

2017 Course Enrollment Agreement January 1, 2017- December 31, 2017, 4 sessions

The tuition for the DENTAL ASSISTING course of study offered by this institution is \$2895.00. The tuition covers all costs for the course. Lunch is not provided, however numerous eating establishments are nearby. The course will run ten (10) consecutive Saturdays, eight classroom hours per week for a total of eighty (80) classroom hours of instruction plus an additional clinical session (for a total of 88 hours) producing radiographs on four patients provided by the student for their CA Dental X-Ray Certification. This program includes lecture material as well as clinical "hands on" training. In addition, there is approximately 80 hours of home study for a total of approximately 168 course work hours. Students bring their four (4) clinical patients to our dental office for radiographs during week number eight, the additional clinical session, Monday through Friday, 8am-8pm. There is a \$100 charge for every patient that is scheduled after the end of week eight (8).

OCDC trains students for entry level "**Dental Assistant**" or sometimes referred to as "**Dental Auxiliary**" positions. This program does **not** have a list of requirements for eligibility for licensure because the previously mentioned employment positions in California require Dental Board Certification in Radiation Safety and 8 hour Infection Control, only. OCDC is an approved dental board provider for these two certifications.

You graduate with a Certificate in Dental Assisting, a letter of recommendation outlining your experience and training and your State Dental Radiation Safety including 8 hour Infection Control Certificates, the only certification needed to work as a dental assistant in California; after 6 months of employment or interning you are required to obtain a CPR card. The main objective at OCDC is to prepare graduates for immediate employment or internship in the dental field without quitting their present job. The dental board grants 3 months of internship credit to graduates of our 10-week program. Students take 6 quizzes, a midterm, final exam and a clinical practical exam. A combined score of 70% is required for passing this program. The tuition fee includes all of the following:

- Syllabus: "Concepts in Dental Assisting", Richard Erickson, DDS, 3rd, Ed (2005); DCI Publishing.
- All training and visual aids, materials and dental supplies used throughout the course.
- Dental Radiology X-ray plus 8 hour Infection Control **Certification** for compliance with the California Dental Board
- Scrub Uniforms.
- Job Interview preparation and coaching.
- Digital radiology and intra oral imaging
- Free Job Placement assistance and referral service. We have dentist calls, asking for our students and we will refer you to them.
- Use of all dental equipment and instrumentation with actual "hands on" training during the course of study. They're NO hidden or additional expenses.
- Training in ALL aspects of General Dental assisting.
- A Certificate in Dental Assisting, and a letter of recommendation outlining your training and experience will be awarded to students attaining a 70% or above grade average.
- All training is done by Dr. Eliades and Nick Eliades, R.D.A. in their actual practicing dental office, not a classroom at 15541 Beach Blvd Suite D, Westminster, CA 92683

Your instructors are Dr. George Eliades and Nick Eliades, R.D.A.

Dr. Eliades is a practicing dentist who has served Orange County since 1987. He is a member of the American, California and Orange County Dental Societies. Dr. Eliades earned his California Teaching Credential at California State University Long Beach plus a B.A. in Chemistry in 1980. He received a Doctorate in Dental surgery from Northwestern University in Chicago, IL in 1985. He holds a current “dentist license” to practice dentistry in California from the California Dental Board in July, of 1987. Dr. Eliades has instructed and directed dental assisting classes at OCDC since February, of 2007.

Nick Eliades, R.D.A. has been, and continues to be, a dental assistant to Dr. Eliades since February 2007. Nick has earned a California Teaching Credential and an A.A. degree from California State University Long Beach, and maintains a current “registered dental assistant license” with the Dental Board of California, earned in July, 2006. He has instructed dental assisting at OCDC since February, of 2007.

Students not able to clearly understand the English written enrollment agreement by themselves for reasons such as English not being their primary language, will not have the enrollment agreement accepted by OCDC; see admissions requirements below.

- Admission Requirements:
- 1) High School Diploma or equivalent
 - 2) 18 years of age
 - 3) Read, write and speak **English**
OCDC does not provide **English** as a second language
We accept a TOEFL score of 60 or greater
Visit www.ets.org for testing information
 - 4) Being able to clearly understand the terms and conditions of the Enrollment Agreement written in **English** without help from others
 - 5) Being in adequate health to perform physical tasks in the dental office
 - 6) Present with a clean and orderly appearance
 - 7) Attendance and tardiness records are kept and are part of the student evaluation for prospective employers. Records are kept for five years and transcripts are maintained indefinitely.

We do not accept any credits earned at any other dental assisting institution.

Students are given a written warning before dismissal from our program. Reasons for dismissal are chronic tardiness, not paying their tuition as agreed or being disruptive to others in the program. We do not have a probation policy due to the short length of this program.

Placement Services

While no guarantee of job placement is made, Dr. Eliades will advertise to other practicing dentists in Orange County the availability of trained dental assistants from OCDC at no charge to the dentists or graduates.

The tuition is paid with a **\$695.00** down payment, and then **\$220.00** at the **beginning of each class** (10 payments)

Please fill out the application on pages **3,5, 8 & 9 and email, fax, or mail your selected payment method. Thank You!**

I wish to register for the upcoming class and have selected one of the following **payment methods**
\$695.00 Down payment (ENCLOSED), then \$220.00 per week for ten weeks.



Check or Money Order make payable to "Orange County Dental Careers"

Credit Card

Credit Card # _____ Exp Date: _____ Sec.Code (3-digits): _____

Card holder Signature: _____

Name on Card: _____

Card Billing Address: _____

City _____ State _____ ZIP _____

**Mail, Attach or FAX
Pmt. & Registration
to: OCDC
15541 Beach Blvd.
Suite D
Westminster, CA
92683**

Student Name : _____ (PRINT)

Address: _____

City: _____ Zip _____

Phone #: _____ Soc.Sec. # _____
(Last 4 digits)

Student Signature: _____ Date: _____

Email address: _____

**How did you find
out about our
course?
Please circle below:**
1) Internet
2) Saddleback College
3) Huntington Beach
Adult School
4) Former Student:
Other:

OCDC does not participate in any State or Federal financial aid programs

If a student is eligible for a loan guaranteed by the federal or state government and the student defaults on the loan, both of the following may occur:

- (1) The federal or state government or a loan guarantee agency may take action against the student, including applying any income tax refund to which the person is entitled to reduce the balance owed on the loan.
- (2) The student may not be eligible for any other federal student financial aid at another institution or other government assistance until the loan is repaid.

“STUDENT’S RIGHT TO CANCEL”

Students have the right to cancel their enrollment and obtain a refund of all charges paid through attendance at the first class, or the seventh (7th) day after enrollment, whichever is later, minus \$250 (non refundable fees). No refunds will be given after the completion of the sixth week (60%) October 7th for the fall session. See page 7 of this enrollment agreement for a description of these charges. If the student has received federal student financial aid program funds, the student is entitled to a refund of moneys not paid from federal student financial aid program funds.

Refunds are calculated by subtracting what the student owes O.C.D.C. from what the student has paid. The amount owed to O.C.D.C. is calculated by multiplying the total hours attended by \$33/hr and then adding \$250.00 (non refundable fee); subtract this sum from what you have already paid to reveal your refund. All withdrawal and refund requests must be sent to Dr. Eliades in writing and must include the following information: your full name, the program you are enrolled in, the term you are enrolled in and your reason for withdrawing. Requests to withdraw will not be accepted over the phone. Requests to withdraw must be emailed to dentalhand@gmail.com, faxed to 714.657.3704 or mailed to: OCDC 15541 Beach Blvd. Suite D, Westminster, CA 92683. All withdrawals from this course need to be received prior to Saturday of week 6 of the term. No withdrawals will be accepted after this date. The student will receive the “O.C.D.C. Confirmation of Withdrawal and Refund” document and a refund payment from Dr. Eliades within five (5) working days.

Example: Mary Brown paid O.C.D.C. \$915. Mary decides to withdraw after the first class and before the start of the second session. She requests and submits a “Withdrawal or Leave of Absence” form. Mary is sent a check for \$401 from Orange County Dental Careers; the check will be issued within forty-five working days after receiving the completed and signed “Withdrawal or Leave of Absence” form from Mary.

“You must pay the state-imposed assessment for the Student Tuition Recovery Fund (STRF) if all of the following applies to you:

1. You are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all or part of your tuition either by cash, guaranteed student loans, or personal loans, and
2. Your total charges are not paid by any third-party payer such as an employer, government program or other payer unless you have a separate agreement to repay the third party.

You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if either of the following applies:

1. You are not a California resident, or are not enrolled in a residency program, or
2. Your total charges are paid by a third party, such as an employer, government program or other payer, and you have no separate agreement to repay the third party.”

“The State of California created the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic losses suffered by students in educational programs who are California residents, or are enrolled in a residency programs attending certain schools regulated by the Bureau for Private Postsecondary and Vocational Education.

You may be eligible for STRF if you are a California resident or are enrolled in a residency program, prepaid tuition, paid the STRF assessment, and suffered an economic loss as a result of any of the following:

1. The school closed before the course of instruction was completed.
2. The school's failure to pay refunds or charges on behalf of a student to a third party for license fees or any other purpose, or to provide equipment or materials for which a charge was collected within 180 days before the closure of the school.
3. The school's failure to pay or reimburse loan proceeds under a federally guaranteed student loan program as required by law or to pay or reimburse proceeds received by the school prior to closure in excess of tuition and other costs.
4. There was a material failure to comply with the Act or this Division within 30 days before the school closed or, if the material failure began earlier than 30 days prior to closure, the period determined by the Bureau.
5. An inability after diligent efforts to prosecute, prove, and collect on a judgment against the institution for a

violation of the Act.” However, no claim can be paid to any student without a social security number or a tax-payer identification number.

As a prospective student, you are encouraged to review the catalog prior to signing an enrollment agreement. You are also encouraged to review the School Performance Fact Sheet, which must be provided to you prior to signing an enrollment agreement.

“ Prior to signing this enrollment agreement, you must be given a catalog or brochure and a School Performance Fact Sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact Sheet relating to completion rates, placement rates, license examination passage rates, and salaries or wages, prior to signing this agreement.”

_____ Student’s initial

“I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, salary and wage information, and the most recent three year cohort default rate (NOT APPLICABLE since this institution does not participate in Federal or State loan programs), included in the School Performance Fact sheet, and have signed, initialed, and dated the information provided in the school Performance Fact Sheet.”

_____ Student’s initial

I have read and understand the Performance Fact Sheet. The School Performance Fact Sheet was reviewed and discussed with a school official prior to signing an enrollment agreement.

Student Print

Student signature

Date _____

School official

Date _____

Any questions a student may have regarding this fact sheet that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at P.O. Box 980818, West Sacramento, CA 95798-0818. Internet at www.bppe.ca.gov or telephone (916) 431-6959, toll free (888) 370-7589 or fax (916) 263-1897. The physical address is 2535 Capital Oaks Drive, Suite 400, Sacramento, CA 95833

The Orange County Dental Career’s statistics are gathered from former students who have graduated our program and have graciously provided their personal employment history.

The list of employment positions determined to be within the field for which a student received education and training for the calculation of job placement rates is available for viewing (including all of our Graduate’s Course Evaluations) from the Reception Desk at Orange County Dental Careers; students simply need to make an appointment by calling 714.253.3204. There is not a charge to view this information from our Graduates.

Leave of Absence Policy

OCDC recognizes that situations may arise when a student may want to voluntarily interrupt his or her vocational training. OCDC is committed to handling reasonable requests for leaves in a responsible manner. This policy may not be used in lieu of disciplinary action to address any violations of the institution's rules, regulations, policies, or practices. A student who is granted a voluntary leave while on academic and/or disciplinary status will return to that same status. The maximum length of time granted for an absence is 6 months from the date of completion of the current class that the student is withdrawing from.

Those wishing to cancel for illness or personal reasons may resume their course of study in the next class series with **no** penalty and may repeat the already completed sessions if desired at no cost. The **“Withdrawal or Leave of Absence”** form is requested verbally or by a written request, and then completed and returned to Dr. Eliades. The student will be notified in writing by Dr. Eliades of the approval or denial of the request for a leave within 48 hours. If the request is approved, the terms and conditions of the leave shall be set forth in the approval letter. **On/about six (6) weeks prior to the first day of classes of the quarter in which the student seeks to return, the student** must notify Dr. Eliades, in writing, of the intention to return or re-enroll at the conclusion of the leave period.

OCDC does not admit students from foreign countries.

OCDC does not have a pending petition in bankruptcy, is not operating as a debtor in possession, has not filed a petition in bankruptcy within the preceding five years and has not had a petition in bankruptcy filed against it within the preceding five years that resulted in reorganization under Chapter 11 of the United States Bankruptcy Code (11 U.S.C. Sec. 1101 et seq.).

Itemized institutional charges and fees:

(1) Tuition;	\$2,895
(2) registration fee (non-refundable);	\$250.00
(3) equipment;	\$0
(4) lab supplies and kits;	\$0
(5) textbooks and other learning media;	\$0
(6) scrub uniforms;	\$0
(7) protective eyewear, gloves and masks;	\$0
(8) Dental Board 8 hour Infection Control Certification;	\$0
(9) Dental Board Radiation Safety (X-ray) Certification;	\$0
(10) Student Tuition Recovery Fund (non-refundable)	\$0

Schedule of Total Charges

The total amount charged is \$2,895. There are no other charges. Everything is included, including all books, supplies and materials. The tuition is “all inclusive.”

Nonrefundable Charges

- 1) \$250 Registration Fee is a nonrefundable charge.
- 2) Student Tuition Recover Fund (STRF) is a nonrefundable charge.

A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling toll-free telephone 888-370-7589 or by completing a complaint form, which can be obtained on the bureau's Internet Web site Internet Web site www.bppe.ca.gov.

NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION

The transferability of credits you earn at OCDC is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the certificate you earn in dental assisting is also at the complete discretion of the institution to which you may seek to transfer. If the certificate that you earn at this institution are not accepted at the institution to which you seek to transfer, you may be required to repeat some or all of your coursework at that institution. For this reason you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending OCDC to determine if your certificate will transfer.

In February of 2007 this private institution (OCDC) was issued a one-year approval from the former Bureau for Private Postsecondary and Vocational Education. Subsequently this Bureau closed with a "Sunset" date of July 1, 2007; the "new" Bureau for Private Postsecondary Education replaced the former Bureau in 2010. The BPPE has approved operation of this Dental Assisting Program through November 2, 2021.

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Any loan taken out by a student to pay tuition at OCDC is the student's sole responsibility to repay the loan plus interest less the amount of any refunds.

Please initial:

 Saturday *Summer* Class, June 24th, 2017 through August 24th, 2017. Saturdays 8:30 am-5:00

THE TOTAL CHARGE FOR THE CURRENT PERIOD OF ATTENDANCE IS \$2,895

THE ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM IS \$2,895

THE TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT IS \$2,895

Please initial:

 I have received and reviewed the OCDC Catalog and have had all my questions answered.

 I have received and reviewed OCDC's Performance fact sheet and have had all my questions answered.

This Enrollment Agreement is legally binding when signed by the student and accepted by the institution.

I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me.

Signature _____ **Date** _____

Printed Name _____

Dr. George Eliades, Director

“NOTICE”

“ YOU MAY ASSERT AGAINST THE HOLDER OF THE PROMISSORY NOTE YOU SIGNED IN ORDER TO FINANCE THE COST OF THE EDUCATIONAL PROGRAM ALL OF THE CLAIMS AND DEFENSES THAT YOU COULD ASSERT AGAINST THIS INSTITUTION, UP TO THE AMOUNT YOU HAVE ALREADY PAID UNDER THE PROMISSORY NOTE.”

Scrubs Size Chart

Circle three (3) measurements blow: 1) Shirt size 2) Pants size 3) Inseam

Women SHIRT	XXS	XS	S	M	L	XL	2XL	3XL
	0	2 - 4	6-8	10-12	14-16	18-20	22-24	26-28
Bust	31-32	33-34	35-36	37-39	40-43	44-47	48-51	52-55
Women PANTS	XXS	XS	S	M	L	XL	2XL	3XL
	23-24	25-26	27-28	29-31	32-35	36-39	40-43	44-47
Hip	33-34	35-36	37-38	39-41	42-45	46-49	50-53	54-57
Inseam:	Regular- 31"		Petite 28-29"			Tall 33-34"		
MEN								
Shirt	XXS	XS	S	M	L	XL	2XL	3XL
Chest	31-32	33-34	35-37	38-40	41-44	45-48	49-52	53-56
PANTS	XXS	XS	S	M	L	XL	2XL	3XL
Waist	23-24	25-26	27-29	30-32	33-36	37-40	41-44	45-48
Inseam:	Regular-31"		Short- 28"			Tall- 33"		