

# **Dental Careers of Colorado, LLC**

7425 W. Hampden Ave Lakewood, CO 80227

Office Phone: 303-988-3800

## **Enrollment Agreement**

Program Title: **“PRACTICAL CONCEPTS IN DENTAL ASSISTING”**

Program Tuition: **\$2995.00** (The tuition covers all costs for the course and **must be paid in full at the time of registration**).

Books and supplies are not refundable total \$600. (**Meals are not provided**; however, several eating establishments are within short driving distance).

**Course Description:** The course will run ten (10) consecutive weeks, 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. In addition, there is approximately 40 hours of home study for an estimated total of about 120 course work hours.

The tuition fee includes all of the following: (**There are no hidden costs once you get started**)

- Textbook: "Modern Dental Assisting", Robinson & Bird, 10<sup>th</sup> Edition (Saunders)
- Textbook: "Concepts in Dental Assisting", Richard Erickson, DDS, 2nd, Edition (DCI Publishing)
- Use of all equipment and instrumentation, the computer lab, dental lab, and digital radiography system. (**All equipment essential to the training is located at this facility.**) Use of all training and visual aids, materials and dental supplies used in the clinical training. Dental Careers Development Center, LLC cannot be held responsible for any theft or misplacement of students' personal belongings on school property.
- A ***Certificate of Achievement***, Dental Assistant pin, and a letter of recommendation will be awarded to all students who have attained a grade average of 70% or above and have completed all of the course requirements.
- Training includes how to assist in procedures in all phases of General Dentistry such as Endodontics, Crown & Bridge, Cosmetic Dentistry, Restorative Dentistry, Oral Surgery, Orthodontics, Pediatric Dentistry and Periodontics. Students will also receive instruction on chairside assisting (4-handed techniques), dental anatomy, charting, operatory preparation and sterilization techniques, impressions, and front desk skills such as appointment scheduling, insurance billing, patient accounts receivable, and preparing patients' computerized charts using practice management software. Students will learn how to construct a professional resume, and receive certification in Basic Life Support while learning about common dental office emergencies.
- Job Placement following completion of this program is **not** guaranteed. Dental Careers Development Center, LLC offers students job placement assistance with dental offices in the surrounding area (particularly in Jefferson county).

Dental Careers of Colorado is approved and regulated by the Colorado Department of Higher Education Private Occupational School Board.

I have received and read the terms and conditions stated in the Student Contract, Student Admission Application Form, and the current School Catalog. I understand that signing this agreement constitutes a binding contract after written acceptance by the School Program Director. Changes in this contract may only be made by written consent of both parties.

### **Postponement of Start Date**

Postponement of a starting date, whether at the request of the school or the student, requires a written agreement signed by the student and the school. The agreement must set forth:

- a. Whether the postponement is for the convenience of the school or the student, and;
- b. A deadline for the new start date, beyond which the start date will not be postponed.

If the course is not commenced, or the student fails to attend by the new start date set forth in the agreement, the student will be entitled to an appropriate refund of prepaid tuition and fees within 30 days of the deadline of the new start date set forth in the agreement, determined in accordance with the school's refund policy and all applicable laws and rules concerning the Private Occupational Education Act of 1981.

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**Enrollment Agreement**

By signing below, the student agrees to pay Dental Careers of Colorado the total stated tuition & fees. The school agrees to provide the occupational training in accordance with the provisions of the school's current Catalog Dated \_\_\_\_\_. Payment of all monies due shall be a condition of continuing enrollment. Upon satisfactory completion of all academic and skill requirements and when all financial obligations to the school have been met the school will award the certificate to the student. The student and school understand that this Enrollment Agreement, WHICH INCLUDES THE REFUND POLICY may not be amended except in writing and signed by both parties.

I HAVE RECEIVED A COPY OF THIS ENROLLMENT AGREEMENT AND A CURRENT SCHOOL CATALOG.

Signature of Student: \_\_\_\_\_ School Director Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

<u>School Administrative Use Only</u>
I have received and reviewed all of the appropriate student application materials and hereby approve this student for enrollment in the course: "Practical Concepts in Dental Assisting". This contract officially becomes effective upon my signature on this date and no changes will be made without written consent of both parties.
Signature of Program Director: _____ Course Number: _____
Signature Date: _____ Course Commencement Date: _____

**STUDENT ADMISSIONS APPLICATION FORM - 2015**  
**Course Title: Practical Concepts In Dental Assisting**

**Course Options:** Tue & Thur 4-8PM or Saturday 9-6PM  
(Indicate 1<sup>st</sup> and 2<sup>nd</sup> choice) \_\_\_\_\_ or \_\_\_\_\_

**Payment Option:** (Select only one)

\$2995.00 Paid-in-Full     Check     Money Order

CareCredit® Plan (application instructions below).

  (Circle only one credit card option)

Credit Card # \_\_\_\_\_

Exp Date: \_\_\_\_\_ Code (3 digits): \_\_\_\_\_

(or Care Credit #) \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Student Name: \_\_\_\_\_ (PRINT)

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

City: \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ Social Security # \_\_\_\_\_

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

Email address: \_\_\_\_\_

<u>All</u> Checks/Money Orders should be made payable to: <b>Hampden Dental Care</b>
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All tuition and fees paid by the applicant shall be refunded if the applicant is rejected by the school before enrollment. All tuition and fees paid by the applicant shall be refunded if requested within three business days after signing a contract with the school. All refunds shall be returned within 30 days.
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Mail or FAX Completed and Signed Student Contract and Student Admissions Application Form along with form of payment to: <b>Dental Careers Of Colorado, LLC</b> 7425 W. Hampden Ave. Lakewood, CO 80227 FAX : 303-988-7425
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How did you find out about our course?:
<input type="checkbox"/> Internet
<input type="checkbox"/> High School Co-Op
<input type="checkbox"/> Newspaper Ads
<input type="checkbox"/> Former Student:
<input type="checkbox"/> Other:

**CareCredit Financing  
 Application Instructions**

You can apply for CareCredit financing in total privacy from home.

1. Apply online at [www.carecredit.com](http://www.carecredit.com) Click "Apply Now" Then click on "click here" under "At Home" Type in "edlund" under doctors name. Then click next. Click apply now next to David Edlund DMD PC.

To insure approval, enter the fee (tuition) for the course when asked (\$2995.00), and make sure all information is correct, especially social security numbers. Include ALL sources of household income (salary, bonuses, alimony, investments). Consider using a co-applicant if your application is denied.

Upon approval, you will be given a 16 digit number beginning with "6". Write this number in the "CareCredit #" space above, complete the rest of the information requested and send in to our address above or FAX it to **303-988-7425**

**Refunds and Cancellations**

Students not accepted to the school are entitled to all moneys paid. Students who cancel this contract by notifying the school within three (3) business days are entitled to a full refund of all tuition and fees paid. Students who withdraw after three (3) business days, but before commencement of classes, are entitled to a full refund of all tuition and fees paid except the maximum cancellation charge of \$150.00 or 25% of the contract price whichever is less. In the case of students withdrawing after commencement of classes, the school will retain the cancellation charge plus a percentage of tuition and fees, which is based on the percentage of contact hours attended in the Program/Stand Alone Course, as described in the table below. The refund is based on the official date of termination or withdrawal.

**Refund Table**

<b>Student is entitled to upon withdrawal/termination</b>	<b>Refund</b>
Within first 10% of program ( before end of week 1)	90% less cancellation charge
After 10% but within first 25% of program (week 1-2)	75% less cancellation charge
After 25% but within first 50% of program (week 3-4)	50% less cancellation charge
After 50% but within first 75% of program (week 5-6)	25% less cancellation charge
After 75% (week 7-10) [if paid in full, cancellation charge is not applicable]	NO Refund

1. The student may cancel this contract at any time prior to midnight of the third business day after signing this contract.
2. All refunds will be made within 30 days from the date of termination. The official date of termination or withdrawal of a student shall be determined in the following manner:
  - a. The date on which the school receives notice of the student's intention to discontinue the training program; or
  - b. The date on which the student violates published school policy, which provides for termination.
  - c. Should a student fail to return from an excused leave of absence, the effective date of termination for a student on an extended leave of absence or a leave of absence is the earlier of the date the school determines the student is not returning or the day following the expected return date.
3. The student will receive a full refund of tuition & fees paid if the school discontinues a course/ program within a period of time a student could have reasonably completed it, except that this provision shall not apply in the event the school ceases operation.
4. The policy for granting credit for previous training shall not impact the refund policy.

**Student Complaints**

Student Complaints should be brought to the attention of the School Director to attempt resolution. The Director and student are to follow the grievance procedures according to school policy printed in the school catalog. If satisfactory resolution cannot be reached between the student and the school, the student may file a written complaint online with the Colorado Division of Private Occupational Schools at [highered.colorado.gov/dpos](http://highered.colorado.gov/dpos) or by requesting a complaint form at (303) 862.3001 There is a two-year limitation (from student's last date of attendance) on the Division taking action on student complaints.

**Course Admission requirements:**

The school does not discriminate based on race, sex, religion, ethnic origin, or disability. There is an open enrollment policy for this course which requires students to be at least 18 years of age. No credit is awarded for previous education or training. DCC does not guarantee transferability of our credits to another institution unless there is a written agreement with another institution. Students with prior work experience in a dental office or those currently in a dental office will find this course to be quite rewarding in strengthening their knowledge about dental assisting while helping them to prepare for a future career in Dental Hygiene or Dentistry.