

## Application for Admission

Dental Assisting Institute of Melbourne, LLC 2186 Harris Ave; Suite 3; Palm Bay, Florida 32905 (321) 417-4824

The tuition for the entry level *DENTAL ASSISTING* program of study offered by Dental Assisting Institute of Melbourne, LLC beginning

**(PLEASE SELECT ONE OF THE FOLLOWING)**

Friday, Jan 9 (FRI evening/SAT morning Split) with an anticipated completion date of Saturday, Mar 14  
OR Saturday, Jan 10 (SAT Full Day) with an anticipated completion date of Saturday, Mar 21 is:

**\$3650**

The tuition covers all costs for the program which includes a \$100 non-refundable, application fee. We offer financing through CareCredit® with monthly payments as low as approximately \$129 per month. See application instructions at the bottom of this page. The program is ten (10) consecutive weeks with each class at 8 hours for a total of 80 hours of classroom instruction. In addition, students are expected to complete home reading assignments outside of the classroom to correspond with the material being presented in class each week, over the ten (10) consecutive weeks. This will include lecture material as well as clinical "hands on" training. Your tuition includes all of the following:

|                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| <ul style="list-style-type: none"><li>• Use of textbook: "Modern Dental Assisting", Doni L. Bird 12th Ed.(2017); Elsevier Publishing.</li><li>• Syllabus: "Concepts in Dental Assisting", Richard Erickson, DDS, 6th Ed. (2021); DCI Publishing.</li><li>• All training and visual aids, materials and dental supplies used throughout the course.</li><li>• Scrub Uniforms.</li><li>• At-cost bleaching treatment.</li></ul> | <ul style="list-style-type: none"><li>• Expanded duty training.</li><li>• Job Interview preparation and coaching.</li><li>• Job Placement assistance and referral service. We have many dentists call, asking for our students and we will refer you to them.</li><li>• Use of all dental equipment and instrumentation with actual "hands on" training in a dental practice. There are NO hidden or additional expenses.</li></ul> | <ul style="list-style-type: none"><li>• A Certificate in Dental Assisting and Dental Assistant Radiology X-ray Certification for compliance with Florida Board of Dentistry, 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.</li><li>• All training is done by dental professionals in an actual practicing dental office, not a classroom.</li></ul> |
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The tuition may be paid using one of the following 3 payment options:

- **\$3650 at the time of registration (payment-in-full).**
- **\$1200 down payment, then \$250 at the beginning of each class (10 payments, total \$3700).**
- **CareCredit® Extended Financing - must be approved for at least half of the full amount (\$3650; see instructions below left).**

### CareCredit Extended Financing Instructions

(for those who qualify)

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 corporate office phone # is 770-973-0496.
2. **Online:** Go to [www.carecredit.com](http://www.carecredit.com) and click on **Apply Now**. You **MUST** type in **Atlanta** (where our corporate office is located) in the city box, select **DENTAL** in the profession box **AND** Under "Doctor's Name type "Richard Erickson, DDS". Select **APPLY NOW** under "Dental Careers Institute, Richard Erickson, D.D.S. (our corporate office) to apply.

To insure your approval, enter the FULL FEE of \$3650, 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 the office PO Box or email address on the next page.

### Cancellation & Refund Policy

#### **Cancellation Policy:**

All monies (with the exception of the \$100 registration fee) will be refunded if the school does not accept the applicant or if the student cancels within three (3) business days after signing the enrollment agreement and making initial payment.

#### **Refund Policy:**

If the student is not accepted in the training program, all monies paid by the student shall be refunded minus the \$100 application fee. There is one (1) academic term for this program that is 80 classroom clock hours in length. Refunds for tuition and refundable fees shall be made in accordance with following provisions as established by Florida Rule 6E-1.0032(6)(i), F.A.C.:

- 1) A student who withdraws before the first class and after the 3-day cancellation period shall be obligated for the registration fee (\$100).
- 2) Cancellation after attendance has begun, through 40% completion of the program, will result in a Pro Rata refund computed on the number of hours completed to the total program hours.
- 3) Cancellation after completing more than 40% of the program will result in no refund.
- 4) The withdrawal date is based on the date the student notifies the school in writing.

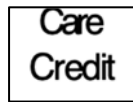
The school shall make the appropriate refund within 30 days of the date the school is able to determine that a student has withdrawn or has been terminated from the program per the Student Academic Conduct Policy. **Grounds for Termination:** A student can be dismissed, at the discretion of the Director, for insufficient progress, nonpayment of costs, or failure to comply with the rules of conduct.

**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 program and have selected one of the following payment options:

☐ **Payment in Full (\$3650)**

☐ **\$1200 Down Payment** (ENCLOSED); then \$250 per week for 10 weeks.



**Check**

**Money Order**

☐ **CareCredit Plan** (application instructions are on previous page). I would like the payment plan below from CareCredit (**check ONLY if using Care Credit**)

☐ \$609 per month for 6 months (NO interest; based on \$3650 loan)

☐ \$177 per month for 24 months (14.9% APR)

☐ \$129 per month for 36 months (15.9% APR)

CareCredit Account  
OR Credit Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_

3 digit Credit Card

Security Code: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

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

Card (Acct.) Billing Street Add: \_\_\_\_\_ Zip \_\_\_\_\_

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

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ DOB: \_\_\_\_\_

I am pregnant or think I may be pregnant:      **yes**      **no**

I have an arrest record:      **yes**      **no**      If yes, explain: \_\_\_\_\_

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

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

School Administrator \_\_\_\_\_ Date: \_\_\_\_\_

Signature

**Send Payment & Registration to:**

Dental Assisting Institute of  
Melbourne, LLC  
PO Box 33402  
Indialantic, FL 32903

or **email to:**  
[dentalassistinginstitute@gmail.com](mailto:dentalassistinginstitute@gmail.com)

**HOW DID YOU FIND OUT ABOUT OUR PROGRAM?**

**Internet**

**Former Student Name**

**Other**

My electronic signature indicates that I have read and agree to the school's refund policy as stated on page 1 of this application, and have received and read the binding document & catalogue

**PLEASE NOTE: DAIM is a school, providing an educational program. We do not guarantee employment. The application is a binding agreement upon acceptance by the institution and the student.**

| Scrub Uniform 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 |
| Hips:              | 32-35 | 36-37 | 38-40 | 41-43 | 44-47 | 48-51 |

We will be ordering your uniform to wear in class, which is included in your tuition. So that we may order the correct size scrub uniform for you, **we need to know your size.** Please use the chart and mark your size below. **Uniforms tend to run large:**

SIZE (letter): \_\_\_\_\_

**\*Please submit a copy of your high school diploma or equivalent before the first day of class.**

Copy of high school diploma or transcript included with this (Enrollment Application) form:

YES

NO