

THE DUGGAN INSTITUTE OF DENTISTRY, OF ILLINOIS

ADDRESS: 10035 WEST GRAND AVENUE, SUITE 203, FRANKLIN PARK, ILLINOIS (Second Floor of US BANK Building)

PHONE: (949) 422-8105

EMAIL: INFO@DUGGANINSTITUTE.COM

INSTRUCTOR: MS. MEGHAN C BROWN

CAAPID ADVISOR/ ADMISSIONS: TIM RODGERS

Our Dental bench preparation service 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 direct lectures, a live demonstration (for each step) using loupes 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. We teach 3 classes per month and have only 6 students per class.

TUITION \$1,500

TUITION FEE INCLUDES

- ALL COURSE MATERIALS (Typodont, Handpiece, Teeth & Burs
- CERTIFICATE OF COMPLETION 45 HOURS
- GUIDANCE WITH CAAPID SOP AND CV REVIEW & EDITING (DO NOT USE AI or ChatGPT)

****Students are encouraged to use their smart phone or laptop to record all live demonstrations during the course****

Monday -Friday (8:00am- 5:00pm)

Saturday (8:00am-12:00pm)

Subjects to cover over the course of 6 days

- Class II amalgam & composite Mandibular P & M
- Class II Amalgam & Composite Maxillary P & M
- Class III Composite Central, Lateral & Canine
- FGC Maxillary M & Mandibular M
- PFM Maxillary P, Central & Canine
- ACC Central & Canine

Upon request demonstrations and guidance with

- Rubber dam application
- Restorations Amalgam & Composite
- Putty impression for crowns
- Zirconia & PFZ crowns
- Conservative designs for Onlays Gold, Ceramic & Zirconia
- Class IV Preparation and restoration
- CAAPID Edit SOP & CV

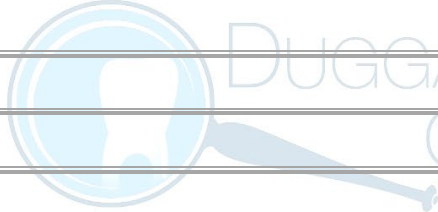
SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
14-19	5-10	2-7	7-12
21-26	12-17	9-14	14-19
28-Oct 3	19-24	16-21	
	26-31		

APPLICATION FORM

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 payments are refundable if you need to cancel. Switching courses is allowed if seats are available. 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 at time of registration to be confirmed in the class.
- Tuition payments are required to ensure the institute can provide the materials needed for each student attending.

Student's Name		Course date	
Phone Number		Birthdate	
Billing Address		Country	
Email Address		Male /Female	
Student's Signature		Right or Left-Handed	
Any Health Issues we should know about?			

Emergency Contact	 DUGGAN INSTITUTE OF DENTISTRY
Full Name	
Phone Number	

Which schools are you interested in applying to this CAAPID cycle?

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 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 spreading COVID-19 or any flu like viruses.
2. You agree to follow the State of Illinois rules for safe travel, mask mandates and social distancing.
3. Accept a 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 THE DUGGAN INSTITUTE OF DENTISTRY.

Printed Name	
Student's Signature	
Signed this date	
Witness	