

# Registration Form

The tuition for the *DENTAL ASSISTING* course of study offered by Colorado Dental Assisting School, LLC is:

**\$3,995**

The tuition covers all costs for the course and includes a non-refundable registration fee of \$100. The course will run ten (10) consecutive weeks (not counting holidays), eight classroom hours per week for a total of eighty (80) classroom hours of instruction. This will include lecture material as well as clinical "hands on" training. There is also approximately 60 hours of home study. Your tuition includes all of the following:

<ul style="list-style-type: none"> <li>• Use of textbook: "Modern Dental Assisting", Torres &amp; Ehrlich; 10th.Ed (2011); Elsevier Publishing.</li> <li>• Syllabus: "Concepts in Dental Assisting", Richard Erickson, DDS, 4th, Ed (2012); DCI Publishing.</li> <li>• All training and visual aids, materials and dental supplies used throughout the course.</li> <li>• Dental Assistant Radiology X-ray Certification for compliance with the State of Colorado.</li> </ul>	<ul style="list-style-type: none"> <li>• CPR Certification classes.</li> <li>• Job Interview preparation and coaching.</li> <li>• Free Job Placement assistance and referral service. We put the students on a list to give to hiring dentists.</li> <li>• A free teeth whitening kit (\$100 value)</li> <li>• A set of professional scrubs.</li> <li>• Use of all dental equipment and instrumentation with actual "hands on" training during the course of study. There are <b>NO</b> hidden or additional expenses.</li> </ul>	<ul style="list-style-type: none"> <li>• Training in ALL aspects of dental assisting, including specialties.</li> <li>• A Certificate in Dental Assisting, Dental Assistant pin, and a letter of recommendation outlining your training and experience will be awarded to students attaining a 70% or above grade average.</li> <li>• All training is done by dental professionals in an actual practicing dental office, not a classroom.</li> <li>• Optional Externship</li> </ul>
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The \$3,995 tuition may be paid using one of the five arrangements:

1. Cash or Check: Accept personal checks via payment in full five days prior to the first day of class
2. Credit Cards: Accept all credit cards via payment in full prior to the first day of class
3. In-house Payment Plan: Accept \$100 registration fee (refundable up to 30 days before session). Three installments: \$1,325 (1st day of class), \$1,325 (14th day of class), and \$1,245 (28th day of class)
4. Long-term Financing: Accept and arrange for outside financing for those that are approved from Care Credit or Enhance Patient Financing, or Lending Tree.
5. Grants: The Workforce Center offers Workforce Investment Act (WIA) grants to people who qualify. Arrangements must be made prior to the first day of class. We do not qualify for most other government student grants (Pell) as the program is not the one year length those programs require.

**Colorado Dental Assisting School, LLC**  
3715 Bloomington St, Ste 160  
Colorado Springs, CO 80922

**Enrollment Form**

Please completely fill out the information below  
and send in with your selected payment option. Thank You!

Student Name : \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

Student's Email: \_\_\_\_\_

I wish to register for the upcoming class and have selected one of the following payment options:  
(Check one)

- By Cash or Check** (enclosed). Full Tuition for \$3,995.
- Credit/Debit Card** (we accept Visa, MasterCard, and Discover). Full Tuition for \$3,995.

Credit Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name on Card or Care Credit Acct \_\_\_\_\_

Card (Acct) Billing Street Add: \_\_\_\_\_ ZIP \_\_\_\_\_

3 digit

Security Code: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

- In-house Payment Plan:** Pay \$100 registration fee paid via check, cash, or credit card (enclosed). Registration fee is refundable up to 30 days before session. Three installments on the following dates: \$1,325 (1st day of class), \$1,325 (14th day of class), and \$1,245 (28th day of class).
- Long-term Outside Financing** (credit application required): I'm interested in speaking with your Admissions Coordinator on how to apply for an outside line of credit from one of the following three sources. I understand that my eligibility for the line of credit will be determined based upon a 3rd parties assessment of my credit. Three sources we'll assist in the application process are LendingTree.com, EnhancedPatientFinance.com, and CareCredit.com.
- MyCAA:** I am interested in speaking with your Admissions Coordinator on how to apply for the MyCAA scholarship for military spouses. Arrangements must be made prior to the first day of class.
- Workforce Investment Act Grant:** I'm interested in speaking with your Admissions Coordinator on how to apply for Workforce Investment Act (WIA) grant and what requirements are required to qualify. Arrangements must be made prior to the first day of class.

**HOW DID YOU FIND OUT ABOUT OUR COURSE? (circle all that apply)**

Internet      Phone Book      Radio      Brochure      Former Student: \_\_\_\_\_      Other: \_\_\_\_\_

### Refunds and Cancellations

- A graduation certificate, letter of recommendation, and pin will only be awarded to those students attaining a 70% or above grade average. Those students whose grade average is below 70% will not receive a certificate and letter of recommendation.
- Cancellation date is based on when cancellation notice is received by the school.
- A full refund will be made of all deposits or payments if the student is not accepted.
- A full refund will be made of all deposits or payments if cancellation is made up to 30 days prior to the class starting date or up to 3 days after applying for the class. Students have a 3-day cancellation right to a full refund accept when student has started training.
- All but \$100 will be refunded if cancellations are made after 3 days after applying for the class.
- If cancellation is made after the first class but prior to the second class, all but \$489.50 will be refunded.(10% of tuition and registration fee)
- For cancellations during Classes 2 through 4, \$1,073.75 will be retained and any remaining balance will be refunded. (25% of tuition and registration fee)
- For cancellations for classes 5 through 6, \$2047.50 will be retained and any remaining balance will be refunded. (50% of Tuition and registration fee)
- For cancellations for classes 7 through 8, \$3021.25 will be retained and any remaining balance will be refunded. Any cancellations after this will be non-refundable (75% of Tuition and registration fee )
- If a student drops out of the program at any point, and decides to re-register for a future class, full tuition fee of \$3995 will be charged and no credit will be given to payments made for the previous class.
- Refund will be made within 30 days of termination or receipt of cancellation notice.
- A student can be dismissed, at the discretion of the Clinical Director, for misconduct, nonpayment of tuition, or failure to comply with the Student Conduct Policy.
- For any program or course that is postponed by the institution, the student will have the right to request a refund or continue on with the class with the updated schedule.
- For any program or course start date that is postponed by the student, all but a \$100 will be refunded if student cancels prior to the first class.
- For any program or course that is cancelled by the institution, the institution will refund the tuition in full or apply the tuition to a future course depending on the wishes of the student.
- The policy for the granting of credit for previous training shall not impact the refund policy

Colorado Dental Assisting School, LLC is approved and regulated by the Colorado Department of Higher Education, Division of Private Occupational School Board.

Student complaints can be filed online with the Division of Private Occupational Schools at [highered.colorado.gov/dpos](http://highered.colorado.gov/dpos) or by calling 303-866-2723. There is a two year limitation (from the student's last date of attendance) on the Division taking action on student complaints.

We will be ordering your uniform to wear in class, which is included in your tuition. So that we may order the correct size scrub uniform for you, **we need to know your size**. Please use the chart and mark your size below:

<b>Scrub Uniform Size</b>	<b>XS</b>	<b>S</b>	<b>M</b>	<b>L</b>	<b>XL</b>	<b>2XL</b>
Numeric:	2-4	6-8	10-12	14-16	18-20	22-24
Bust:	31-33	34-35	36-38	39-41	42-45	46-49
Waist:	23-25	26-27	28-30	31-33	34-37	38-41
Hips:	32-35	36-37	38-40	41-43	44-47	48-51

SIZE (letter): \_\_\_\_\_

**By signing below, I agree to all the terms for the course. I have read and understand the policies listed above and in the current course catalogue. I also acknowledge that I have received a copy of the registration form and a current copy of the course 2013 catalogue, Volume 1.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_