

# Registration Form

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

**\$2995.00**

The tuition covers all costs for the course. We offer financing through CareCredit® with monthly payments as low as \$93 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:

- |                                                                                                                                  |                                                                                                                                                      |                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ◆Textbook: "Modern Dental Assisting", Torres & Ehrlich; 8th.Ed(2005); Elsevier Publishing.                                       | ◆.Scrub Uniforms.                                                                                                                                    | ◆Training in ALL aspects of General Dental assisting, including dental specialties.                                                                                                                 |
| ◆Syllabus: "Concepts in Dental Assisting", Richard Erickson, DDS, 3nd, Ed(2005); DCI Publishing.                                 | ◆Free cosmetic bleaching treatment.                                                                                                                  | ◆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 and visual aids, materials and dental supplies used throughout the course.                                         | ◆Job Interview preparation and coaching.                                                                                                             | ◆Expanded duty training                                                                                                                                                                             |
| ◆Dental Assistant Radiology X-ray Certification for compliance with Georgia Department of Human Resources, Radiological Division | ◆Free Job Placement assistance and referral service. We have many dentist call, asking for our students and we will refer you to them.               | ◆All training is done by dental professionals in an actual practicing dental office, not a classroom.                                                                                               |
|                                                                                                                                  | ◆Use of all dental equipment and instrumentation with actual "hands on" training during the course of study. There NO hidden or additional expenses. |                                                                                                                                                                                                     |

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

- ✓ **\$2995.00 at the time of registration (payment-in-full).**
- ✓ **\$930.00 down payment, then \$210.00 at the beginning of each class (10 pmts).**
- ✓ **CareCredit® Extended Financing - must be approved for the full amount (\$2995; 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 **770-973-0496**
2. **Online:** Apply at **www.carecredit.com** Under "Doctor's Name" write "**Richard Erickson, DDS**" or "Phone" put our phone#: **770-973-0496**

To insure your approval, enter the FULL FEE of \$2995, 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 address above or FAX to **770-973-4638**.

## 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. Students whose grade average is below 70% will not receive a certificate.
- A full refund will be made of all deposits or payments if cancellation is made at least one week prior to the class starting date.
- All but \$175 will be refunded if cancellation is made within one week of the class starting date.
- After the first class but prior to the second class, all but \$475.00 will be refunded if cancellation is made.
- For cancellations during Class 2 through 5, \$300.00 per class will be charged plus \$475.00 for the first class and any remaining balance will be refunded. There will be no refunds after the fifth session.
- If a student drops out of the program at any point, any fees not refunded can be credited toward a future program. If a student who has dropped out does decide to re-register for a future class, a \$500 re-registration fee will be charged and any tuition fees not refunded will be credited toward that future class tuition. That student will then begin the next course where they left off

**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** (\$2995.00)  
 **\$ 930 Down Payment** (ENCLOSED) then \$210 per week for 10 weeks.



Check     Money Order

- CareCredit Plan** (application instructions on previous page). I would like the installment payment plan from CareCredit (**CHECK ONE ONLY**):
- \$499 per month for 6 months (NO interest; based on \$2995 loan)
  - \$141 per month for 24 months (14.9% APR)
  - \$99 per month for 36 months (14.9% APR)

CareCredit Acct \_\_\_\_\_ Credit Card \_\_\_\_\_  
 OR Credit Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_

3 digit CCard \_\_\_\_\_  
 Security Code: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

Name on Card or Care Credit Acct \_\_\_\_\_

Card (Acct) Billing Address: \_\_\_\_\_ ZIP \_\_\_\_\_

Student Name: \_\_\_\_\_ (PRINT)

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ last 4 digits \_\_\_\_\_  
 Soc.Sec.# \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Student's Email: \_\_\_\_\_

**PLEASE CHECK ONE OF THE FOLLOWING TWO BOXES:**

- I wish to be in the FRIDAY group.**
- I wish to be in the Saturday group.**

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
<b>Numeric:</b>	2-4	6-8	10-12	14-16	18-20	22-24
<b>Bust:</b>	31-33	34-35	36-38	39-41	42-45	46-49
<b>Waist:</b>	23-25	26-27	28-30	31-33	34-37	38-41
<b>Hip:</b>	32-35	36-37	38-40	41-43	44-47	48-51

**SIZE (letter):** \_\_\_\_\_

**Send Payment & Registration to:**

Dental Careers Institute  
 Dr. Richard Erickson  
 4338 Highborne Dr.  
 Marietta, GA 30066  
 or **FAX** it to:  
**770-973-4638**

**HOW DID YOU FIND OUT ABOUT OUR COURSE?**

- Internet
- Newspaper
- Chattahoochee Tech
- North Metro Tech
- Yellow Pages
- Former Student:

ph.# \_\_\_\_\_

Other :