Dental Careers Foundation

1436 S. Independence Blvd. Virginia Beach, VA 23462
Office Phone: (757) 289-4543

Tuition and Financial Arrangements

The tuition for the *DENTAL ASSISTING* course of study offered by this institution is:

$6,600 Plus $100.00 Registration Fee

The above tuition covers all costs for the course. Lunch is not provided, however several eating establishments are within short driving distance.

The course will run thirteen (13) consecutive weeks, eight classroom hours per week for a total of 104 classroom hours of instruction. This will include lecture material as well as clinical "hands on" training.

The tuition fee includes all of the following:

•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 are no hidden costs or expenses once you get started.

•A ***Certificate in Dental Assisting, Dental Assistant*** pin, and a letter of recommendation outlining your training and experience will be awarded to all students who have attained a 70% or above grade average.

•X-ray training in accordance with state regulations.

•Training in all phases of General Dentistry, including, Endodontics, Crown & Bridge, Cosmetic Bonding, Amalgam Restorations, Impressions, Oral Surgery, Periodontics, Intra-oral scanning, 4-handed dentistry, front desk, and much more!

•All instruction is taught by dental professionals in a “state-of-the-art” dental facility.

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

- □ **$6400 paid at least one week before the first class (a saving of $200.00)**
- □ **$2,000 down - paid at least one week before the first class, then $460.00 per week for ten weeks**

Tuition must be paid in full before the final exam.

DENTAL CAREERS FOUNDATION

Training Dental Assistants Since 1997

2027 APPLICATION FOR ADMISSION

FALL • WINTER • SPRING

(Circle Semester Applying For)

(PLEASE SUBMIT WITH $100.00 NON-REFUNDABLE APPLICATION FEE)

Methods of application, print, complete, and

1. **Drop off** the registration form with the $100 registration fee to the dental office or
2. **Mail** completed form with $100 registration fee to: 1436 S. Independence Blvd. Virginia Beach, VA 23462

Legal Name: _____

Date of Birth: Are you a US citizen? □Yes □ No Sex: □Female □Male

Street Address: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____

Emergency Contact Information: Contact Name:

Street Address: _____

_____

Home Phone: (_____) _____ Cell Phone: (_____) _____

I certify that all statements on this application and accompanying documents are complete and true. I also understand that if I am admitted and do not enroll for the "start date" to which I am admitted, I may need to reapply for admission. I understand that submitted materials will not be returned.

_____ _____

Student Name (print) *Date*

Is there any other information you would like to provide that might affect your ability to complete the program (i.e., physical limitations, dyslexia, etc.)?:

_____

_____

Fill out the application on this page and send in with your payment option. Thank You!

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

$6,400 Paid-in-Full. A savings of $200. Cash, Check or Credit Card only.



[ ]


[ ]


[ ]


[ ] Check [ ] Money [ ]

Credit Card # _____ Exp Date: _____ Card Security Code (3 digits): _____

Cardholder Signature: _____

Name on Card: _____

Card Billing Address: _____

City _____ State _____ ZIP _____

Student Name: _____

Address: _____

City: _____ Zip _____

Phone #: _____ Soc.Sec.# _____

Student Signature: _____ Date: _____

email address: _____

How did you find out about our course?

1. Internet
2. High School
3. Newspaper Ads
4. Former Student
5. Other: _____