

Email Application to: admissions@dugganinstitute.com The Duggan Institute of Dentistry

THE DUGGAN INSTITUTE OF DENTISTRY, TUTORING CENTER
ADDRESS: 421 BROOKHURST STREET SUITE 134, ANAHEIM, CALIFORNIA 92801
PHONE: (949) 422-8105
EMAIL: INFO@DUGGANINSTITUTE.COM
INSTRUCTOR: MS. MEGHAN C BROWN
CAAPID ADVISOR/ ADMISSIONS: TIM RODGERS

January -March 2025

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 short and 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.

WINTER TO SPRING COURSE 2025

6 DAY INCLUDES

5 DAYS HANDS ON BENCH PREP & MATERIALS

1 DAY CAAPID INTERVIEW, APPLICATION, SOP & CV Review

Winter course includes an Interview lecture, CAAPID SOP,CV and supplemental question review.

Submit CV and drafted SOP along with registration and we will advise and edit.

Daily Schedule (9:00am- 6:00pm) WINTER TO SPRING 6 DAY COURSE

1. FGC Maxillary & Mandibular Molars
2. PFM Crown Central, Canine & Maxillary Premolar, ACC & PFZ crowns
3. Class III Composite Preparation Central & Class II amalgam & Composite Preparation Mandibular Molar
4. Class II Amalgam & Composite Preparation Maxillary & Mandibular Premolars
5. Class II Amalgam & Composite Preparation Maxillary Molar MO & DO
6. CAAPID & Interview Lecture / SOP & CV Review

TUITION: \$1,500

1. Typodont rental
2. Handpiece Rental
3. Instrument Rental
4. Loupes Rental
5. Burs
6. Teeth
7. Certificate

Schedule: 2025

1. JANUARY 13-18
2. JANUARY 20-25
3. FEBRUARY 10-15
4. FEBRUARY 17-22
5. FEBRUARY 24- MARCH 1
6. MARCH 3-8
7. MARCH 10-15
8. MARCH 17-22
9. MARCH 24-29

APPLICATION FORM

Email Application to: admissions@dugganinstitute.com The Duggan Institute of Dentistry

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 session. 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 _____ Student's Email _____

Student's Name _____ Phone Number _____

Signature _____ Today's date _____

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

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		

Emergency Contact

Full Name		
Email Address		
Cell or Home Telephone #		

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

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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 Dûggan 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 Dûggan 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 a seat in this class which will be filmed and documented for the purpose of improving educational materials at The Dûggan Institute of Dentistry. Privacy protected.
4. To waive any and all claims that I may have in the future against The Dûggan Institute of Dentistry.
5. To release The Dûggan 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 Dûggan 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 DÛGGAN INSTITUTE OF DENTISTRY.

Signed this: Month _____ Day _____, Year _____.

Student's Signature _____ Witness (Staff) Signature _____

Print Name _____