Dental Assistant School of Lake County

101 S. Greenleaf St., Ste E

Gurnee, IL 60031

(847) 691-2521

www.assistantschoollakecounty.com

assistantschoollc@gmail.com

**ENROLLMENT AGREEMENT**

**STUDENT INFORMATION**

STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBERS: H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STUDENT ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEPHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROGRAM INFORMATION**

DATE OF ADMISSION: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

PROGRAM / COURSE NAME: \_Entry Level Dental Assisting

DESCRIPTION OF PROGRAM / COURSE: Entry Level Dental Assisting

PROGRAM / COURSE OBJECTIVES: Learn dental assisting for entry level position

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROGRAM INFORMATION (CONTINUED)**

PROGRAM START DATE: \_\_\_\_\_\_\_\_\_\_\_\_ SCHEDULED END DATE: \_\_\_\_\_\_\_\_\_\_\_\_

PART TIME CLASSES: Wednesday and Thursday

TIME CLASS BEGINS: 6 pm TIME CLASS ENDS: 9 pm

NUMBER OF WEEKS: 10 TOTAL CREDIT or CLOCK HOURS: 60

**CONSUMER INFORMATION**

**All schools are required to make available, at a minimum, the following disclosure information clearly and conspicuously on their 1) internet website, 2) school catalog, and 3) as an addendum to their Enrollment Agreement:**

* The number of students who were admitted in the program as of July 1 of that reporting period.
* The number of additional students who were admitted in the program during the next 12 months and classified in one of the following categories: new starts, re-enrollments, and transfers into the program from other programs at the school.
* The total number of students admitted in the program during the 12-month reporting period.
* The number of students enrolled in the program during the 12-month reporting period who: transferred out of the program and into another program at the school, completed or graduated from a program, withdrew from the school, and are still enrolled.
* The number of students enrolled in the program who were: placed in their field of study, placed in a related field, placed out of the field, not available for placement due to personal reasons, and not employed.
* The number of students who took a State licensing exam or professional certification exam, if any, during the reporting period, as well as the number who passed.
* The number of graduates who obtained employment in the field who did not use the school’s placement assistance during the reporting period (pending reasonable efforts to obtain this information from graduates).
* The average starting salary for all school graduates employed during the reporting period (pending reasonable efforts to obtain this information from graduates).

 **FINANCIAL AID**

***At this time, Dental Assistant School of Lake County does not qualify for financial aid assistance for tuition.***

**TUITION & FEES**

REGISTRATION/DEPOSIT: $250\_\_\_\_\_\_\_\_\_\_\_

TUITION: $ 3495\_\_\_\_\_\_\_\_\_\_\_

 BOOKS & SUPPLIES: $0\_\_\_\_\_\_\_\_\_\_

 MISC. EXPENSES: $0\_\_\_\_\_\_\_\_\_\_

 OTHER: $0\_\_\_\_\_\_\_

**$500 Early Bird Discount: $2995 (deposit held towards tuition)**

TOTAL COST FOR ASSISTANT TRAINING PROGRAM PROGRAM / COURSE: $3495

**REFUND / CANCELLATION POLICY**

1. Lake County Dental Academy shall, when a student gives written notice of cancellation, provide a refund in the amount of at least the following:
2. When notice of cancellation is given before midnight of the fifth business day after the date of enrollment but prior to the first day of class, all application registration fees, tuition, and any other charges shall be refunded to the student;
3. When notice of cancellation is given after midnight of the fifth business day following acceptance but prior to the close of business on the student’s first day of attendance, the school may retain no more than the application registration fee which may not exceed $150 or 50% of the cost of tuition, whichever is less;
4. Applicants not accepted by the school shall receive a refund of all tuition and fees paid within 30 calendar days after the determination of non acceptance is made.
5. Deposits or down payments shall become part of the tuition.
6. The school shall mail a written acknowledgement of a student’s cancellation or written withdrawal to the student within 15 calendar days of the postmark date of notification. Such written acknowledgement is not necessary if a refund has been mailed to the student within 15 calendar days.
7. All student refunds shall be made by the school within 30 calendar days from the date of receipt of the student’s cancellation.
8. A student may give notice of cancellation to the school in writing. The unexplained absence of a student from a school for more than 3 school days/weeks shall constitute constructive notice of cancellation to the school. For purposes of cancellation, the date shall be the last day of attendance.
9. A school shall refund all monies paid to it in any of the following circumstances:
10. The school did not provide the prospective student with a copy of the student’s valid enrollment agreement and a current catalog or bulletin,
11. The school cancels or discontinues the course of instruction in which the student has enrolled,
12. The school fails to conduct classes on days or times scheduled, detrimentally affecting the student.
* Should the student’s enrollment be terminated or should the student withdraw for any reason, all refunds will be made according to the following refund schedule:

**Week withdrawal occurred % of Term enrolled Institution refund policy**

 **1 10% 100%**

 **2 20% 80%**

 **3 30% 60%**

 **4 40% 40%**

 **5 50% 20%**

 **6 60% 0%**

 **7 70% 0%**

 **8 80% 0%**

 **9 90% 0%**

 **10 100% 0%**

* **Students right to cancel**

Students have the right to cancel the initial enrollment agreement until midnight of the fifth business day after the student has been accepted by the school; and if the right to cancel is not given to you at the time the enrollment agreement is signed, then you have the rights to cancel and receive a full refund within 30 days of cancellation. Cancellations must be delivered in writing to the school management.

**NOTICE TO STUDENT**

1. Do not sign this agreement before you have read it or if it contains any blank spaces.
2. This agreement is a legally binding instrument and is only binding when the agreement is accepted, signed, and dated by the authorized official of the school or the admissions officer at the school’s principal place of business. Read all pages of this contract before signing.
3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
4. This agreement and the school catalog constitute the entire agreement between the student and the school.
5. Any changes in this agreement must be made in writing and shall not be binding on either the student or the Dental Assistant School of Lake County unless such changes have been approved in writing by the authorized official of the school and by the student or the student’s parent or guardian. All terms and conditions of the agreement are not subject to amendment or modification by oral agreement.
6. The school does not guarantee the transferability of credits to another school, college, or university. Credits or coursework are not likely to transfer; any decision on the comparability, appropriateness and applicability of credit and whether credit should be accepted is the decision of the receiving institution.

7. Dental Assistant School of Lake County is not accredited by a US Department of Education recognized accrediting body.

**Statement of Purpose**

The mission of ***the Dental Assistant School of Lake County*** is to provide an introductory program in dental assisting in a working dental office. Upon graduation, the student will be provided with a certificate of satisfactory completion of the course, a dental assistant pin, and a letter of recommendation. The graduate will have a working knowledge of entry level dental assisting and be able to begin a career as an entry level dental assistant.

**Admission Requirements**

1. Student must be at least 18 years of age.
2. Student must have a high school diploma or GED equivalent.

**Description of Curriculum**

The curriculum of the school consists of one program at this time, **Entry Level Dental Assisting**

Course Numbers and Hours

DA 1.1 Dental Theory and Terminology 10 Hours

DA 1.2 Receptionist / Front Office 10 Hours

DA 1.3 Four Handed Dental Assisting 20 Hours

DA 1.4 Radiology 10 Hours

DA 1.5 Cements and Liners 5 Hours

DA 1.6 Impressions and Model Trimming 5 Hours

DA 1.7 Sterilization Techniques 10 Hours

DA 1.8 Pharmacology and Anesthesia 5 Hours

DA 1.9 Job Interview and Placement Assistance 5 Hours

The course numbering system uses a five or six digit alpha numeric identifier. The prefixes are characters that represent the type of course and the suffixes are numbers that represent the sequence in which they are taught. A clock hour is defined as a minimum of 50 minutes of supervised directed instruction and appropriate breaks.

 Entry Level Dental Assisting

Program Outline

**DA1.1 Dental Theory and Terminology**

1. Dental and oral anatomy, tooth identification and numbering system
2. Anatomy and physiology of the head and neck
3. Instrument nomenclature and identification for all aspects of General Dentistry
4. Dental terminology
5. Equipment operation, chair positioning, assistant equipment usage
6. Treatment options available, depending on oral conditions

**DA1.2 Receptionist–Front Office Management**

1. Phone techniques and appointment book control
2. Billing; accounts receivable and accounts payable
3. Filing insurance forms and pre-treatment estimates
4. Insurance terminology

**DA1.3 Four Handed Dental Assisting**

1. The taking and recording of vital signs
2. Hand washing techniques and practices
3. First aid training and emergency care
4. Instruction in HIV/AIDS awareness/prevention
5. Safety techniques while working in the laboratory or with patients
6. Instrument transfer techniques, chair-side assisting and patient suctioning
7. Body mechanics for the patient and assistant
8. Tub and tray systems of instruments and materials
9. Familiarity and use of instruments and materials in assisting for: 1.Operative Dentistry – amalgam and composite fillings 2.Oral Surgery – instruments, procedures and post-op protocol 3.Crown and Bridge – impression taking, temporary fabrication, cord packing, hemostatic agents, introduction into various crown types 4.Endodontics – instruments, medicaments and materials; how and why they are used 5.Periodontics– disease origin and usual treatment methods 6.Pedodontics – commonality and differences in treating children vs. adult patients

**DA1.4 Radiology**

1. X-ray theory and technique, use of Rinn holders and other methods
2. Intraoral, bitewing, panoramic, and endodontic exposure methods
3. Developing x-rays using the automatic processor
4. Darkroom care and maintenance
5. X-ray interpretation, safety and precautions.

**DA1.5 Cements and Liners**

1. Introduction to various cements and liners used in dentistry
2. Practice mixing cements and liners

**DA1.6 Impressions and Model Trimming**

1. Impression materials and practice in their uses: alginates, polyvinyl silicone, etc.
2. Wax bites, counter impressions
3. Model pouring and trimming

**DA1.7 Sterilization Techniques**

1. Sterilization theory and terminology, autoclave operation
2. Instrument and equipment sterilization/disinfection
3. Treatment room disinfection and asepsis techniques
4. Handpiece care and maintenance

**DA1.8 Pharmacology and Anesthesia**

1. Functions of pharmacology and anesthesia as they relate to dentistry
2. Common drugs or their reactions/allergies as they relate to dentistry
3. The use of PDR (Pharmaceutical Drug Reference)
4. Topical anesthetics and their proper application/side effects

**DA1.9 Job Interview and Placement Assistance**

A. Proper image, dress, resume, and how to prepare for the job interview process

B. Difficult questions you may face – how to answer them

C. Do’s and don’ts during the interview

**Standards of Satisfactory**

**Progress and Completion**

A graduation certificate, letter of recommendation, and pin will only be awarded to those students attaining a 70% or above grade average. Those students whose grade average is below 70% will not receive a certificate and letter of recommendation but will be allowed to retake the entire program (if desired) at a reduced fee of $1500.

A mid-term and final written examination will be given at the mid-point and end of the program. Each is worth 33 1/3% of the final grade. The final 33 1/3% of the grade is from a practical exam given on the last day of the program. Should the student receive a failing grade on the mid-term examination or is not progressing in a satisfactory manner, the student will be informed in writing and be given an opportunity to raise their grade on the final written and practical exam.

The grading scale used is:

|  |  |
| --- | --- |
| 92-100%  | A  |
| 84-92%  | B  |
| 76-83%  | C  |
| 70-76%  | D  |
| Below 70%  | F  |

**Refunds and Cancellations**

* A student can be dismissed, at the discretion of the Clinical Director, for misconduct, nonpayment of tuition, or failure to comply with the Student Conduct Policy.

**REFUND / CANCELLATION POLICY**

1. Dental Assistant School of Lake County shall, when a student gives written notice of cancellation, provide a refund in the amount of at least the following:
2. When notice of cancellation is given before midnight of the fifth business day after the date of enrollment but prior to the first day of class, all application registration fees, tuition, and any other charges shall be refunded to the student;
3. When notice of cancellation is given after midnight of the fifth business day following acceptance but prior to the close of business on the student’s first day of attendance, the school may retain no more than the application registration fee which may not exceed $150 or 50% of the cost of tuition, whichever is less;
4. Applicants not accepted by the school shall receive a refund of all tuition and fees paid within 30 calendar days after the determination of non acceptance is made.
5. Deposits or down payments shall become part of the tuition.
6. The school shall mail a written acknowledgement of a student’s cancellation or written withdrawal to the student within 15 calendar days of the postmark date of notification. Such written acknowledgement is not necessary if a refund has been mailed to the student within 15 calendar days.
7. All student refunds shall be made by the school within 30 calendar days from the date of receipt of the student’s cancellation.
8. A student may give notice of cancellation to the school in writing. The unexplained absence of a student from a school for more than 3 school days/weeks shall constitute constructive notice of cancellation to the school. For purposes of cancellation, the date shall be the last day of attendance.
9. A school shall refund all monies paid to it in any of the following circumstances:
10. The school did not provide the prospective student with a copy of the student’s valid enrollment agreement and a current catalog or bulletin,
11. The school cancels or discontinues the course of instruction in which the student has enrolled,
12. The school fails to conduct classes on days or times scheduled, detrimentally affecting the student.
* Should the student’s enrollment be terminated or should the student withdraw for any reason, all refunds will be made according to the following refund schedule:

**Week withdrawal occurred % of Term enrolled Institution refund policy**

 **1 10% 100%**

 **2 20% 80%**

 **3 30% 60%**

 **4 40% 40%**

 **5 50% 20%**

 **6 60% 0%**

 **7 70% 0%**

 **8 80% 0%**

 **9 90% 0%**

 **10 100% 0%**

* **Students right to cancel**

Students have the right to cancel the initial enrollment agreement until midnight of the fifth business day after the student has been accepted by the school; and if the right to cancel is not given to you at the time the enrollment agreement is signed, then you have the rights to cancel and receive a full refund within 30 days of cancellation. Cancellations must be delivered in writing to the school management.

**Disclosure Statement**

By satisfactorily completing this program, this qualifies you to begin a career as an entry level dental assistant in any office. It is **not** the course that is needed to obtain the title Certified Dental Assistant (CDA), and is not accredited by the Commission on Dental Accreditation of the American Dental Association.

Dental Assistant School of Lake County is not accredited by a US Department of Education recognized accrediting body.

This institution is approved by the Division of Private Business and Vocational Schools of the Illinois Board of Higher Education.

****

**Student Acknowledegements**

1. I hereby acknowledge receipt of the school’s catalog, which contains information describing programs offered, and equipment or supplies provided. The school catalog is included as part of this enrollment agreement and I acknowledge that I have received a copy of this catalog.

**Student Initials** \_\_\_\_\_\_

1. I have carefully read and received an exact copy of this enrollment agreement.

**Student Initials** \_\_\_\_\_\_

1. I understand that the school may terminate my enrollment if I fail to comply with attendance, academic, and financial requirements or if I fail to abide by established standards of conduct, as outlined in the school catalog. While enrolled in the school, I understand that I must maintain satisfactory academic progress as described in the school catalog and that my financial obligation to the school must be paid in full before a certificate or credential may be awarded.

**Student Initials** \_\_\_\_\_\_

1. I hereby acknowledge that the school has made available to me all required disclosure information listed under the Consumer Information section of this Enrollment Agreement.

**Student Initials** \_\_\_\_\_\_

1. I understand that the Dental Assistant School of Lake County does not guarantee transferability of credit and that in most cases, credits or coursework are not likely to transfer to another institution. In cases where transferability is guaranteed, the Dental Assistant School of Lake County must provide me copies of transfer agreements that name the exact institution(s) and include agreement details and limitations.

**Student Initials** \_\_\_\_\_\_

1. I understand that the school does not guarantee job placement to graduates upon program completion.

**Student Initials** \_\_\_\_\_\_

1. I understand that complaints, which cannot be resolved by direct negotiation with the school in accordance to its written grievance policy, may be filed with the Illinois Board of Higher Education, 1 N. Old State Capitol Plaza, Suite 333, Springfield, IL 62701 or at [www.ibhe.org](http://www.ibhe.org).

**Student Initials** \_\_\_\_\_\_

The student acknowledges receiving a copy of this completed agreement, the school catalog, and written confirmation of acceptance prior to signing this contract. The student by signing this contract acknowledges that he/she has read this contract, understands the terms and conditions, and agrees to the conditions outlined in this contract. It is further understood that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. The student and the school will retain a copy of this agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Student’s Signature Date Program Director’s Signature Date