How to register for a course at http://northwestahec.org

1. Point your web browser to http://northwestahec.org

2. Filter events to your needs

- Search by keyword
  - Search Term:

- Search by discipline
  - Disciplines:
    - Allied Health(17)
    - Dentistry(9)
    - Medicine(57)
    - Mental Health(31)
    - Nursing(38)
    - Other(17)

- Search by credit type, month or city
  - Select Credit Type
  - Select Month
  - Select City
Click the event to register
Get details or proceed to registration

Continue to registration

More Details | Register | Close

- **Event Name**: Intraoral Radiography for Office Trained Dental Assistants
- **Begins**: September, 10 2009 05:30PM
- **Ends**: November, 7 2009 05:30PM
- **Target Audience**: Dental Assistants
- **Event Description**: This course has been designed to meet requirements set forth in the Dental Practice Act for the State of North Carolina. Students will complete a training program and pass a competency examination during the course. Through lecture attendance, self-study and clinical practice, each participant will develop the ability to expose, develop, fix, mount, and evaluate dental films. This course includes didactic and clinical aspects of dental radiography. There is a $25 administrative fee for cancellations prior to August 27, 2009. No refunds after that deadline. Students will pick up textbooks, workbooks and syllabus on September 10. Clinic sessions are Oct. 10, 17, 24, 31 and the final exam is November 7, 2009. All classes MUST be attended

- **Event Pk**: 27093
Enter your credentials

Step 1 of 3 - Log In / Create Profile

New Users
Help us customize our materials to your needs by creating a profile. It's free, secure, and takes less than 1 minute.

Enter your last name and the last four digits of your social security number in the spaces provided. Then press "Log In".

Log in
last name: Jones
last 4 SSN: 1234

Log In Cancel
5
Enter your credentials

Step 1 of 3 - Log In / Create Profile

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Log In
last name: Jones
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Log In Cancel

6a
If a record is found you will be asked to enter your zipcode for identification

6b
If a record is NOT found you will be asked to create a new profile

Step 2 of 3 - Confirm your Identity

Your Zipcode

Try Again/Cancel Create a Profile

Step 2 of 3 - Update Your Profile

Identity
Salutation:
First Name:
Nickname:
Last Name: Cheney
Middle Initial:
SUFFIX:
Cert/Degrees: Ex: MPH, RN, RD, CDE
Occupation:
Gender: Male Female
Email:
Next...
7. Plan your agenda

Step 3 of 3 - Agenda

27093 - Intraoral Radiography for Office Trained Dental Assistants

☐ $495.00 Registration fee

☐ $0.00 no additional session fee

Total Amount Due: $495.00

Your agenda is valid. Please select all the sessions you wish to attend and click "Next" to continue.

Cancel  Next

8. Submit payment information

Step 3 of 3 - Billing Address and Payment Information

First Name: Christopher
Last Name: Jones
Address 1: Wake Forest University School of Med
Address 2: Medical Center Boulevard
City: Winston-Salem
State: NC
Zip: 27157
Country: United States

Payment Information:

Payment Type: Select One

Card Number: [Secure]
Expiration Date: [Secure]

*You will also have a chance to cancel on the next page.

Cancel  Next
Look for a confirmation email

Courses with online elements

Classroom courses

View Event Website

Online courses

Start Session