



EDUCATION, FELLOWSHIP & FUN!

FELLOWSHIP AND MASTERSHIP CERTIFICATION EXAM REGISTRATION FORM

QUESTIONS? CALL 888-424-6527

Form must be completed in its entirety and submitted 60 days prior to exam date.

REGISTRATION INFORMATION

Name: _____ Titles: (DDS, DMD, etc.) _____

Practice Name: _____

Address: _____ Suite/Apt: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____

Phone: _____ Fax: _____ Email: _____

Which laser wavelength do you want to be certified in?: YSGG Diode

LOCATION OF THE EXAM:

CERTIFICATION REQUIREMENTS AND FEES (U.S. DOLLARS):		
FELLOWSHIP CERTIFICATION		
<input type="checkbox"/>	50 hours of Continuing Education in Laser Dentistry	Prerequisite
<input type="checkbox"/>	Document and Present TWO Clinical Cases (One Simple and One Moderate Case)	Prerequisite
<input type="checkbox"/>	Fellowship Clinical Simulation Examination	Complete on site
<input type="checkbox"/>	Fellowship Written Exam	Complete on site
<input type="checkbox"/>	TOTAL →	\$395

MASTERSHIP CERTIFICATION		
<input type="checkbox"/>	One Year at the Fellowship Level	Prerequisite
<input type="checkbox"/>	60 Hours of Approved Continuing Education in Laser Dentistry	Prerequisite
<input type="checkbox"/>	Document and Present FIVE Clinical Cases (Three Moderate, One Complex, and One of Any Complexity)	Prerequisite
<input type="checkbox"/>	Mastership Clinical Simulation Examination	Complete on site
<input type="checkbox"/>	Mastership Written Exam	Complete on site
<input type="checkbox"/>	TOTAL →	\$495

BILLING INFORMATION

Card Type: American Express MasterCard Visa

Name on Credit Card: _____ Exp. Date: _____

Credit Card Number: _____

Authorized Signature: _____ Security Code: _____

FAX OR MAIL THIS FORM TO:
BIOLASE, Attn: WCLI Certification Dept, 4 Cromwell, Irvine, CA 92618 USA. Fax: 949-273-6687