information</u>
Student name (Printe	d)	
Student Signature (Re	equired) Date	
Authorized Company	Representative Name (Printed)	
Authorized Company	Representative Signature (Required)	