

# **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:

**\$5,600 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 twelve (12) consecutive weeks, eight classroom hours per week for a total of 96 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:

- \$5400 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 \$360.00 per week for ten weeks**
- CareCredit Extended Financing (see instructions and options on next page)  
No interest or fees and 12 months to complete payments**

Tuition must be paid in full before the final exam.

**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**:

\$5,600 Paid-in-Full. A savings of \$200. Cash, Check or Credit Card only (Does not apply to Care Credit). \$2,000 down payment, then \$360 for ten weeks, due at the beginning of each class

CareCredit® Plan (application instructions below).



Credit Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_ Code (3 digits): \_\_\_\_\_ Card Security  
(or Care Credit #)

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

Name on Card: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

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

\_\_\_\_\_

Student Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ Soc.Sec.# \_\_\_\_\_

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

email address: \_\_\_\_\_

<p><b>How did you find out about our course?</b></p> <p><b>1.Internet</b></p> <p><b>2.High School</b></p> <p><b>3.Newspaper Ads</b></p> <p><b>4.Former Student</b></p> <p><b>5. Other: _____</b></p>
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**CareCredit Financing  
Application Instructions**

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.
2. Online: Apply at [www.carecredit.com](http://www.carecredit.com) Click "Apply Now" Under "Doctor's name or phone" put our phone # 757-495-4700, Dr. John L. Kordulak.

To insure approval, enter the fee (tuition) for the course when asked (\$5,100), 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 this number in the "CareCredit #" space above, complete the rest of the information requested and send in to our address above or FAX it to **757-495-3126**.

**DENTAL CAREERS FOUNDATION**

*Training Dental Assistants Since 1997*

**2025 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.)?:

\_\_\_\_\_

\_\_\_\_\_