



**Enrollment Agreement
Dental Assistant Training Program
12 Webster Street, Brookline, MA 02446
617-797-8080**

www.careerindentalassisting.com

amanda@careerindentalassisting.com

_____ I understand that completion of this program is not sufficient for me to apply for the Massachusetts state dental assistant license and I understand that additional requirements must be completed in order to apply for the license. Students who are interested in learning more about becoming a licensed dental assistant should contact the Board of Dentistry at (800) 414-0168. In addition, students may review additional requirements are needed at the following website: <http://www.mass.gov/eohhs/docs/dph/quality/boards/dentist/dental-asst-appl.pdf>.

Student name: _____ Phone: _____ Date of Birth: _____

Address: _____

Email: _____

Entrance Requirements: 18 years of age or older
High School diploma or its equivalent

Clock/Credit Hours: 80 Clock Hours
Registration is accepted up to 48 prior to the start of course one.

Program Begins: _02/08/2020 Ends: 04/_11/2020

Student's Method of Payment:

- ___ Cash
- ___ Check
- ___ Credit Card

<u>Tuition Cost</u>	
Instruction:	\$4,705
Text Books:	\$200
Dental Materials:	\$145
Administrative:	\$50
Total Due:	\$5,100

<u>Estimated Additional Costs</u>	
Scrubs:	\$50
Dental Radiology:	\$250
BLS Certification:	\$85
Mass. DA License:	\$60

I have been provided a copy of the school's catalogue and policies in a manner of my choosing and I am initialing my choice: ___ hard copy ___ send via email

This school is licensed by the Massachusetts Division of Professional Licensure's Office of Private Occupational School Education. Any comments, questions, or concerns about this school's license should be directed to occupational.schools@state.ma.us or 617-727-5811, dial "0."

Any changes, addendums, or additions made subsequent to the signing of the enrollment agreement must be in writing and signed by both the school and the student and are subject to the regulations of 230 CMR 15.04. You have the right to cancel this enrollment contract before the completion of five school days or five percent of this Program, or course, whichever occurs first, and to receive a full refund of all monies paid, less actual reasonable administrative costs up to \$50 and actual reasonable costs of non-reusable supplies or equipment.

Student's Initials

___ I have been provided a copy of the school's catalogue and policies.

___ I understand this contract will not be in force and effect until signed by myself and a school official.

___ I have received a copy of the school's complaint procedures policy.

_____ I understand the refund law as stated above.

_____ I understand that coursework and/or credit from this school may not be transferable to other institutions of education and acceptance is at the discretion of the receiving institution.

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REFUND POLICY (AS PER M.G.L. CHAPTER 255, SECTION 13K)	
You may terminate this agreement at any time.	
If you terminate this agreement within five days you will receive a refund of all monies paid, provided that you have not commenced the program. Refund Amount: _____	<i>Enter Date</i>
If you subsequently terminate this agreement prior to the commencement of the program, you will receive a refund of all monies paid, less the actual reasonable administrative costs described in paragraph 7. Refund Amount: _____	<i>Program start date</i>
If you terminate this agreement during the first quarter of the program, you will receive a refund of at least seventy-five percent of the tuition, less the actual reasonable administrative costs described in paragraph 7. Refund Amount: _____	<i>Last date of first quarter</i>
If you terminate this agreement during the second quarter of the program, you will receive a refund of at least fifty per cent of the tuition, less the actual reasonable administrative costs described in paragraph 7. Refund Amount: _____	<i>Last date of second quarter</i>
If you terminate this agreement during the third quarter of the program, you will receive a refund of at least twenty-five percent of the tuition, less the actual reasonable administrative costs described in paragraph 7. Refund Amount: _____	<i>Last date of third quarter</i>
If you terminate this agreement after the initial five day period, you will be responsible for actual reasonable administrative costs incurred by the school to enroll you and to process your application, which administrative costs shall not exceed fifty dollars or five percent of the contract price, whichever is less. A list of such administrative costs is attached hereto and made a part of this agreement.	<i>5th day after date both parties have signed the contract</i>
If you wish to terminate this agreement, you must inform the school in writing of your termination, which will become effective on the day, such writing is mailed.	<i>Initial</i>
The school is not obligated to provide any refund if you terminate this agreement during the fourth quarter of the program.	<i>First day of fourth quarter</i>

Administrative Costs Equal: \$ 50.00

You have the right to cancel this enrollment contract before the completion of five school days or five percent of this Program, or course, whichever occurs first, and to receive a full refund of all monies paid, less actual reasonable administrative cost of \$50 and actual reasonable costs of non-reusable supplies or equipment.

You have the right to cancel this enrollment contract if a school allows you to begin participation in a Program while an initial award for financial aid, including student loans, is pending, and you are subsequently denied some or all of that student loan or financial aid amount, the School shall offer you, in writing, an opportunity to terminate the enrollment agreement with a full refund of all Monies Paid, less actual reasonable administrative costs as defined under M.G.L. c. 255, s. 13K.

Student's Signature: _____ Date: _____

Print Student's Name: _____

School Official's Signature: _____ Date: _____

Print School Official's Name: _____

I, the student, have received a completed and signed copy of this agreement: _____