

Registration Form

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

\$3760.

The tuition covers all costs for the course: books, supplies, uniforms, equipment and refreshments --everything is included. We offer financing through CareCredit® with monthly payments as low as approximately \$131 per month. See CareCredit application instructions below. 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 lectures as well as clinical "hands on" training in a practicing dental office from the VERY FIRST DAY.

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| ◆ Textbook: "Modern Dental Assisting",
Torres & Ehrlich; 9th.Ed(2010); Elsevier
Publishing | ◆ Free Job Placement assistance and referral
service. We are the best know school of it's
kind in Atlanta and have many dentist call,
asking for our students | ◆ All training is by dental professionals in an
actual practicing dental office, not a vo-tech
school classroom |
| ◆ Syllabus: "Concepts in Dental Assisting",
Richard Erickson, DDS, 4th, Ed(2012); DCI
Publishing | ◆ Training in ALL aspects of dental assisting,
including ALL specialties | ◆ All training and visual aids, materials and
dental supplies used throughout the course |
| ◆ Dental Assistant Radiology X-ray
Certification for compliance with Georgia
Board of Dentistry and Department of
Human Resources, Radiological Division | ◆ A Certificate in Dental Assisting, Dental
Assistant pin, will be awarded to students
attaining a 70% or above grade average | ◆ Scrub Uniforms |
| | ◆ Expanded duty training | ◆ Job Interview coaching |
| | | ◆ Hands-on training in the dental office from
the FIRST DAY |

Our class options are: 1. Friday Classes; 2. Saturday Classes; 3. Wed.-Thurs. Evening Classes

We have TWO CAMPUS LOCATIONS to choose from:

- **BUCKHEAD CAMPUS:** (4320 Roswell Road, Atlanta --2.8 miles SOUTH of I-285)
- **MARIETTA CAMPUS:** (3823 Roswell Road, Suite 104, Marietta --in East Cobb

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

- ✓ **Payment in Full** \$3760 (\$3660 tuition + \$100 Registration Fee)
- ✓ **\$ 990 Down Payment** (includes \$100 Registration Fee) then \$280 per class week for 10 weeks.
- ✓ **CareCredit® Extended Financing:** see box below left for application instructions.

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 \$3760, and make sure all information is correct, 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 mail it 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, less \$100 registration fee will be made of all deposits or payments if cancellation is made at least one week prior to the starting date. All refunds will be made within 10 days from the date of withdrawal.
- All but \$200 will be refunded if cancellation is made within one week of the class starting date.
- For withdrawals made during the 1st week of class through the 5th week of class, refunds are made within 10 days, in full, based on the proration of tuition and percentage of program completed at withdrawal, up to 50% of the program. No refunds are given beyond 50% of course completion..
- If a student drops out of the program at any point, and decides to reregister for a future class, full tuition fee of \$3760 registration fee will be charged and no credit will be given to payments made for the previous class.

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** \$3760
- \$ 990 Down Payment** then \$280 per week for 10 weeks (Total: \$3790).



- Check
- Money Order

- CareCredit Plan** (You must be approved for a **minimum** of \$1500) Choose one of the CareCredit plans below (**check ONLY if using CARE CREDIT**)
 - \$627 per month for 6 months (NO INTEREST; based on \$3760 loan)
 - \$183 per month for 24 months (14.9% APR)
 - \$131 per month for 36 months (14.9% APR)

I am applying for:

- Buckhead campus
- Marietta campus

CareCredit Acct _____ Credit Card _____
 OR Credit Card # _____ Exp Date: _____

3 digit CCard _____
 Security Code: _____ Cardholder Signature: _____

Name on Card or CareCredit Acct _____

Card (Acct) Billing Street Add: _____ ZIP _____

Send Payment & Registration to:

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

Student Name: _____ (PRINT)

Address: _____

City _____ Zip _____

Phone Number: _____ last 4 digits _____
 Soc.Sec.# _____

HOW DID YOU FIND OUT ABOUT OUR COURSE?

- Website
- Former Student: _____
- Other

Signature _____ Date: _____
 (I have read and understand the Refund Policy on page 1)

Student's Email (**PRINT CLEARLY**): _____

PLEASE CHECK ONE OF THE FOLLOWING OPTIONS:

- I wish to be in the **Friday MARIETTA CLASS (8:30-5 PM)** .
- I wish to be in the **Saturday CLASS (8:30-5 PM) MARIETTA OR BUCKHEAD (CIRCLE ONE)**
- I wish to be in **Wednesday-Thursday evening (6-9:30 PM) class: MARIETTA BUCKHEAD (circle one)**

Scrub Uniform Size	XXS	XS	S	M	L	XL
Numeric:	0-2	2-4	6-8	10-12	14-16	18-20
Bust:	33-35	35-36	37-39	40-43	44-47	48-50
Waist:	24-26	26-27	28-31	32-34	35-38	39-41
Hip:	35-37	37-38	39-41	42-45	46-48	49-52

So that we may order the correct scrub uniform for you, **WE NEED TO KNOW YOUR SIZE**. Please use the chart and mark your size below.

SIZE (letter): _____