

CORONAL POLISH Registration

December 5, 2026

Registration Fee $355 with completed registration

DATE:_____

Name:_____

First Middle Last

Employer:_ _____

Please supply a letter from your Office Manager or Dentist on the Practice letterhead verifying current employment in Dentistry.

Preferred Name to appear on your completion Certificate:

Preferred Method of Communication:

_____

Text:_____ Email:_ _ Phone:_ _

Email Address: _____

Cell Number:_ _____

Home Address:

Street City/Town State Zip Code

NC State Board of Dental Examiners Requires a SEVEN (7) Hour course for DA I to receive a Coronal Polish Certificate.

Class will be held from 9am until 4:30 pm with a 30-minute break .

Location: https://maps.app.goo.gl/h1kJ67YYQsLaLFyGA

88 Vilcom Center Dr, Chapel Hill, NC 27514

DATC, Inc.

@datcinc

venmo

ZELLE PAY