Registration Form Winter 2024

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

\$2450

The tuition covers <u>all</u> 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.	Job Interview preparation and coaching. We have many dentists contacting us for	Training in ALL aspects of dental assisting, including specialties. Pus 3-D scanning!
All training and visual aids, materials and dental supplies used throughout the course.	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.	A Certificate in Dental Assisting, and a
Dental Assistant Radiology X-ray Training, plus <u>CA Dental Board Certification in</u> <u>8-hour Infection Control</u> , 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!		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 <u>one</u> of the following 3 payment options:

- , \$2450 at the time of registration (payment-in-full).
- , \$450 down payment, then \$200 at the beginning of <u>each</u> class (10 payments interest free).
- , CareCredit[®] Extended Financing must be approved for at least half of the <u>full amount</u> \$2450. If interested in Care Credit see the instructions below in the left box.

Scan the QR Code to apply for <u>CareCredit Financing</u> It will <u>not</u> impact your credit score	Refunds and CancellationsA 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

Please fill out <u>completely & legibly</u> the information on the next page and send in <u>with your selected payment option</u>. Thank You! Page 1/2 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)	
<u>\$ 450 Down Payment</u> (ENCLOSED); then \$200 per week for 10 weeks.	
MasterCard DISCOVER Care American Express Credit	
Check DMoney 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 	Send Payment & Registration to: Orange County Dental Careers Dr. George Eliades 15541 Beach Blvd. Suite A Westminster, CA 92683
CareCredit Acct OR Credit Card #Exp Date:	Or the <u>best</u> option: Email as an Attachment to: dentalhand@gmail.com
3-digit Card Security Code:Cardholder Signature:	
Name on Card or Care Credit Acct	
Card (Acct) Billing Street Address:ZIP Student Name:(PRINT)	HOW DID YOU FIND OUT ABOUT OUR COURSE? (Circle Please)
Address:	Internet - Instagram
CityStateZip	
Phone Number:	Former Student
Student's Email:	

Admission Requirements: 1) Present a Photo I.D. 2) Speak and Understand English 3) Have a Polite Personality

You <u>must</u> check both boxes below:

□ I wish to be in the <u>Saturday</u> class, January 6th, 2024- March 9th, 2024 (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 4 patients; this is a <u>separate program</u> with a fee of \$395 and <u>must</u> 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 <u>Manikins only</u>, without live patients. This program will start on the 8th or 9th week of the class on weekdays, depending upon the progress of the students in the current session. The \$395 payment is paid on the 1st day of the of the Radiation Safety program.

Signature _____

___Date: _____

By **signing** <u>and</u> dating the above, you <u>accept</u> 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.