

# **Registration Form Fall 2026**

The total charges for the *DENTAL ASSISTING* program offered by Orange County Dental Careers is **\$2,450**

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.

Orange County Dental Careers does not accept payments from State or Federal Student Aid Programs.

Training in ALL aspects of dental assisting, including specialties. Pus 3-D scanning!

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 TWO weeks prior to the class starting date.

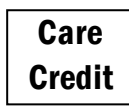
There will be **no refunds** after the first session. All text books must be returned in **pristine** condition or a charge of \$100 per book will be assessed.

**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:

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- ☐ **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-APR % of Care Credit's rate; scan the QR code page on page 1
- ☐ 36 months-APR % of Care Credit's rate; scan the QR code on page 1

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 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, September 26, 2026- December 5, 2026 (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 3 patients; this is a **separate program** with a total charge 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 8<sup>th</sup> or 9<sup>th</sup> week of the class on weekdays, depending upon the progress of the students in the current session. The \$395 payment is paid on the 1<sup>st</sup> 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.