

Complete Dental Care Educational Center, PLLC
2064 South Highland Ave
Jackson, Tn. 38301
Enrollment Agreement

STUDENT INFORMATION

STUDENT NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____

CELL PHONE: _____ WORK PHONE: _____

E-MAIL: _____

SOCIAL SECURITY #: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ TELEPHONE #: _____

PROGRAM INFORMATION *Please check the program or course for which you are enrolling*

PROGRAM/COURSE NAME:

_____ REGISTERED DENTAL ASSISTANT PROGRAM

_____ SEALANT CERTIFICATION COURSE

_____ CORONAL POLISHING CERTIFICATION COURSE

DATE OF ADMISSION: ___ / ___ / ___

FULL-TIME (only option)

PROGRAM/COURSE START DATE: _____

PROGRAM/COURSE END DATE: _____

PROGRAM/COURSE LENGTH: _____

PROJECTED DATE OF COMPLETION: _____

DATE TRAINING IS TO BEGIN: _____

TUITION *Please check for which program or course you will be enrolling*

_____ REGISTERED DENTAL ASSISTANT PROGRAM

THE TOTAL COST OF THE REGISTERED DENTAL ASSISTANT PROGRAM ___ \$5000 ___

10% discount for tuition paid in cash

This includes books, all materials, and 1st set of scrubs

*Students will be responsible for CPR certification, Tennessee Registered Dental Assistant Licensure Fee, Fingerprinting/ Background Check Fee after program completion

_____ SEALANT CERTIFICATION COURSE

THE COST OF SEALANT CERTIFICATION COURSE ___ \$235 ___

THE ESTIMATED COST OF MATERIALS NOT PROVIDED BY COMPLETE DENTAL CARE EDUCATIONAL CENTER, PLLC \$ ___ 25 ___

TOTAL COST OF SEALANT CERTIFICATION COURSE \$ ___ 260 ___

*Per the Tennessee Board of Dentistry, all materials for this course are to be provided by the student. Complete Dental Educational Center, PLLC will provide a slow speed prophylaxis handpiece, slow speed handpiece motor, and curing light at no additional cost to the student.

*Students are responsible for the application fee of \$15 to the Tennessee Board of Dentistry following completion of the course

_____ CORONAL POLISHING CERTIFICATION COURSE

TOTAL COST OF CORONAL POLISHING CERTIFICATION COURSE ___ \$295 ___

*All materials to be provided by Complete Dental Care Educational Center, PLLC

*Students are responsible for the application fee of \$15 to the Tennessee Board of Dentistry following completion of the course

CANCELLATION REFUND POLICY

Refund Policy Students are responsible for making suitable arrangements to pay for tuition and fees incurred as a result of their enrollment at Complete Dental Care Educational Center, PLLC. In the event that a student withdraws or is dismissed from all classes during the term, refunds of tuition and fees are calculated according to the schedule below. Refunds are not given for books and supplies that have already been issued. Refunds will be made within 30 calendar days of the student's determined date of withdrawal.

Cancellation and Refund Policy

1(a) If a student withdraws from the institution on or before the first day of classes, or fails to begin classes, the refund shall equal the sum of all refundable fees paid and, if the student has institutional loans, forgiveness of the amounts owed by the student for the period of enrollment for which the student was charged, less an administrative fee of one hundred dollars (\$100.00)

(b) A student who withdraws at any time is entitled to a full refund of any fee, regardless of whether the fee is included in tuition, paid to the institution for tangible goods or services not delivered to or fully provided to the student;

(c) In addition to subparagraph (1)(b) of this rule, if after classes have commenced and before expiration of ten percent (10%) of the period of enrollment for which the student was charged, a student withdraws, drops out, is expelled, or otherwise fails to attend classes, the refund shall equal seventy-five percent (75%) of all refundable fees paid and, if the student has institutional loans, forgiveness of the loan amount in excess of the twenty-five percent (25%) the student owes the institution, less administrative fee of one hundred dollars (\$100.00);

(d) In addition to subparagraph (1)(b) of this rule, if after expiration of ten percent (10%) of the period of enrollment for which the student was charged, and before expiration of twenty-five percent (25%) of the period, a student withdraws, drops out, is expelled, or otherwise fails to attend classes, the refund shall equal twenty-five percent (25%) of all refundable fees paid and, if the student has institutional loans, forgiveness of the loan amount in excess of the seventy-five percent (75%) the student owes the institution, less administrative fee of one hundred dollars (\$100.00); or

(e) In addition to subparagraph (1)(b) of this rule, if after expiration of twenty-five percent (25%) of the period of enrollment for which the student was charged, a student withdraws, drops out, is expelled, or otherwise fails to attend classes, the student may be deemed obligated for one hundred percent (100%) of the tuition and other fees charged by the institution.

(f) For a student who cannot complete one or more classes because the institution discontinued such a class during a period of enrollment for which the student was charged, the institution shall refund the sum of all refundable fees paid and, if the student has institutional loans, forgive the amounts owed by the student.

2. When computing refunds pursuant to the default refund policy, the last day of attendance for a student shall be one of the following:

(a) The date on the expulsion notice if a student is expelled from the institution;

(b) The date the institution receives a written notice of withdrawal from a student;

(c) When no written notice of withdrawal is given, the institution shall use the last day of attendance as the date of withdrawal; or

(d) The date the student fails to return from an approved leave of absence.

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. Both sides of the contract is binding only when the agreement is accepted, signed, and dated by the authorized official of Complete Dental Care Educational Center, PLLC or the admissions officer at Complete Dental Care Educational Center, PLLC's principal place of business. Read both sides before signing. 3. You are entitled to an exact copy of this agreement and any disclosure pages you sign. 4. This agreement and Complete Dental Care Educational Center, PLLC catalog constitute the entire agreement between the student and Complete Dental Care Educational Center, PLLC. 5. Although Complete Dental Care Educational Center, PLLC will provide placement assistance, Complete Dental Care Educational Center, PLLC does not guarantee job placement to graduates upon program completion or upon graduation. 6. Complete Dental Care Educational Center, PLLC

reserves the right to terminate a students' training for unsatisfactory progress, nonpayment of tuition or failure to abide established standards of conduct. 7. Complete Dental Care Educational Center, PLLC does not guarantee the transferability of credits to a college, university or institution. Any decision on the comparability, appropriateness and applicability of credit and whether they should be accepted is the decision of the receiving institution.

STUDENT ACKNOWLEDGMENTS:

1. I hereby acknowledge receipt of Complete Dental Care Educational Center, PLLC's catalog dated _____, which contains information describing programs/courses offered, and equipment/supplies provided. Complete Dental Care Educational Center, PLLC catalog is included as part of this enrollment agreement and I acknowledge that I have received a copy of this catalog.

_____ Student initials

2. I have carefully read understand that it is my right to receive an exact copy of this enrollment agreement. _____ Student initials

3. I understand that Complete Dental Care Educational Center, PLLC 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 Complete Dental Care Educational Center, PLLC catalog. While enrolled in Complete Dental Care Educational Center, PLLC, I understand that I must maintain satisfactory academic progress as described in Complete Dental Care Educational Center, PLLC catalog and that my financial obligation to Complete Dental Care Educational Center, PLLC must be paid in full before a certificate may be awarded.

_____ Student initials

4. I understand that Complete Dental Care Educational Center, PLLC does not guarantee job placement to graduates upon program completion or upon graduation.

_____ Student initials

Complete Dental Care Educational Center, PLLC is authorized by the Tennessee Higher Education Commission. This Authorization must be renewed each year and is based on an evaluation of minimum standards concerning the quality of education, ethical business practices, and fiscal responsibility.

CONTRACT ACCEPTANCE

I, the undersigned, have read and understand this agreement. It is further understood and agreed 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 a Complete Dental Care Educational Center, PLLC official. I also understand that if I default upon this agreement I will be responsible for payment of any collection fees by Complete Dental Care Educational Center, PLLC.

My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities in regard to this contract.

As the student, I verify that by signing the agreement, my right to receive an exact copy of the agreement.

Signature of Student

Date

By signing the agreement, the institution acknowledges that the student's tuition shall not increase during the student's enrollment. The institution also understands its obligation to immediately provide the student an exact copy of the agreement.

Signature of Institution Official

Date