

Lake Norman Dental Assisting School

S.P.I.C.E. Course Application

Name _____ Date _____

Address, city, state, _____ Zip _____

E-Mail address _____

Phone, home, cell, work _____

Employer _____

Address, city, state, zip _____

Business phone and fax _____

Date you plan to attend course: _____

Course Description:

S P I C E is the **Statewide Program for Infection Control and Epidemiology**

Section 10A NC Administrative code 41A.0206 states: Dental offices shall designate one staff member to direct infection control activities. This person is required to complete a course approved by the state in infection control.

This course is a 5 hour course and fulfills the requirement for sterilization and infection control for DAI status.

Cancellation, refund, and requirements policy:

A full refund of all monies will be made to any applicant who cancels the enrollment agreement within 3 business days of the first class.