



Modern Dental Career Training Inc.

Phone:470-238-8295 678-510-8987

Email: welcome@assistdentist.com

ENROLLMENT AGREEMENT

Student _____ Date _____

Address _____ City _____ State ____ Zip _____

Phone _____ Email _____

Emergency contact _____ Relationship: _____

Phone _____ Email _____

Program Objective: To train you to become an Administrative Dental Assisting so you can become gainfully employed by a dental office.

I am hereby enrolling in the following academic program and my enrollment is subject to the terms and conditions stated in this enrollment agreement.

Start Date: _____ End Date: _____

Program Name: Administrative Dental Assisting

Program Length and Graduation requirements: This program is completed within 6 calendar weeks. As a student you are expected to attend all 6 sessions of the class to be successful with the curriculum. If you miss more than one session, it is grounds for dismissal from the school. Some exceptions will be made with valid proof of absence. Validity will be determined by the school and a notice of absence is necessary before the scheduled class time you will miss.

The grading scale will be the standard A-F scale. You must pass all tests and complete all laboratory work with an overall satisfactory grade (70% or higher) to graduate. If you score less than 70% on any test, you will be given the opportunity to retest.

Tuition and Fees: \$2370.00

Application Fee: **\$40.00** (non-refundable). Tuition: **\$2330.00**

Payment options:

Payment option 1. Full tuition payment of \$2330.00 due on or prior to Orientation Day.

Payment option 2. In-house financing. Initial Deposit: \$980.00 due on or prior to Orientation Day. The remaining balance of \$1350.00 is divided into 6 weekly payments of \$225.

Please chose the option that applies to you:

_____ \$300.00 Deposit for Laptop installed with dental software if applicable which will be credited back to students account after completion of program.

_____ I will use my own Laptop (No Apple computers or Chromebooks can be used); school will provide me with an installation link for software.

_____ I agree to pay tuition according to the chosen payment option. _____ Applicant Initials

Application Fee and Deposit to be paid no later than Orientation. All tuition and fees are payable for one term only. First payment is due prior to the start of the First class. Students on our payment plan who miss any payments due will not be allowed to continue in the program. Tuition includes online lectures, online access to accompanying training modules, and the Administrative Dental Assistant Certificate. Tuition and fee increases will not occur during the 6-week training period.

Cancellation and Refund Policy.

Cancellation: This enrollment agreement may be canceled within three calendar days after the date of signing, provided that the school is notified of the cancellation in writing. If such cancellation is made, the school will promptly refund in full all tuition (except application fee of \$40.00 and 3,29% Square processing fee if the payment was made with credit card) paid pursuant to the enrollment agreement and the refund shall be made no later than thirty days after cancellation. This provision shall not apply if the student has already started academic classes.

Refund Policy: Students who apply for the program but are unable or choose not to complete it may be entitled to a refund. If a student decides within 3 days of signing the contract not to attend the program, all money (except \$40.00 application fee and 3,29% Square processing fee if the payment was made with credit card) will be refunded. Refunds are determined based on the proration of the total tuition based on the percentage of the program completed at withdrawal, up until 50% of the program after which there are no refunds. The withdrawal date will be the date that the director or instructor was notified of the student's desire to withdraw, or in the case of unsatisfactory academic performance, the date the student's dismissal letter is mailed. In the case of absences, the date of the second absence will be the withdrawal date. If the Modern Dental Career Center makes changes to the program, the location, or the time such that one or more students are unable to complete the program, those students will be entitled to a refund in accordance with the policy above. Refunds are issued by mail to the address on the student's application within 30 days of the date of the request. _____ Applicant Initials

Career Services.

The Modern Dental Career Center does not guarantee employment after graduation; however, we provide assistance with building resume and preparation for job interview. We help students to explore job opportunities via DentalPost.net, CloudDentistry.com, Facebook, and personal references. _____ Applicant Initials

_____ I acknowledge and agree with the school policies and procedures. I acknowledge that I have received and read a copy of this enrollment agreement.

Applicant Signature: _____ Date _____

School representative: _____ Date: _____

GNPEC Student Disclosure Form

Name of School: Modern Dental Career Center

Address of School: 1030 Duluth Hwy Ste. B, Lawrenceville, GA 30043

1. Enrollment Agreement & Catalog

I have read and received a copy of the enrollment agreement, or equivalent document, and the school catalog. I understand that the terms and conditions of these documents are not subject to amendment or modification by oral agreements.

_____ Student's Initials

2. School Outcomes

I have read and received a copy of the school's self-reported, unaudited retention, graduation, and placement rates for the preceding year as well as the most recent Georgia licensure test results, if applicable, for the program I am entering.

_____ Student's Initials

3. Employment

I understand that upon successful completion of my training program, this school will provide placement assistance. However, I understand that the school does not guarantee any graduate a job. I have not been guaranteed employment to earn a specific salary range upon graduation.

_____ Student's Initials

4. Refund Policy

I have reviewed the refund policy provided in the catalog and am aware that the institution attests to the fact that this policy meets the Minimum Standards set forth by the Georgia Nonpublic Postsecondary Education Commission.

_____ Student's Initials

5. Complaint Procedure

I have reviewed the complaint procedure provided in the catalog and am aware that, after exhausting the institution's procedure, I have the right to appeal the institution's complaint determination to the Georgia Nonpublic Postsecondary Education Commission.

_____ Student's Initials

6. Authorization and Accreditation Status

I understand that the institution in which I am enrolling has been issued a Certificate of Authorization by the Georgia Nonpublic Postsecondary Education Commission. This status indicates that the institution has met the Minimum Standards established by Georgia Code (§20-3-250.6). Although authorized, I understand that this institution is not accredited by a U.S.-based accrediting association recognized by the United States Secretary of Education; therefore, I am not eligible for Federal Student Aid. Additionally, as is the case with all postsecondary institutions, both accredited and unaccredited, there is no guarantee that my credits will transfer to another institution.

_____ Student's Initials

Student's Signature: _____ Date: _____

School Representative's Signature: _____ Date: _____

*Students must receive a copy of this form, and a copy must be kept in the student's file.



Student interview.

Name _____

Date of Birth _____

Phone _____ E-mail _____

Occupation _____

1. How did you hear about our program? _____

2. What do you know about dentistry? _____

3. What made you decide to become an administrative dental assistant?

4. How do you describe yourself in a few words? _____

5. What is your strongest quality and how can it be used in the healthcare /dental environment?

6. Are you a fast learner? _____

7. Are you comfortable working with other people? _____

8. What do you expect from this training course? _____



Photo/Video Release

I hereby grant **Modern Dental Career Center** permission to use this photo in all of its publications, including Facebook, website entries, without payment or any other considerations.

I waive the right to royalties or to other compensation arising or related to use of the photograph.

I hereby hold harmless and release and forever discharge the **Modern Dental Career Center** from all claims, demands, and causes of action which I, my heirs, representative, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have any reason for this authorization.

I am over 18 years of age and competent to contract in my own name. I have read this release before signing below and fully understand the contents, meaning and impact of this release.

Student Signature:

Student Printed Name:

Date:

If the person signing is under the age of 18, there must be consent by parent and guardian, as follows:
I hereby certify that I am the parent or the guardian of

Name above and do hereby give consent without reservation of foregoing on behalf of this person.

Parent/Guardian Signature:

Student Printed Name :

Date: