



Completion of the D4C Training Program

I have completed the D4C Dental Brands' training requirements for my role. I fully understand all policies, procedures, and other materials that were presented during the D4C training program and agree to adhere to them. I have a clear understanding of my job position and can successfully fulfill the role. I will uphold D4C Dental Brands' vision in raising the standard in children's oral health care by creating the best experience for the parents and patients by providing a consistent and productive work environment. I have had the opportunity to ask questions regarding the Company's expectations of me, have no further questions at this time, and understand where to go should I have question in the future regarding my role.

Employee Signature: _____ Date: _____

Practice Manager Signature:
_____ Date: _____