

**Enrollment Agreement**  
**Dental Assistant Pro**  
**6343 Presidential Gateway, Suite #100**  
**Columbus, Ohio 43231**  
**Reg. #05-03-1751T**

Program Start Date: Saturday, September 11th, 2010 to Saturday, November 13th, 2010

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone # \_\_\_\_\_ S.S. # \_\_\_\_\_

Email Address \_\_\_\_\_ Referred By: \_\_\_\_\_

I am hereby enrolling in the **Dental Assisting Program** for the term listed above and my enrollment is subject to the terms and conditions in this enrollment agreement.

**Expected Program Length:** 10 weeks

Program Schedule: 10 Saturday 8 hour sessions 8:00 a.m. to 5:00 p.m. (80 contact hours)

**Tuition and Fees:**

Registration Fee ..... \$100.00  
Book Fee ..... \$100.00  
Tuition..... \$2,450.00  
Total Cost..... \$2,650.00

**Payment:**

Payable in full or by payment plan listed on page 3.

Tuition and fee charges are subject to change at the schools discretion. Any tuition or fee increases will become effective for the school term following student notification of the increase.

**Cancellation and Settlement Policy**

An enrollment agreement may be cancelled within five calendar days after the date of signing provided the school is notified of the cancellation in writing. If such cancellation is made, the school will promptly refund in full all tuition and refundable fees paid pursuant to the enrollment agreement and the refund shall be made no later than thirty days after cancellation. This provision shall not apply where a student has already started classes.

**Refund Policy**

If the student is not accepted into the program, all monies paid by the student shall be refunded. Refunds for books, supplies and consumable fees shall be made in accordance with Ohio Administrative Code section 3332-1-10.1. There is one (1) term for this program that is 10 weeks in length. Refunds for tuition and refundable fees shall be made in accordance with the following provisions as established by Ohio Administrative Code section 3332-1-10:

1. A student who withdraws before the first class and after the 5-day cancellation period shall be obligated for the registration fee.
2. A student who starts class and withdraws before the academic term is 15% completed will be obligated for 25% of the tuition and the refundable fees plus the registration fee.
3. A student who starts class and withdraws after the academic term is 15% but before the academic term is 25% completed will be obligated for 50% of the tuition and refundable fees plus the registration fee.
4. A student who starts class and withdraws after the academic term is 25% complete but before the academic term is 40% completed will be obligated for 75% of the tuition and refundable fees plus the registration fee.
5. A student who starts class and withdraws after the academic term is 40% completed will not be entitled to a refund of the tuition and fees. The school shall make the appropriate refund within thirty days of the date the school is able to determine that a student has withdrawn or has been terminated from the program. Refunds shall be based upon the last date of a student's attendance.

**Disclosure Agreement**  
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**Complaint or Grievance Procedure**

All student complaints should first be directed to school personnel involved. If no resolution is forthcoming, a written complaint shall be submitted to the director of the school. Whether or not the problem or complaint has been resolved to his/her satisfaction by the school, the student may direct any problem or complaint to the Executive Director, State Board of Career Colleges & Schools, 35 East Gay Street, Suite 403, Columbus, Ohio, 43215, Phone (614) 466-2752; toll free (877) 275-4219.

I acknowledge that I have received a school catalog and agree with the school policies and procedures as stated.  
I acknowledge that I have received and read a copy of this enrollment agreement.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

School representative: \_\_\_\_\_ Date: \_\_\_\_\_

Revised July 1, 2010

**Payment Options**  
**Dental Assistant Pro**  
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- |  |   |
|--|---|
| <b>OPTION #1 - \$ 100 Registration Fee</b> | - Due with Registration Form  |
| <b>\$2550</b>                              | - <u>Due before the start of class on the first day</u>               |
| <b>TOTAL        \$2650</b>                 | - Registration Fee, Book Fee and Tuition                              |
|  |   |
| <b>OPTION #2 - \$ 100 Registration Fee</b> | - Due with Registration Form  |
| <b>\$ 685 Down Payment</b>                 | - Due 1 week prior to class   |
| <b>\$ 210 Weekly Payments</b>              | - <u>Due before the start of class for the 1<sup>st</sup> 9 weeks</u> |
| <b>TOTAL        \$2675</b>                 | - Registration Fee, Book Fee and Tuition                              |
|  | - This option costs \$25.00 extra.                                    |
|  |   |
| <b>OPTION #3 - \$ 100 Registration Fee</b> | - Due with Registration Form  |
| <b>\$ 485 Down Payment</b>                 | - <u>Due 1 week prior to class</u>                                    |
| <b>\$ 235 Weekly Payments</b>              | - <u>Due before the start of class for the 1st 9 weeks</u>            |
| <b>TOTAL        \$2700</b>                 | - Registration Fee, Book Fee and Tuition                              |
|  | - This option costs \$50.00 extra.                                    |

**OPTION #4 - Financing through Chase Health Advance. Approval must be finalized 10 days prior to the first day of class. See additional form.**

**PLEASE NOTE PAYMENT IN FULL MUST BE RECEIVED BY THE 9<sup>TH</sup> WEEK OF CLASS TO RECEIVE CERTIFICATE OF COMPLETION.**

I, \_\_\_\_\_, have selected the following payment option:  
(Please Print)

Dental Assistant Pro Course for Session \_\_\_\_\_  
(Class Location, Month and Year)

Method of Payment      Option 1 \_\_\_\_\_      Option 2 \_\_\_\_\_      Option 3 \_\_\_\_\_      Option 4 \_\_\_\_\_  
\_\_\_\_\_ Check # \_\_\_\_\_      \_\_\_\_\_ Money Order# \_\_\_\_\_

(\_\_\_\_) Visa      (\_\_\_\_) MasterCard      (\_\_\_\_) Discover      (\_\_\_\_) American Express      (\_\_\_\_) Chase

Credit card # \_\_\_\_\_      Expiration date: \_\_\_\_\_

SIGNATURE \_\_\_\_\_      DATE \_\_\_\_\_

Mail completed application along with check, money order, or credit card information to:  
Dental Assistant Pro  
767 Columbus Avenue Lebanon, OH 45036  
[www.dentalassistantpro.com](http://www.dentalassistantpro.com)

# Extended Payment Plans For Dental Assistant Pro's Students Provided By Chase Health Advance

## Optional Financial Plans

### No Interest Payment Plan:

\_\_\_\_\_ OPTION #1 (6 months) \$2650 plus \$190 administrative cost (\$2840 total).

Financing to be arranged ten days prior to the first day of class.

\_\_\_\_\_ Do not include my \$100.00 registration fee. Finance total will be \$2740.

### Extended Payment Plan:

\_\_\_\_\_ OPTION #2 (36 months) \$2650 plus \$190 administrative cost (\$2840 total)

Financing to be arranged ten days prior to the first day of class.

You will pay a fixed % of interest.

\_\_\_\_\_ Do not include my \$100.00 registration fee. Finance total will be \$2740.

### To apply go to:

<https://www.healthadvance-online.com/register.asp?doctorid=44581>

Please process financing as indicated above using Approved Chase Health  
Advance Number: \_\_\_\_\_

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Signature of Credit Applicant

Date

**\*All students have the right to exercise financial options upon approval**