

DENTAL ASSISTANT PRO
Enrollment Agreement
191 West Schrock Road, Westerville, OH 43081
614-202-3919
Reg. #05-03-1751T

Program Start Date: _____ **to** _____

Student Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Cell Phone # _____

Email Address _____

Referral Source _____

(If former student referral, please enter their phone number) Phone _____

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 (non-refundable after 5 business days from signing).....	\$125.00
Book Fee	\$175.00
Tuition.....	<u>\$3,025.00</u>
Total Cost.....	\$3,325.00

Payment: Payable in full Spring Session by February 28, payable in full Fall Session by August 31 or by payment plan on page 3. Tuition and fee charges are subject to change at the discretion of the school. Any tuition or fee increases will become effective for the school term following student notification of the increase.

Placement and Graduation Rates: Dental Assistant Pro at our Columbus location has a graduation rate and Ohio State Licensure rate of 94% for 7/1/20-6/30/21, 83% for 7/1/19-6/30/20, and 100% for 7/1/18-6/30/19. The placement rate for 7/1/20-6/30/21 is 89%, for 7/1/19-6/30/20 is 89 %, and for 7/1/18-6//30/19 is 100%..

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

Applicant
Signature _____ Date _____

DENTAL ASSISTANT PRO
Refund Policy
191 West Schrock Road, Westerville, OH 43081 Reg. #05-03-1751T

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. An enrollment agreement or school application may be cancelled within five calendar days after the date of signing provided the school is notified of the cancellation in writing. 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.

DENTAL ASSISTANT PRO
Enrollment Grievance Agreement
191 West Schrock Road, Westerville, OH 43081 Reg. #05-03-1751T

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 paid and refundable fees 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.

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 State Board of Career Colleges and Schools, 30 East Broad Street, Suite 2481, Columbus, OH; Phone (614)466-2752 or (877)275-4219.

I acknowledge that I have read this enrollment agreement.

Applicant signature: _____ Date: _____

Parent or Guardian (if applicable): _____ Date: _____

School representative: _____ Date: _____

Revised August 9, 2021

DENTAL ASSISTANT PRO
Enrollment Financial Agreement
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PAYMENT OPTIONS

OPTION #1 - \$ 125	- Due with Registration Form
\$3200	- <u>Due February 28 for Spring, August 31 for Fall</u>
\$3325	- Registration Fee, Book Fee & Tuition
OPTION #2 - \$ 125	- Due with Registration Form
\$ 930 Down Payment	- <u>Due February 28 for Spring, August 31 for Fall</u>
\$ 255 Weekly Payments	- <u>Due before the start of class for the 1st 9 weeks</u>
TOTAL \$ 3350	- Registration Fee, Book Fee & Tuition
	- This option costs \$25.00 extra.
OPTION #3 - \$ 125	- Due with Registration Form
\$ 730 Down Payment	- <u>Due February 28 for Spring, August 31 for Fall</u>
\$ 280 Weekly Payments	- <u>Due before the start of class for the 1st 9 weeks</u>
TOTAL \$ 3375	- Registration Fee, Book Fee & Tuition
	- This option costs \$50.00 extra.

We accept all major credit cards.

PLEASE NOTE TUITION IS DUE AND PAYABLE IN ADVANCE. A STUDENT WHO IS NOT CURRENT WITH HIS OR HER WEEKLY PAYMENTS CANNOT ATTEND CLASS UNTIL CURRENT. PAYMENT IN FULL MUST BE RECEIVED BY THE 9TH WEEK OF CLASS TO RECEIVE CERTIFICATE OF COMPLETION.

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

Choose Payment Plan: Option 1 _____ Option 2 _____ Option 3 _____

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

IF PAYING WITH CREDIT CARD PLEASE FILL OUT PAGE 4 AND INCLUDE IT WITH YOUR APPLICATION.

Dental Assistant Pro Registration Fee Payment

Student name: _____

Class start date: _____

Location: Lebanon _____ Columbus _____

In signing below, I authorize the Registration Fee of \$125.00 to be made on the following credit card.

Name *(As it appears on the card)* _____

Card Number _____

Expiration date Month _____ Year _____

Security code _____

Type of card VISA _____ MC _____ DISC _____ AMEX _____

Billing Address _____

I, _____, am the responsible party for payment and have read and agree to the above financial statement.

Cardholder signature

Date

Student Signature

Date