

Tutoring Center for Dental School Bench Examinations**Instructor:** Ms. Meghan Brown**Program TA:** Dr. Mahy Zaki

This program is structured to support the International dental community preparing for dental school practical examinations. Our Six Day tutoring session is structured to teach students how to perform basic restorative dental procedures on a typodont. Our approach offers hands-on assistance to each student while they complete each step of the preparation. We focus on proper use of materials, proper positioning along with how to produce and evaluate the ideal function for each preparation. We utilize a blended style of teaching which involves short and direct lectures, a live demonstration (for each step) using loops with a point-of-view camera, and Hands on guidance through each assigned preparation.

Our goal is to work with each student individually to improve their confidence and hand skills.

Tutor sessions are limited and are meant to give students a foundation to continue practicing productively.

Daily Schedule (9:00am- 6:00pm) Monday-Saturday

1. Orientation, Dental Anatomy, Full Metal Crown Maxillary & Mandibular molar
2. Ceramometal Crown, Anterior PFM Crown Central & Molar
3. Class II Amalgam Preparation Maxillary Premolar
4. Class II Amalgam Preparation Maxillary Molar, Mandibular Molar
5. Review / Practice / added live demonstrations for Class III Comp, PFM Premolar... requests are welcome.
6. CAAPID Workshop, Interview, SOP, and CV lecture

TUITION: \$1,000 *Includes during the session*

1. Five-day hands on restorative dental tutoring
2. One-day Interview / SOP / CV Preparation workshop
3. Typodont rental
4. Handpiece Rental
5. Instrument Rental
6. Loops Rental

**Materials to purchase: *average*
cost \$180**

1. Burs
2. Teeth

The Undersigned hereby agrees to the terms of the agreement. The undersigned agrees to pay tuition the amount to be paid indicated above. All tuition deposits and tuition payments are nonrefundable. Switching courses is allowed no less than 3 weeks prior to your original Course date. Signing below indicates acceptance of all terms of this agreement. The undersigned authorizes the Duggan institute of Dentistry to charge the amount indicated above. This agreement and payment will reserve your seat in the class. Students must provide photo identification when they arrive for class.

- All applicants must pay tuition fee before they can be confirmed in the class.
- Tuition payments are required to ensure the institute can provide the materials needed for each attending student.

Course Date _____ Tuition Payment Option: _____

Student's Name _____

1. COMPLETE APPLICATION & EMAIL TO ADMISSIONS@DUGGANINSTITUTE.COM
2. PAYMENT LINK WILL BE EMAILED TO YOU
3. TUITION PAYMENT IS REQUIRED FOR REGISTRATION

Phone Number _____

Student's Email _____

Signature _____

Date _____

Full Name			
			Birth Date
Email Address			
			Gender
Cell or Home Telephone #			Male Female
			Dominant Hand
Address, City & State & Zip Code			Right Left
Health Issues we should know about?			

Dental School		Degree	DMD	DDS	Certificate
Address					
					Exam Date
Licensure Exam Location					

Emergency Contact

Full Name		
Email Address		
Cell or Home Telephone #		

Top pick for Advanced Standing or Advanced Clinical Training

Dental School	
City & State	
Exam Date	

Dental School	
City & State	
Exam Date	

Dental School	
City & State	
Exam Date	

Dental School	
City & State	
Exam Date	

Dental School	
City & State	
Exam Date	

Dental School	
City & State	
Exam Date	

Release of Liability, Waiver of Claims, Assumption of Risks, and Indemnity Agreement

By signing this document, you will waive certain legal rights, including the right to sue.

PLEASE READ CAREFULLY

Fundamental Restorative Dental programs at times this course will be filmed and documented for improving our educational materials. Students' privacy will be protected. There will be minimal video recordings and photographs with students. During the lecture and demonstrations our student's audio questions are of importance to the program. We would like to thank you for aiding in the continual growth of our Institute and future Duggan students.

Awareness and Assumption of Risk

I am aware that practicing dental procedures, even on a manikin under nominally controlled conditions, involves risks including risk of personal injury, death, property damage, expense, and related loss, including loss of income. Included in these risks are negligence on the part of The Duggan Institute of Dentistry, its directors, officers, officials and volunteers, other participants, and owners of the facilities where the activities occur. I freely accept and fully assume all such risks and the possibility of personal injury, death, property damage, expense, and related loss, including loss of income.

Release of Liability, Waiver of Claims and Indemnity Agreement In consideration of The Duggan Institute of Dentistry accepting my application to participate in this activity, I agree:

1. Accepting a seat in our course you are aware of the risks of contracting and or spreading COVID-19 or any flu like viruses.
2. You agree to follow the State of California's rules for safe travel, mask mandates and social distancing.
3. Accept seat in this class which will be filmed and documented for the purpose of improving educational materials at The Duggan Institute of Dentistry. Privacy protected.
4. To waive any and all claims that I may have in the future against The Duggan Institute of Dentistry.
5. To release The Duggan Institute of Dentistry from any and all liability for any personal injury, death, property damage, expense and related loss, including loss of income that I or my next of kin may suffer as a result of my participation in this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care.
6. To hold harmless and indemnify The Duggan Institute of Dentistry from any and all liability for any damage to property of, or personal injury to, any third, party, resulting from my participation in this activity.
7. That this agreement is binding on not only myself but my next of kin, heirs, executors, administrators, and assigns.

I HAVE READ THIS AGREEMENT AND UNDERSTAND IT. I AM AWARE THAT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN RIGHTS WHICH I OR MY NEXT OF KIN, HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST DUGGAN INSTITUTE OF DENTISTRY.

Signed this: Month _____ Day _____, Year _____

Student's Signature _____ Witness (Staff) Signature _____

Print Name _____