

PACIFIC AIDS EDUCATION AND TRAINING CENTER

CLINICAL TRAINING PROGRAM/UPDATE FOR DENTAL PRACTITIONERS IN
THE
CARE OF THE HIV + PATIENT

PROGRAM APPLICATION

Name: _____ Date: _____

___ Dentist DDS / DMD (circle one)

___ General Practitioner

___ Specialist - area of specialty: _____

___ Hygienist DH / RDH / RDH-EF (circle one)

___ Dental Assistant DA/ RDA / RDA-EF (circle one)

Business Address: _____

Preferred Mailing Address: _____

Daytime telephone: _____ Evening telephone: _____

Referred to the program by: _____

Preferred day(s) for training: _____

?? Training may be completed in one day or two half-days.

?? Please contact us at (323) 442-1846 to schedule the specific dates.

To complete your application, send the following
documentation for **dentists and hygienists**:

1. Completed application and information form
2. Copy of current state license
3. Pre-test

Dental assistants and other **staff members** should
send:

1. Completed application and information form
2. Pre-test

Please send a check for \$150. (dentists), \$100. (dental hygienists) or \$75. (staff or assistant) payable to **PAETC**
along with your completed application and documentation to:

Pacific AIDS Education and Training Center
USC School of Medicine
1420 San Pablo Street, PMB-B205
Los Angeles, CA 90033
FAX: (323) 442-1843