

## Registration Form

The tuition for the **DENAL ASSISTING/EDDA** course of study offered by Dental Careers of Southern Indiana is:

**\$4,800.00**

The price above covers the cost for the course, books are included. Lunch is not provided, however several eating establishments are within short walking distance. We offer financing through CareCredit® with monthly payments as low as \$80.00 per month. See application instructions at the bottom of this page. The course will run 14 consecutive weeks, 8 classroom hours per week for a total of 80 hours of instruction. This will include lecture material as well as clinical “hands on” training. There is also 80 hours of home study. Your tuition includes all of the following:

- Textbook: “Essentials of Dental Assisting”, Robinson & Bird; 5<sup>th</sup> Ed (2013); Elsevier Publishing
- Syllabus: “Concepts in Dental Assisting,” Richard Erickson, DDS, Ed (2005); DCI Publishing
- All training and visual aids, materials and dental supplies used throughout the course.
- Dental Assistant Radiology X-ray certification for compliance with Kentucky and Indiana Department of Health.
- Free cosmetic bleaching tray
- Job interview preparation and coaching
- Free Job Placement assistance and referral service. We have many dentists call, asking for our students 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.
- Training in ALL aspects of General Dental Assisting, including dental specialties
- A certificate in Dental Assisting, Dental Assistant pin, and a letter of recommendation outlining your training and experience will be awarded to students attaining a 70% or above grade average.
- Expanded duty training
- All training is done by dental professionals in a practicing dental office, not in a classroom.

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

- \$4,800.00 at the time of registration (payment-in-full)
- \$2,000.00 down payment, then \$215.38 at the beginning of each class (13 payments)
- CareCredit® Extended Financing- must be approved for the full amount (see instructions below)

## **CareCredit Extended Financing Instructions**

You can apply for CareCredit financing in total privacy using one of the two methods below:

1. **By Phone:** Call **1-800-365-8295** and follow the automated prompts. Our office phone # is **502-424-2491**
2. **Online:** Apply at [www.carecredit.com](http://www.carecredit.com) Under “Doctor’s Name” write “Donna Rush, DMD” or for “Phone” put our phone #: **502-424-2491**

To insure your approval, enter the FULL FEE of \$4,800.00, and make sure all information is correct, especially social security numbers. 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 send it in to Dental Careers of Southern Indiana.

## **Refunds and Cancellations**

The postsecondary proprietary educational institution shall pay a refund to the student in the amount calculated under the refund policy specified in this section or as otherwise approved by the commission.

The following refund policy applies to each resident postsecondary proprietary educational program consisting of 120 or fewer clock hours.

1. A student is entitled to a full refund if one (1) or more of the following criteria are met:
  - a. The student cancels the enrollment agreement or enrollment application within six (6) days after signing.
  - b. The student does not meet the postsecondary proprietary educational institutions minimum admission requirements.
  - c. The student’s enrollment was procured as a result of a misrepresentation in the written materials utilized by the postsecondary proprietary education institution.
  - d. The student has not visited the postsecondary educational institution prior to enrollment, and, upon touring the institution or attending the regularly scheduled orientation classes, the student withdrew from the program within three (3) days.
2. A student withdrawing from an institutional program, after starting the instructional program at the postsecondary proprietary institution, is entitled to a pro-rated refund based upon the number of days less an application/enrollment fee of ten percent (10%) of the total tuition, not to exceed one hundred dollars (\$100).
3. An institution must make the proper refund, based upon the student’s last day of attendance. The refund must be made within thirty-one (31) days of the student’s request for cancellation or withdrawal.

**Please fill out completely the information on the next page and send in with your selected payment option. Thank You!**



Dr. Donna S. Rush  
 1615 Spring St. Ste. B & C  
 Jeffersonville, IN 47130  
 (502) 424-2491

I wish to register for the upcoming class and have selected one of the following payment options:

- Payment in Full (\$4,800.00)
- \$2,000.00 Down Payment (ENCLOSED) then \$215.38 per week for 13 weeks.
- WorkOne Indiana
- WorkOne Kentucky
- CareCredit Plan (application instructions on previous page). I would like the installment playment plan from CareCredit (check one ONLY):
  - \$800 per month for 6 months (No interest; based on \$4,800 loan)
  - \$400 per month for 12 months (No interest; based on \$4,800 loan)
  - \$200 per month for 24 months (14.9% Fixed APR)
  - \$133.33 per month for 36 months (14.9% Fixed APR)
  - \$100 per month for 48 months (14.9% Fixed APR)
  - \$80 per month for 60 months (14.9% Fixed APR)

CareCredit Acct or Credit Card # \_\_\_\_\_ Credit Card Exp \_\_\_\_\_

Date: \_\_\_\_\_ 3 Digit Card Security Code \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Name on Card or Care Credit Acct \_\_\_\_\_

Card (ACCT) Billing Address \_\_\_\_\_ ZIP \_\_\_\_\_

Student Name \_\_\_\_\_ (PRINT)

Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Phone # \_\_\_\_\_ Social Security Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Email \_\_\_\_\_

Students will receive DCSI T-Shirt upon completion of the course (the cost of which is included in the tuition). So we may order the correct size for you, please use the chart below and mark your size.

SIZE : \_\_\_\_\_

Size	XS	S	M	L	XL	2XL
Numeric	2-4	6-8	10-12	14-16	18-20	22-24
Bust:	31-33	34-35	36-38	39-41	42-45	46-49
Waist	23-25	26-27	28-30	31-33	34-37	38-41
Hip	32-35	36-37	38-40	41-43	44-47	48-51