

**ORGANIZING FOR THE CRDTS EXAMINATION**

Orientation Course

May 22-24, 2007

Medical College of Georgia

**Registration Form (please print):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

SS#: \_\_\_\_\_

**It is the responsibility of each candidate to provide their own patients.**

MCG does not have a broad patient pool and does not allow applicants access to patient records. Securing back-up patients is strongly advised. Each patient that participates in this orientation course will be required to sign Consent to Treatment and Waiver of Liability form.

**Registration Cost:**

Dentists - \$450.00

Hygienists - \$100.00

Please complete and mail this registration form along with a check or money order payable to MCG Dental Foundation to:

Linda Kimberly  
Medical College of Georgia  
School of Dentistry  
Room AD 1111  
Augusta, GA 30912-1243