The Dental Assistant Academy- Charlotte

The Dental Assistant Academy (DAA) and the student above enter into agreement under which the student will pay tuition and fees as indicated below as well as adhere to the school’s rules and regulations as set forth in the school catalog.

**General Course Information:**

**Dental Assisting I w/ NC X-ray Certification**

Class Hours to be completed: 132      Externship Hours: 40      **Total Course Hours: 132**

**Class Schedule:**
- 12 weeks: MWF 6:30pm -10pm OR
- Saturday’s 8:30 am -5pm (12 hours per week)

Externships :40 hours required for graduation.

DAII Disclosure Statement – A student completing all requirements of this program will be classified as Dental Assistant I in North Carolina. Dental Assistant II classification requires successful completion of:

1) Full-time employment and experience as a chair-side assistant for two years (3,000 hours) of the preceding five, during which period the assistant may be trained in any dental delivery setting and allowed to perform the functions of a Dental Assistant II under the direct control and supervision of a licensed dentist;

   a) a 3-hour course in sterilization and infection control; b) a 3-hour course in dental office emergencies; c) radiology training consistent with G.S. 90-29(s)(12); and d) current certification in CPR; or
   2) Successful completion of the certification examination administered by the Dental Assisting National Board, and current certification in CPR. For additional information, please contact the North Carolina State Board of Dental Examiners.

**Start Date:** ___________________          **Expected Graduation Date:** ___________________

*Mailing Address:*
Admissions Office
12 Lincolnshire Drive
Lockport, NY 14094
877-432-3554
www.thedaaofcharlotte.com
Total Cost of the Dental Assisting I w/ NC X-ray program is $3,295. The cost is broken down as follows:

- Tuition: $2,365.00
- Textbooks (2): $180.00
- Uniform $45.00
- Materials Fee*: $505.00
- Registration Fee: $200.00
- * Materials consist of, but are not limited to: masks, gloves, all disposable supplies needed to learn about dental assisting. Equipment is models of the human dentition, use of all of dental equipment-chairs, x-ray machines, and lab and sterilization supplies.

In addition to the above, the program fee also includes all of the following:

- Textbook: Modern Dental Assisting Doni L. Byrd 11e
- All training and visual aids, materials and dental supplies used in the clinical training.
- Use of all equipment and instrumentation with actual "hands on" training during the course of study.
- There no hidden costs or expenses once you get started.
- A Certificate in Dental Assisting and a letter of recommendation outlining your training and experience will be awarded to all students who have attained an 70% or above, grade average.
- A North Carolina X-Ray Certificate will be issued to graduates in accordance with state regulations.
- Complete Infection Control, HIPAA, CPR and Medical Office Emergency training and certifications will be awarded as well.
- Training in all phases of General Dentistry, including, Endodontics, Crown & Bridge, Cosmetic Bonding, Amalgam Restorations, Impressions, Oral Surgery, Periodontics, 4-handed dentistry, front desk, and much more!
- Actual clinical experience and live student practice.
- All training is done by dental professionals in a replicated dental office setting.

Payment Options:

Payment is due and payable before graduation. Students may elect to arrange for weekly or bi-weekly payments while attending school.

** A one-time 5% financing fee (5% of the balance on the first day of class) will apply to the Pay as you learn option. 

*Extended 6 month financing Option – Interest rate 18% and will require an application fee of $200.
**Other Extended payment plans may be considered through bank financing based upon the applicants or co-applicant’s credit and financial position.

The total cost may be paid using any of the following options:

- $3,295.00 before the first day of class. This can be broken up but must be paid in full by, not on, the 1st day of your registered class.

  **Pay As You Learn**-these payment options include a one-time 5% interest fee, with payments starting the first week of class.

- $1,000.00 down payment, then $241 due each class week (10 payments) OR
- $1,000.00 down payment, then $482 due bi-weekly (5 payments)
- $500.00 down payment, then $293.50 at the beginning of each class week (10 payments) OR
- $500 down payment, then $587 due bi-weekly (5 payments)
- Extended Financing for 6 months, through DAA, is also available. Additional Loan app fee of $200. $500 Down Payment. 18% Interest, ___Bi Weekly $242 or ____$121 per Week
- WIA, ESC, NC STARS, other workforce development programs. (Please ask for further details)
Refund Policy:

12/13 Weeks = One Quarter

- As a cost of enrollment, NC Dental U charges a non-refundable enrollment fee of $200. This amount is included in the student’s initial tuition payment and will be subtracted from any refund amount owed the student.
- NC Dental U reserves the right to honor all refunds, up to and no longer than, 30 days after a written request has been received.
- A 100 percent refund shall be made if the student officially withdraws prior to the first day of class (es) as noted in the school calendar. Also, a student is eligible for a 100 percent refund if the class (es) in which the student is officially registered is cancelled due to insufficient enrollment.
- A 75 percent refund shall be made up to the 25 percent point of any term defined by quarters or clock hours for a student who officially withdraws from class (es).
- Refunds for multi-entry classes will be based on the percentage of class requirements completed.
- To comply with applicable federal regulations regarding refunds; federal regulations regarding refunds will supersede state refund regulations in this rule.
- Those wishing to cancel for illness or personal reasons may resume their course of study in the next session. They will re-enroll at the start of the next session. Re-enrollments within 6 months of last day attended will be at 50% of current tuition fee plus a $200 administrative fee.
- A $30 charge will apply to all returned checks.
- ALL REFUNDS ARE CALCULATED ON TOTAL COST OF TUITION, NOT THE AMOUNT PAID TO HOLD THE SEAT.

*Grounds for termination are: unsatisfactory academic progress, excessive absenteeism, failure to comply with school rules, obvious insubordination and or non-conformance with the rules and regulations of the school.

The school does not guarantee a job to any student or graduate.

By my signature, I agree to the conditions of this agreement. I also verify that I have read and received a copy of the school enrollment agreement and the school catalog.

ALL classes for this campus are held at 6842 Morrison Blvd, Suite 201 Charlotte, NC 28211

Student Signature ____________________________ Date: ________________
STUDENT HANDBOOK ACKNOWLEDGEMENT

The undersigned Student acknowledges that he or she has received and reviewed a copy of The Dental Assistant Academy Student Handbook (the “Handbook”) and understands the policies, practices and regulations set forth therein and agrees to abide by the same. The Student further acknowledges that all Student policies provided are at the sole option and discretion of The Dental Assistant Academy and are not contractual. All Student benefits and policies are subject to change, addition or cancellation as The Dental Assistant Academy may, in its sole discretion, determine from time to time. The Student acknowledges responsibility for complying with future changes in policies, regulations and practices communicated to him or her from time to time.

PROPRIETARY INFORMATION AND PRIVACY POLICY

The student acknowledges the confidentiality of private and proprietary information that he/she will learn during program instruction offered by The Dental Assistant Academy. The student understands that all information concerning the programs, including business and financial operations, policies and practices, shall be held as private and confidential and shall not be used for any manner outside of the program or disclosed to any persons or entities outside of the program except in strict accordance with the terms of the handbook.

Printed Name of Student: ___________________________

Signature: ___________________________

Date: ___________________________
# Student Emergency Information Form

<table>
<thead>
<tr>
<th><strong>Student’s Personal Information</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Program’s Start Date</td>
<td>Dental Assistant I -</td>
</tr>
<tr>
<td>First and Last name</td>
<td></td>
</tr>
<tr>
<td>Nickname or Alternate name</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>M F</td>
</tr>
<tr>
<td>Physical address</td>
<td></td>
</tr>
<tr>
<td>County of Residence</td>
<td></td>
</tr>
<tr>
<td>Best # to reach you</td>
<td></td>
</tr>
<tr>
<td>Alternate # to reach you</td>
<td></td>
</tr>
<tr>
<td>E-mail</td>
<td></td>
</tr>
<tr>
<td>Birthday (MM/DD/YYYY)</td>
<td></td>
</tr>
<tr>
<td>SS # (a state requirement)</td>
<td></td>
</tr>
<tr>
<td>Drivers license state and/or ID #</td>
<td>State-#</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Student’s Medical Information</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Students Dr.’s name</td>
<td></td>
</tr>
<tr>
<td>Dr.’s Address</td>
<td></td>
</tr>
<tr>
<td>Dr.’s Phone #</td>
<td></td>
</tr>
<tr>
<td>Any Medical conditions?</td>
<td></td>
</tr>
<tr>
<td>Known Allergies?</td>
<td></td>
</tr>
<tr>
<td>Please List Current medications</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Student’s Emergency Contact</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency contact’s name</td>
<td></td>
</tr>
<tr>
<td>Relationship</td>
<td></td>
</tr>
</tbody>
</table>

---

Mailing Address:
Admissions Office
12 Lincolnshire Drive
Lockport, NY 14094
877-432-3554
www.thedaaofcharlotte.com
New Student Enrollment Checklist

(Do not return; for your reference)

By completing the 4 enrollment steps below you will guarantee a seat in your registered class, space permitting. Please check off all completed:

1. Completed an online, paper, or face-to-face registration

2. Guaranteed my seat with a deposit, payment in full or an extended financing approval

3. Requested OFFICIAL transcripts from my high school and last college attended be mailed to Dental Assistant Academy Admissions office

4. Completely filled out and sent in all of the above New Student Paperwork

Please complete and return all forms below via mail (address below) or by fax (888-494-8114) for your student file.

__ 1. Enrollment Agreement
__ 2. Student Emergency Info
__ 3. Handbook Acknowledgement/Privacy Policy
__ 4. “Pay as You Learn” Truth in Lending Agreement if applicable.

Please note that your textbooks and study guide will be issued during the first class. Make sure to bring a notepad, pen and pack of colored pencils to each class. You may also want to bring a snack and a light jacket. Feel free to contact the school admissions office with any questions.

Thank you for your time.