

Registration Form Spring 2022

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. **Classes are limited to 6 students** and your tuition includes all of the following:

The text book: "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 as a dental assistant in California. After 11 months of employment in the field you are eligible to take the RDA written exam and **become a licensed RDA!**

Job Interview preparation and coaching.

We have many dentists contacting us for our graduates 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 are **NO** hidden or additional expenses. This program is all inclusive.

Training in **ALL** aspects of dental assisting, including specialties.

A Certificate in Dental Assisting, and a letter of recommendation outlining your training 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 boring 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 interest free).**
 - , **CareCredit® Extended Financing - must be approved for at least half of the full amount \$2450.**
- If interested in Care Credit see the instructions below in the left box.**

Scan the QR Code to apply for **CareCredit Financing**
It will **not** impact your credit score



Refunds and Cancellations

A graduation certificate and letter of recommendation is 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 nonrefundable 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 per class attended will be charged plus \$450. Any remaining balance will then be refunded.

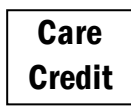
There will be no refunds after the fifth session. All text books must be returned in **pristine** condition or a charge of \$100 per book will be assessed.

Please fill out completely & legibly 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 (**Only check if using Care Credit**).

6 months (NO interest; based on \$2450 loan)

24 months (approximately 14.9% APR depending on Care Credit's rate)

36 months (approximately 14.9% APR depending on Care Credit's rate).

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: _____

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? (Circle Please)

Internet

Instagram

Facebook

Former Student

Admission Requirements: 1) Present a Photo I.D. 2) Speak and Understand English 3) Have a Polite Personality

You must check both boxes below:

I wish to be in the **Saturday class, June 11, 2022- August 13, 2022 (8:30-5:00)**.

I understand that if I want to obtain my CA Dental Board X-Ray certification (A.K.A. Radiation Safety) I must provide 4 patients; this is a **separate program** with a fee of **\$395** and must be paid separately from the 10 Saturday program. If I do not elect to obtain my Dental Board Xray Certification, I will be trained on Manikins only, without live patients. This program will start on the 8th or 9th week of the class on weekdays, depending upon the progress of the students in the current session. The \$395 payment is paid on the 1st day of the of the Radiation Safety program.

Signature _____ **Date:** _____

By **signing and** dating the above, you **accept** our refund policy and understand this a binding legal document and that this institution does not accept payments from state or federal student aid programs.