

Registration Form-CS

The tuition for the *DENTAL ASSISTING* course of study offered by Colorado Dental Assisting School, LLC is:
\$3,995

The tuition covers all costs for the course and includes a non-refundable registration fee of \$100. The course will run ten (10) consecutive weeks (not counting holidays), 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 approximately 60 hours of home study. Your tuition includes all of the following:

<ul style="list-style-type: none">• Use of textbook: "Modern Dental Assisting", Doni L. Bird/Debbie S. Robinson 12th.Ed (2018); Elsevier Publishing.• Syllabus: Printed lectures and step by step guide through our 10 week course.• All training and visual aids, materials and dental supplies used throughout the course.• Dental Assistant Radiology X-ray Certification for compliance with the State of Colorado.	<ul style="list-style-type: none">• CPR Certification classes.• Job Interview preparation and coaching.• Free Job Placement assistance and referral service. We put the students on a list to give to hiring dentists.• A free teeth whitening kit (\$100 value)• A set of professional scrubs.• Use of all dental equipment and instrumentation with actual "hands on" training during the course of study. There are NO hidden or additional expenses.	<ul style="list-style-type: none">• 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 95% or above grade average.• All training is done by dental professionals in an actual practicing dental office.• Optional Externship
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The \$3,995 tuition may be paid using one of the following arrangements:

- 1) Cash or Check: Accepts personal checks via payment in full five days prior to the first day of class
- 2) Credit Cards: Accept all credit cards via payment in full prior to the first day of class
- 3) In-house Payment Plan: Accept \$100 registration fee (refundable up to 30 days before session).
Three installments: \$1,325 (1st day of class), \$1,325 (14th day of class), and \$1,245 (28th day of class)
- 4) Long-term Financing: Accept and arrange for outside financing for those that are approved from Care Credit, or Lending Tree.
- 5) Extended Payment Plan: \$750 down payment paid online, via check or cash. 12 installments of \$271 a month with approved financial contract.
- 6) MyCAA: Scholarship for eligible military spouses.

**This course is Approved and Regulated by the Colorado Department of Higher Education,
Private Occupational School Board**

Colorado Dental Assisting School, LLC

**6110 Barnes Rd.
Colorado Springs, CO 80922**

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

Student Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

Student's Email: _____

Start Date: _____

Financing Options

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

- By Cash or Check** (enclosed). Full Tuition for \$3,995.
- Credit/Debit Card** (we accept Visa, MasterCard, and Discover). Full Tuition for \$3,995.

Credit Card # _____ Exp Date: _____

Name on Card or Care Credit Acct _____

Card (Acct) Billing Street Add: _____ ZIP _____

3 digit

Security Code: _____ Cardholder Signature: _____

- In-house Payment Plan:** Pay \$100 registration fee paid via check, cash, or credit card (enclosed). Registration fee is refundable up to 30 days before session. Three installments on the following dates: \$1,325 (5 business Days before class), \$1,325 (14th day of class), and \$1,245 (28th day of class). Mailed to Above Address.
- Long-term Outside Financing** (credit application required): I'm interested in speaking with your Admissions Coordinator on how to apply for an outside line of credit from one of the following two sources. I understand that my eligibility for the line of credit will be determined based upon a 3rd parties assessment of my credit. Two sources we'll assist in the application process are LendingTree.com and CareCredit.com.
- Extended Payment Plan:** \$750 down payment paid online, via check or cash. 12 installments of \$271 a month with approved financial contract.
- MyCAA:** I'm interested in speaking with your Admissions Coordinator on how to apply for MyCAA. Arrangements must be made prior to the first day of class..

Refunds and Cancellations

Students not accepted to the school are entitled to all moneys paid. Students who cancel this contract by notifying the school within three (3) business days are entitled to a full refund of all tuition and fees paid. Students, who withdraw after three (3) business days, but before commencement of classes, are entitled to a full refund of all tuition and fees paid except the maximum cancellation charge of \$150.00 or 25% of the contract price, whichever is less. In the case of students withdrawing after commencement of classes, the school will retain a cancellation charge plus a percentage of tuition and fees, which is calculated from the official date of termination or withdrawal and based as described in the table below:

Student Entitlement upon withdrawal/termination	Refund
Within first 10% of program	90% less cancellation charge
After 10% but within first 25% of program	75% less cancellation charge
After 25% but within first 50% of program	50% less cancellation charge
After 50% but within first 75% of program	25% less cancellation charge
After 75% [if paid in full, cancellation charge is not applicable]	NO Refund

1. The student may cancel this contract at any time prior to midnight of the third business day after signing this contract.
2. All refunds will be made within 30 days from the date of termination. The official date of termination or withdrawal of a student shall be determined in the following manner:
 - a. The date on which the school receives written notice of the student's intention to discontinue the training program; or
 - b. The date on which the student violates published school policy, which provides for termination.
 - c. Should a student fail to return from an excused leave of absence, the effective date of termination for a student on an extended leave of absence or a leave of absence is the earlier of the date the school determines the student is not returning or the day following the expected return date.
3. The student will receive a full refund of tuition and fees paid if the school discontinues a Program/Stand Alone course within a period of time a student could have reasonably completed it, except that this provision shall not apply in the event the school ceases operation.
4. The policy for granting credit for previous training shall not impact the refund policy.
5. Colorado Dental Assisting School, LLC is approved and regulated by the Colorado Department of Higher Education, Division of Private Occupational School Board.
6. Applicants must have high school diploma or equivalent certification to enroll in this course.
7. Applicants must be at least 18 years of age.
8. Student complaints can be filed [online](http://higherred.colorado.gov/dpos) with the Division of Private Occupational Schools at higherred.colorado.gov/dpos or by calling 303-862-3001. There is a two year limitation (from the student's last date of attendance) on the Division taking action on student complaints.

Scrub Size

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:

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

SIZE (letter): Top: _____

Bottom: _____

By signing below, I agree to all the terms for the course. I have read and understand the policies listed above and in the current course catalogue. I also acknowledge that I have received a copy of the registration form and a current copy of the course 2018 catalogue, Volume 6.

Signature _____ Date: _____

In-State Agent Natalie Robinson Date: 2018