

Registration Form Spring 2020

The tuition for the *DENTAL ASSISTING* course of study offered by Orange County Dental Careers is:

\$2450

The tuition covers all costs for the course. We offer financing through CareCredit® with monthly payments as low as approximately \$85 per month. See application instructions at the bottom of this page. 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. There is also 60 hours of home study. Your tuition includes all of the following:

- Use of textbook: "Modern Dental Assisting", Torres & Ehrlich; 8th.Ed (2005); Elsevier Publishing.
- Syllabus: "Concepts in Dental Assisting", Richard Erickson, DDS, 5th, Ed (2018); DCI Publishing.
- All training and visual aids, materials and dental supplies used throughout the course.
- Dental Assistant Radiology X-ray Training, plus CA Dental Board Certification in 8 hour Infection Control, the only certification needed to be legally employed in CA as a dental assistant.

- Scrub Uniforms.
- At-cost bleaching treatment.
- Job Interview preparation and coaching.
- Free Job Placement assistance and referral service. We have many dentists call, 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. There NO hidden or additional expenses.

- Training in ALL aspects of dental assisting, including specialties.
- 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.
- Expanded duty training
- All training is done by Dr. Eliades and Nick Eliades, R.D.A. in their actual practicing dental office, not a classroom.

The tuition may be paid using one of the following 3 payment options:

- , **\$2450 at the time of registration (payment-in-full).**
- , **\$450 down payment, then \$200 at the beginning of each class (10 payments).**
- , **CareCredit® Extended Financing - must be approved for at least half of the full amount (\$2450; see instructions below left).**

CareCredit Extended Financing Instructions

You can apply for CareCredit financing in total privacy using one of the two methods below:

- 1. By Phone:** Call **800-365-8295** and follow the automated prompts. Our office phone # is **714-253-3204**
- 2. Online:** Apply at **www.carecredit.com** Under "Doctor's Name" write "**George Eliades, D.D.S.**" or "Phone" put our phone#: **714-253-3204**

To insure your approval, enter the FULL FEE of \$2450, 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 that number in the "CareCredit #" space on the next page and be sure and check your monthly payment choice. Complete the rest of the information on this form and send it in to the school address, email or FAX number on next page.

Refunds and Cancellations

A graduation certificate and letter of recommendation only be awarded to those students attaining a 70% or above grade average. Students whose grade average is below 70% will not receive a certificate.

A full refund, less \$250 non refundable registration fee, will be made of all deposits or payments if cancellation is made at least one week prior to the class starting date.

All but \$450 will be refunded if cancellation is made within one week of the class starting date.

If cancellation is made after the first class but prior to the second class, all but \$650 will be refunded.

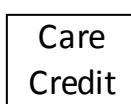
For cancellations during Classes 2 through 5, \$200.00 per class attended will be charged plus \$450.00. Any remaining balance will then be refunded. There will be no refunds after the fifth session.

If a student drops out of the program at any point, and decides to re-register for a future class, full tuition fee of \$2450 will be charged and no credit will be given to payments made for the previous class.

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

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

- Payment in Full (\$2450)**
- \$ 450 Down Payment (ENCLOSED);** then \$200 per week for 10 weeks.



American Express

- Check**
- Money Order**

- CareCredit Plan** (application instructions are on previous page). I would like the payment plan below from CareCredit (**check ONLY if using Care Credit**)

- \$410 per month for 6 months (NO interest; based on \$2450 loan)
- \$120 per month for 24 months (14.9% APR)
- \$85 per month for 36 months (14.9% APR)

CareCredit Acct

OR Credit Card # _____ Exp Date: _____

3 digit Card

Security Code: _____ Cardholder Signature: _____

Name on Card or Care Credit Acct _____

Card (Acct) Billing Street Address: _____ ZIP _____

Student Name: _____ (PRINT)

Address: _____

City _____ State _____ Zip _____

Phone Number: _____ Last 4 digits _____ Soc.Sec.# _____

Signature _____ Date: _____

Student's Email: _____

Send Payment & Registration to:

Orange County Dental Careers
Dr. George Eliades
15541 Beach Blvd. Suite A
Westminster, CA 92683
or FAX to:

714-657-3704

Or the best option:

Email
As an Attachment to:
dentalhand@gmail.com

HOW DID YOU FIND OUT ABOUT OUR COURSE?

Internet

Instagram

Former Student:

Other :

By signing, you accept our REFUND POLICY

PLEASE CHECK THE FOLLOWING BOX:

- I wish to be in the Saturday class, April 4, 2020 – June 6, 2020 (8:30-5:00)**

| Scrub Uniform Size | XS | S | M | L | XL | 2XL |
|--------------------|-------|-------|-------|-------|-------|-------|
| 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 |

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:

SIZE (letter): _____