

Tuition and Financial Arrangements

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 weeks, eight classroom hours per week for a total of eighty (80) classroom hours of instruction plus an additional clinical session (totaling **88** hours) producing radiographs on four patients provided by the student. This program includes lecture material as well as clinical "hands on" training. In addition, there is approximately 70 hours of home study for a total of approximately 160 course work hours. The extra clinical day is offered during week # 9 with each class electing a Weekday or Sunday. The tuition fee includes all of the following:

- ♣ Syllabus: "Concepts in Dental Assisting", Richard Erickson, DDS, 3rd, Ed (2005); DCI Publishing.
 - ♣ Textbook: "Modern Dental Assisting", Torres & Ehrlich; 9th.Ed (2009); Elsevier Publishing.
 - ♣ All training and visual aids, materials and dental supplies used throughout the course.
 - ♣ Dental Radiology X-ray **Certification** for compliance with the California Dental Board
 - ♣ Scrub Uniforms.
 - ♣ Complimentary cosmetic bleaching treatment.
 - ♣ Job Interview preparation and coaching.
 - ♣ Digital radiology and intra oral imaging
- ♣ Free Job Placement assistance and referral service. We have frequent 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. There NO hidden or additional expenses.
 - ♣ Training in ALL aspects of General Dental assisting.
 - ♣ A Certificate in Dental Assisting, Dental Assistant pin, 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 staff in their actual practicing dental office, not a classroom.

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

1. **\$2895.00** at the time of registration
2. **\$695.00** down payment, then **\$220.00** at the **beginning of each class** (10 payments)
3. **Care Credit** extended financing must be approved for the full amount (**\$2895**). For a Credit application go the **Care Credit Web Page** located on our website ocdentalcareers.com

Please fill out the application on the following two pages and fax or mail your selected payment option. Thank You!

I wish to register for the upcoming class and have selected one of the following **2 payment options**

1. ___ \$2895.00 Paid-in-Full (ENCLOSED).
2. ___ \$695.00 Down payment (ENCLOSED), then \$220.00 per week for ten weeks.



Check Money Order make payable *to:* Dr. Eliades

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

Card holder Signature: _____

Name on Card: _____

Card Billing Address: _____

City _____ State _____ ZIP _____

Mail or FAX Pmt. & Registration to:
 Dr. Eliades @ OCDC
 15541 Beach Blvd. Suite D
 Westminster, Ca 92683
 FAX # **714.657.3704**

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: _____

To keep the class size small, we *may* split it into three smaller groups, meeting on Fridays and the others on Saturdays and Sundays. **PLEASE CHECK ONE OF THE FOLLOWING THREE LINES:**

___ I CAN or **PREFER** to come on **SUNDAYS**

___ Because of my schedule, I must come on **SATURDAYS**.

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 sizes below:

Top: _____

Pants: _____

Scrub Uniform Size	XS	S	M	L	XL	2XL	3XL
Numeric:	2-4	6-8	10-12	14-16	18-20	22-24	26-28
Bust:	31-33	34-35	36-38	39-41	42-45	46-49	50-53
Waist:	23-25	26-27	28-30	31-33	34-37	38-41	42-45
Hip:	32-35	36-37	38-40	41-43	44-47	48-51	52-56

Refunds and Cancellations

A graduation certificate, letter of recommendation, and pin will only be awarded to those students attaining a 70% or above grade average. Those students whose grade average is below 70% will not receive a certificate but will be allowed to retake the entire course (if desired) at a reduced fee of \$1700. **A full refund** will be made of all deposits or payments if cancellation is made on or before the start of the first class, minus \$250.00 (registration fee). **No** refunds will be given after the completion of the sixth session. 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 (8 hours per session) by \$33/hr plus \$250.00 (registration fee). 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. **Refund Example:** Mary Brown paid O.C.D.C. \$2895. Mary decides to withdraw after the first class and before the start of the second session. Mary is sent a check for \$2,381.00* from Orange County Dental Careers; the check will be issued within five working days after receiving a written withdrawal notice from Mary. (* Minus 3% of

Please initial:

_____ **Summer Session**, July 10, 2010 through September 11, 2010 Saturdays 8:30 am-5:00 pm or

_____ **Alternative Session** Date _____ Saturdays 8:30am-5:00pm

The session listed above is for the **Saturday** Program; the **Sunday** Program starts and finishes one day after the above listed Saturday session.

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.

THIS CONTRACT IS A LEGALLY BINDING INSTRUMENT WITH MY SIGNATURE BELOW AND ACCEPTED BY ORANGE COUNTY DENTAL CAREERS.

Signature _____ **Date** _____

Printed Name _____

The Student Tuition Recovery Fund (STRF) was established by the legislature to protect any California resident who attends a private postsecondary institution from losing money if you prepaid tuition and suffered a financial loss as a result of the school closing, failing to live up to its enrollment agreement, or refusing to pay a court judgment.

To be eligible for STRF, you must be a “California resident” and reside in California at the time the enrollment agreement is signed or when you receive lessons at a California mailing address from an approved institution offering correspondence instruction. Students who are temporarily residing in California for the sole purpose of pursuing an education, specifically those who hold students visas, are not considered a “California resident”

To qualify for STRF reimbursement you must file a STRF application within one year of receiving notice from the Bureau that the school is closed. If you do not receive notice from the Bureau, you have four years from the date of closure to file a STRF application. If a judgment is obtained you must file a STRF application within two years of the final judgment.

It is important that you keep copies of the enrollment agreement, financial aid papers, receipts or any other information that documents the monies paid to the school. Questions regarding the STRF may be directed to the BUREAU for Private Postsecondary Education @ the **Department of Consumer Affairs** by e-mail at: dca.ca.gov