

2019 Course Enrollment Agreement January 1, 2019- December 31, 2019, 4 sessions

The tuition for the DENTAL ASSISTING course of study offered by this institution is \$2,995.00. 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, 9am-5pm. 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, 5th edition (2018); 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 dentists call-
- ing 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 7 years.

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 **\$230.00** at the **beginning of each class** (10 payments).

Please fill out pages 3- 13 of the Enrollment Agreement and email, fax, or mail your selected payment method. Thank You!

_____ (initial) I wish to register for the upcoming class and have selected one of the following **payment methods**
\$695.00 Down payment (ENCLOSED), then \$230.00 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.

Cancellation, Withdraw and Refund Policies

“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 registration fee). No refunds will be given after the completion of the sixth week (60%). See page 6 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 \$34/hr and then adding the \$250 non-refundable registration 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 the date of: Month__April____ Day__27____ Year 2019____. No withdrawals will be accepted after this date. The student requesting, completing, signing and submitting to Dr. Eliades a “Withdrawal or Leave of Absence” form initiates the Refund procedure. The student will receive the “O.C.D.C. Confirmation of Withdrawal and Refund” document from Dr. Eliades within five (5) working days, and a check will be issued within 45 working after the “Withdrawal or Leave of Absence form” is received by Dr. Eliades.

Example: Mary Brown paid O.C.D.C. \$925. 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 will receive the “O.C.D.C. Confirmation of Withdrawal and Refund” document from Dr. Eliades within five (5) working days. She is sent a check for \$403 from Orange County Dental Careers; the check will be issued within forty-five working days after Dr. Eliades receives the completed and signed “Withdrawal or Leave of Absence” form from Mary.

STRF

“The State of California established the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic loss suffered by a student in an educational program at a qualifying institution, who is or was a California resident while enrolled, or was enrolled in a residency program, if the student enrolled in the institution, prepaid tuition, and suffered an economic loss. Unless relieved of the obligation to do so, you must pay the state-imposed assessment for the STRF, or it must be paid on your behalf, if 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.

You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if you are not a California resident, or are not enrolled in a residency program.”

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, salaries or wages, and the most recent three-year cohort default rate, if applicable, 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, if applicable, 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;	\$2,995
(2) registration fee (non-refundable);	\$250.00
(3) equipment;	\$0
(4) lab supplies	\$0
(5) books;	\$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
(11) Each patient scheduled for x-rays after week 8 (non-refundable)	\$100

Schedule of Total Charges

The total amount charged is \$2,995. There are no other charges. Everything is included, including all books, supplies and materials. The tuition is “all inclusive.”

Nonrefundable Charges

- 1) The \$250 Registration Fee is a nonrefundable charge and is included in the \$2,995 tuition charge.
- 2) The Student Tuition Recover Fund (STRF) is a nonrefundable charge and is included in the \$2,995 tuition charge.
- 3) The charge for each X-ray patient scheduled beyond week 8 is non-refundable and not included in the \$2,995 tuition.

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 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 certificates 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. Approval to operate means compliance with state standards as set forth in the California Private Postsecondary Act of 2009 and Division 7.5 of Title 5 of the California Code of Regulations.

Any questions a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at PO Box 980818 West Sacramento, CA 95798-0818, www.bppe.ca.gov or call (916) 431-6959 or toll free 888-370-7589. Fax (916) 263-1897. Physical address: 2535 Capital Oaks Drive, Suite 400, Sacramento, CA, 95833.

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

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 Spring Class**, March 23rd, 2019 through May 25th, 2019. Saturdays 8:30 am-5:00

THE TOTAL CHARGE FOR THE CURRENT PERIOD OF ATTENDANCE IS \$2,995

THE ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM IS \$2,995

THE TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT IS \$695

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."

SCHOOL PERFORMANCE FACT SHEET

CALENDAR YEARS 2015 & 2016

Dental Assisting Program-80 hours

On-Time Completion Rates (Graduation Rates)

Calendar Year	Number of Students Who Began the Program	Students Available for Graduation	Number of On- Time Graduates	On-Time Completion Rate
2016	24	24	24	100%
2015	23	23	23	100%

Includes data for the two calendar years prior to reporting.

Student's Initials: _____ Date: _____

Initial only after you have had sufficient time to read and understand the information.

Job Placement Rates (includes data for the two calendar years prior to reporting)

Calendar Year	Number of Students Who Began Program	Number of Graduates	Graduates Available for Employment	Graduates Employed in the Field	Placement Rate % Employed in the Field
2016	24	24	24	12	50
2015	23	23	23	9	39

Institution list of the employment position determined to be in the field for which a student received education and training: Dental Assistant (Detailed Occupational Level Code 31-9091).

Gainfully Employed Categories (includes data for the two calendar years prior to reporting)

Part-Time vs. Full-Time Employment

Calendar Year	Graduate Employed in the Field 20-29 Hours Per Week	Graduates Employed in the Field at Least 30 Hours Per Week	Total Graduates Employed in the Field
2016	0	12	12
2015	1	8	9

Single Position vs. Concurrent Aggregated Position

Calendar Year	Graduates Employed in the Field in a Single Position	Graduates Employed in the Field in Concurrent Aggregated Positions	Total Graduates Employed in the Field
2016	12	0	12
2015	9	0	9

Self-Employed / Freelance Positions

Calendar Year	Graduates Employed who are Self- Employed or Working Freelance	Total Graduates Employed in the Field
2016	0	12
2015	0	9

Institutional Employment

Calendar Year	Graduates Employed in the Field who are Employed by the Institution, an Employer Owned by the Institution, or an Employer who Shares Ownership with the Institution.	Total Graduates Employed in the Field
2016	0	12
2015	0	9

Student's Initials: _____ **Date:** _____

Initial only after you have had sufficient time to read and understand the information.

License Examination Passage Rate (includes data for the two calendar years prior to reporting)

Calendar Year	Number of Graduates in Calendar Year	Number of Graduates Taking Exam	Number Who Passed First Available Exam	Number Who Failed First Available Exam	Passage Rate
2016	24	NA	NA	NA	NA
2015	23	NA	NA	NA	NA

Licensure examination passage data is not available from the state agency administering the examination. We are unable to collect data from 47 graduates.

There are no examination passage rates since there is not a license examination for dental assisting; only California Dental Board certifications are mandatory to be legally compliant.

Student's Initials: _____ **Date:** _____

Initial only after you have had sufficient time to read and understand the information.

Salary and Wage Information (includes data for the two calendar years prior to reporting)

Annual salary and wages reported for graduates employed in the field.

Calendar Year	Graduates Available for Employment	Graduates Employed in Field	\$20,001 - \$25,000	\$25,001 - \$30,000	\$30,001 - \$35,000	\$35,001 - \$40,000	No Salary Information Reported
2016	24	12	5	7	0	0	0
2015	23	9	5	4	0	0	0

A list of sources used to substantiate salary disclosures is available from the school. This information is available by making an appointment with Dr. Eliades, and reviewing the reported salary/wage data at OCDC.

Student's Initials: _____ **Date:** _____
Initial only after you have had sufficient time to read and understand the information.

Cost of Educational Program

Total charges for the program for students completing on-time in 2018: \$2,995. Additional charges may be incurred if the program is not completed on-time.

Student's Initials: _____ **Date:** _____
Initial only after you have had sufficient time to read and understand the information.

Federal Student Loan Debt

Students at Orange County Dental Careers are not eligible for federal student loans. This institution does not meet the U.S. Department of Education criteria that would allow its students to participate in federal student aid programs.

Student's Initials: _____ **Date:** _____
Initial only after you have had sufficient time to read and understand the information.

This fact sheet is filed with the Bureau for Private Postsecondary Education. Regardless of any information you may have relating to completion rates, placement rates, starting salaries, or license exam passage rates, this fact sheet contains the information as calculated pursuant to state law.

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 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833, www.bppe.ca.gov, toll-free telephone number (888) 370-7589 or by fax (916) 263-1897.

Student Name – Print _____

Student Signature _____ Date _____

Date _____

School Official

Definitions

- “Number of Students Who Began the Program” means the number of students who began a program who were scheduled to complete the program within 100% of the published program length within the reporting calendar year and excludes all students who cancelled during the cancellation period.
- “Students Available for Graduation” is the number of students who began the program minus the number of students who have died, been incarcerated, or been called to active military duty.
- “Number of On-time Graduates” is the number of students who completed the program within 100% of the published program length within the reporting calendar year.
- “On-time Completion Rate” is the number of on-time graduates divided by the number of students available for graduation.
- “150% Graduates” is the number of students who completed the program within 150% of the program length (includes on-time graduates).
- “150% Completion Rate” is the number of students who completed the program in the reported calendar year within 150% of the published program length, including on-time graduates, divided by the number of students available for graduation.
- “Graduates Available for Employment” means the number of graduates minus the number of graduates unavailable for employment.
- “Graduates Unavailable for Employment” means the graduates who, after graduation, die, become incarcerated, are called to active military duty, are international students that leave the United States or do not have a visa allowing employment in the United States, or are continuing their education in an accredited or bureau-approved postsecondary institution.
- “Graduates Employed in the Field” means graduates who beginning within six months after a student completes the applicable educational program are gainfully employed, whose employment has been reported, and for whom the institution has documented verification of employment. For occupations for which the state requires passing an examination, the six months period begins after the announcement of the examination results for the first examination available after a student completes an applicable educational program.
- “Placement Rate Employed in the Field” is calculated by dividing the number of graduates gainfully employed in the field by the number of graduates available for employment.
- “Number of Graduates Taking Exam” is the number of graduates who took the first available exam in the reported calendar year.
- “First Available Exam Date” is the date for the first available exam after a student completed a program.
- “Passage Rate” is calculated by dividing the number of graduates who passed the exam by the number of graduates who took the reported licensing exam.
- “Number Who Passed First Available Exam” is the number of graduates who took and passed the first available licensing exam after completing the program.
- “Salary” is as reported by graduate or graduate’s employer.
- “No Salary Information Reported” is the number of graduates for whom, after making reasonable attempts, the school was not able to obtain salary information.

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 registration fee). No refunds will be given after the completion of the sixth week (60%). See page 6 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 \$34/hr and then adding the \$250 non-refundable registration 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 the date of:

April 27, 2019

No withdrawals will be accepted after this date. The student requesting, completing, signing and submitting to Dr. Eliades a "Withdrawal or Leave of Absence" form initiates the Refund procedure. The student will receive the "O.C.D.C. Confirmation of Withdrawal and Refund" document from Dr. Eliades within five (5) working days. The refund check will be issued within forty-five working days after Dr. Eliades receives the completed and signed "Withdrawal or Leave of Absence" form.

Example: Mary Brown paid O.C.D.C. \$925. Mary decides to withdraw after the first class and before the start of the second session. She requests, receives and submits a "Withdrawal or Leave of Absence" form. Mary will receive the "O.C.D.C. Confirmation of Withdrawal and Refund" document from Dr. Eliades within five (5) working days. Mary is sent a check for \$403 from Orange County Dental Careers; the check will be issued within forty-five working days after Dr. Eliades receives the completed and signed "Withdrawal or Leave of Absence" form from Mary.

Student's Initials: _____ **Date:** _____

Initial only after you have had sufficient time to read and understand the information.