



**School Contact Information:**

**Mailing Address:** 217 Foulke Lane, Springfield PA, 19064

**Email:** [info@aspiredentalassistantacademy.com](mailto:info@aspiredentalassistantacademy.com)

**Phone:** (253) 230-5393

**Website:** <https://aspiredentalassistantacademy.com/>

**School Hours:** Monday through Friday from 9:00 AM to 4:00 PM

**Remote Clinical Location(s):**

Bright Choice Dental  
510 Darby Rd.  
Havertown, PA 19083  
(610) 449-1272 (office)

Aspire Dental Studio  
2405 PA- Route 100  
Orefield, PA 18069  
(610) 395-2904 (Office)

## ENROLLMENT AGREEMENT

THIS AGREEMENT, UPON ACCEPTANCE BY THE SCHOOL, AND TOGETHER WITH THE SCHOOL CATALOG, CONSTITUTES A BINDING CONTRACT BETWEEN THE STUDENT AND **ASPIRE DENTAL ASSISTANT ACADEMY, LLC**

### 12-Week Entry-Level Dental Assistant Program

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:

EMAIL ADDRESS:		CELL PHONE #:	
DOB:	ARE YOU CURRENTLY PREGNANT:  YES    NO	HIGHEST LEVEL OF EDUCATION YOU HAVE: GED HIGH SCHOOL OTHER	
MEDICAL INS INFORMATION:	EMERGENCY CONTACT FIRST & LAST NAME:	EMERGENCY CONTACT PHONE NUMBER:	
<b>MEDICAL CONDITIONS OR CONCERNS:</b> Latex allergy (at any point in your life)? Yes No Any other allergies? Yes No Epilepsy or Seizures? Yes No Anxiety? Yes No Hypoglycemic? Yes No Any other medical conditions we need to be aware of? <hr/> <hr/> <hr/> <hr/>			

**Program Information:**  
**Program:** Entry Level Dental Assisting  
**Length:** 12 Weeks  
**Clock Hours of Instruction:** 120 hours  
**Credential Awarded:** Certificate

**Program Disclosures:** Completion of this program does not qualify a graduate for state certification.

I acknowledge I am aware that this program is **an accelerated course** and **requires a significant amount of homework (4 to 8 hours per week) outside of class time** for chapter readings, homework assignments, and watching videos. Requires access to a computer, printer, scanning of documents, internet/Wi-Fi, and continual email access. **(Students Initials)** \_\_\_\_\_

**Anticipated Program Start Date:** \_\_\_\_\_

**Anticipated Program End Date:** \_\_\_\_\_

Select a Class Schedule for remote clinical/lab days – Lecture will be held online (**select one**):

**Havertown:**

(Day Sessions) Saturday's 9:00 am – 3:30 pm (6 hours per week with 30 minute break)

(Evening Sessions) Thursday's and Friday's 6:30 pm – 9:30 pm (6 hours total per week)

**Orefield:**

(Day Sessions) Saturday's 9:00 am – 3:30 pm (6 hours per week with 30 minute break)

(Evening Sessions) Thursday's and Friday's 5:30 pm – 8:30 pm (6 hours total per week)

- As part of the Entry Level Dental Assistant program, students will engage in a blended learning model. Each week, students are required to complete 4 hours of online asynchronous learning, allowing them to study at their own pace and convenience. Additionally, students will be required to participate in 6 hours of on-site learning at a designated remote/clinical location, where hands-on training and instructor-led sessions will take place. It is also expected that students will dedicate an additional 4-8 hours per week to homework, online research, or assignments provided by the instructor.

**Program Costs:**

Base Tuition = \$3895

Registration Fee = \$150 non refundable

Total Tuition = **\$ 4045.00**

**Included with tuition:**

- Access to online course materials
- Access to required clinical/laboratory supplies and equipment
- Textbook -eBook and Evolve student resources for the Modern Dental Assistant 14<sup>th</sup> ed. (\$166.98 value)
- Online RHS exam review and test prep course through the DALE Foundation. (\$130 value)
- One-time payment of the required Radiation Health and Safety examination offered through the Dental Assistant National Board (\$270 value)
- CPR certification course (~\$75 value)

**Additional costs for which the student is responsible:**

- Eye Wear- (Estimated costs \$10-25 – Students can find on Amazon or other online vendors)
- Scrub uniform and cuffed lab coat (Estimated Costs \$50 - \$100)
- Closed toe leather shoe/sneaker (Estimated Costs \$25-100)

- Professional Liability Insurance from HPSO.com - \$43 annual fee - approximately (Students must purchase from HPSO.com – School does not provide)

**Program costs may be paid by using any of the following payment methods:**

1. **Payment in full** by cash, online pay methods or credit card on or before the first day of class.
2. **Payment plan** – 50% due at time of enrollment agreement signing and final payment due on or before the first day of class.

\*All prices for the program are printed herein. There are no carrying charges, interest charges, or service charges connected or charged with any of these programs. Contracts are not sold to a third party at any time.

**Transfer of Credits**

**Aspire Dental Assistant Academy, LLC** does not accept transfer credits or coursework from other dental assisting programs due to the specialized nature of our program. **Aspire Dental Assistant Academy, LLC** does not offer credits. The program is measured in clock hours. Therefore, it is unlikely that hours and coursework completed at our school will transfer to other institutions. It is the student’s responsibility to confirm whether or not coursework completed at **Aspire Dental Assistant Academy, LLC** will be accepted by another institution of the student’s choice.

**Cancellation and Refund Policy**

***Please initial next to each Policy to confirm the agreement.***

A student’s enrollment may be terminated or canceled for any reason; all refunds will be made according to the following refund schedule:

**Application and Registration Fee**

- Aspire Dental Assistant Academy, LLC may charge an application or registration fee which may not exceed 15% of the tuition or \$150, whichever is less.
- The application or registration fee is fully refundable if the student requests cancellation within 5 calendar days after signing the enrollment agreement or submitting the application, provided no classes have been attended, lessons completed, or materials used.
- Cancellation requests not made in writing must be confirmed in writing by the student within an additional 5 calendar days.
- If written confirmation is not provided within this period, or after 10 calendar days, the application or registration fee becomes nonrefundable.

Student Initial \_\_\_\_\_

**Tuition Refund and Withdrawal Policies** – (Refund policy in accordance with PA regulations, 22 Pa Code § 73.134 22 Pa. Code § 73.134. Refund and withdrawal policies.)

(a) *Refund and withdrawal policy—resident programs of 6 weeks or longer duration.*

(1) For a student cancelling after the fifth calendar day following the date of enrollment as defined in § 73.132 (relating to application or registration fee) but prior to the beginning of classes, monies paid to the school shall be refunded except the nonrefundable amount of the application or registration fee as calculated in § 73.132.

(2) If a student enrolls and withdraws or discontinues after the term, semester or quarter has begun but prior to completion of the term, semester or quarter, the following minimum refunds apply:

(i) For a student withdrawing from or discontinuing the program during the first 7 calendar days of the term, semester or quarter, the tuition charges refunded by the school shall be at least 75% of the tuition for the term, semester or quarter.

(ii) For a student withdrawing from or discontinuing the program after the first 7 calendar days, but within the first 25% of the term, semester or quarter, the tuition charges refunded by the school shall be at least 55% of the tuition for the term, semester or quarter.

(iii) For a student withdrawing or discontinuing after 25% but within 50% of the term, semester or quarter, the tuition charges refunded by the school shall be at least 30% of the tuition.

(iv) For a student withdrawing from or discontinuing the program after 50% of the term, semester or quarter, the student is entitled to no refund.

(v) For refund computations, a term, semester or quarter may not exceed 18 weeks.

(b) *Refund and withdrawal policy—resident programs of less than 6 weeks duration.* For programs of less than 6 weeks' duration, a formula for tuition refunds shall be based on the total clock hours of the program using the following percentages:

(1) For a student completing up to and including 10% of the total clock hours, the school shall refund 90% of the total cost of the program.

(2) For a student withdrawing from or discontinuing the program within the first 25% of the program, the tuition charges refunded by the school shall be at least 55% of the total cost of the program.

(3) For a student withdrawing or discontinuing after 25% but within 50% of the program, the tuition charges refunded by the school shall be at least 30% of the total cost of the program.

(4) For a student withdrawing or discontinuing after 50% of the program, the student is entitled to no refund.

(c) *Refund and withdrawal policy—nonresident programs.*

(1) For a student cancelling after the 5th calendar day following the date of enrollment as defined in § 73.132 but prior to receipt by the school of the first completed home study lesson, monies paid to the school shall be refunded except the nonrefundable amount of the application/registration fee as calculated in § 73.132.

(2) If a student enrolls and withdraws or is discontinued after submission of the first completed lesson, but prior to completion of the program, minimum refunds shall be calculated as follows:

(i) Up to and including completion of the first 10% of the program, the school shall refund 90% of the total tuition.

(ii) Beyond completion of 10% of the program and up to and including completion of 25% of the program, the school shall refund 75% of the total tuition.

(iii) Beyond completion of 25% of the program and up to and including completion of 50% of the program, the school shall refund 50% of the total tuition.

(iv) Beyond completion of 50% of the program, a student is entitled to no refund.

(3) The percentage of the program completed shall be determined by comparing the number of completed lessons received for services by the school to the total number of lessons in the program.

(d) *Refund and withdrawal policy—combined nonresident and resident program.* For cancellation and settlement of the student’s account with a school offering combined nonresident training and voluntary resident training, this section and § § 73.132 and 73.133 (relating to application or registration fee; and refund in the event of rejection) apply.

(1) For a program which includes voluntary resident training, the tuition for the nonresident training and the tuition for the resident training shall be separately stated on each enrollment agreement. The total of the two is the total program price and shall appear in both agreements.

(2) Refund policies for both nonresident and resident training in a combination program shall be separately stated in the school’s student information publication and on the enrollment agreements.

- For any course or program that is canceled by **Aspire Dental Assistant Academy**, a full refund to the student will be issued.

Student Initial \_\_\_\_\_

### **GROUND FOR TERMINATION**

I agree to comply with the rules and policies and understand that **Aspire Dental Assistant Academy, LLC** shall have the right to terminate this contract and my enrollment at any time for violation of rules and policies as outlined in the catalog. I understand I may be withdrawn for a violation of the school’s Satisfactory Academic Progress, Attendance, Code of Conduct, and Payment Policies.

I understand that **Aspire Dental Assistant Academy, LLC** reserves the right to modify the rules and regulations and that I will be advised of any and all modifications.

**RE-ENROLLMENT**

I understand that should I withdraw or be withdrawn from the school, and desire to return, I will be required to sign a new enrollment agreement and start from the beginning of the program, pay the program tuition and fees, the same as a new student. No credit will be given towards previous classes attended or monies paid towards tuition.

**GRADUATION REQUIREMENTS**

I understand that in order to graduate from the program and to receive a certificate, I must successfully complete the required number of scheduled clock hours as specified in the course catalog and on the student Enrollment Agreement, pass all exams with an 85% or higher and clinical assessments with a 90% or higher and satisfy all financial obligations to **Aspire Dental Assistant Academy, LLC**.

**EMPLOYMENT ASSISTANCE**

I understand that **Aspire Dental Assistant Academy, LLC** has not made and will not make any guarantee of employment or salary upon my graduation. **Aspire Dental Assistant Academy, LLC** will provide me with placement assistance, which will consist of identifying employment opportunities and advising me on appropriate means of attempting to realize these opportunities.

**ACKNOWLEDGEMENT**

This contract contains the entire agreement between **Aspire Dental Assistant Academy, LLC** and me, and no further modification or representation except as herein expressed in writing will be recognized.

NOTICE TO PROSPECTIVE STUDENTS: DO NOT SIGN THIS CONTRACT UNTIL YOU HAVE READ IT OR IF IT HAS ANY BLANK SPACES. ALL SIGNERS HAVE READ AND ARE ENTITLED TO AN EXACT COPY OF THE BINDING CONTRACT AND CATALOG YOU SIGN, KEEP IT TO PROTECT YOUR LEGAL RIGHTS.

**Acknowledgement**

*Please initial next to each Acknowledgment to confirm the agreement.*

- 1. I have received a copy of the School Catalog and Enrollment Agreement. \_\_\_\_
- 2. I have read and understand this Enrollment Agreement and Catalog. \_\_\_\_\_

3. No verbal statements have been made contrary to my understanding of what is contained in this Enrollment Agreement and Catalog. \_\_\_\_\_

4. I understand that if I wish to cancel this Enrollment Agreement, I must do so in writing within three (3) business days after signing the enrollment agreement and making the deposit or initial payment.  
\_\_\_\_\_

5. I agree to abide by the school's policies as stated in my Enrollment Agreement and School Catalog. \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

I acknowledge and confirm that this Student Signature constitutes my legal signature.

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

**Office Use Only:**

- Received Copy of Identification \_\_\_\_\_
- Received Copy of High School Certificate \_\_\_\_\_

\_\_\_\_\_  
School Director Signature

\_\_\_\_\_  
Date

**ATTENDANCE AND NO CELL PHONE POLICY**

Students are expected to attend and be on time for all classes. Tardiness can disrupt classmates and instructors. Students who arrive more than 15 minutes late to class will be considered tardy. Tardiness and/or absence from any part of a class/lab will constitute a partial absence. A total of (3) three partial absences will constitute a full absence.

A student that is tardy more than (3) three times will be placed on attendance probation and any further tardiness will result in termination from the program.



Since the program is only 12 weeks in length it is very important to attend all classes. Just (1) missed class can result in the student falling behind in the clinical hands-on portion of the program. The school has no provision for absences, as there are no make-up days for missed hands on clinical/lab classes. Two (2) absences will result in termination from the program. If a clinical/lab assessment day is missed the student will need to schedule a separate time to retake the assessment with the instructor other than class time and will be subject to pay an additional \$75 fee to retake a missed assessment due to an absence. Fees must be paid prior to the agreed upon assessment retake day and time. If an assessment is missed it must be retaken before the next scheduled class date.

**STUDENTS INITIALS \_\_\_\_\_**

Since each class is very important to progress to the next class, tardiness is unacceptable. A missed class will have no chance to be made up and will be the responsibility of the student to follow the program curriculum/outline and keep up to date with the program material that was covered during their missed class time. **If you are going to miss a class or are going to be late you are required to call, text, or email the instructor.** Each student is required to attend all hours of each class unless otherwise cleared by the instructor.

**Missed Clinical Hands-On Assessment days are unexcused absences and cannot be made up** unless prior arrangements have been made with the Director/Instructor and **will include a \$75 Re-Test fee.**

Prior arrangements must be made by any student missing a Clinical Hands-On Assessment Day before the next scheduled class. Missing a Clinical Hands-On Assessment Day without prior approval from the Director of the Program will be an automatic Termination from the Program. If an assessment day is missed the student will need to schedule a separate time to retake the assessment with the instructor other than class time and will be subject to pay an additional \$75 fee to retake a missed assessment due to an absence. If an assessment is missed it must be retaken before the next scheduled class date.

**STUDENT INITIALS \_\_\_\_\_**

**SCHOOL POLICY ON NO CELL PHONE USE DURING SCHEDULED CLASS TIME**

Students on their cell phones during class are disruptive to the teachers and fellow students and distract the student from paying attention. Cell phones are NOT ALLOWED during scheduled class time.

If a student is expecting an emergency call, they **MUST inform the instructor at the beginning of class** and will be allowed to leave their cell phones available during class with their ringers on in case they get an emergency call. If the phone rings they can step outside and take the call.

IF THE INSTRUCTOR IS NOT MADE AWARE AT THE BEGINNING OF CLASS AND THE STUDENT IS ON THEIR CELL PHONE DURING CLASS TIME, IT WILL BE AN AUTOMATIC WARNING WITH A PROBATION NOTICE. IF IT HAPPENS A SECOND TIME THE STUDENT WILL BE DISMISSED FROM CLASS FOR THE DAY AND MARKED AS AN UNEXCUSED ABSENCE. (See attendance policy on absences)

**STUDENT INITIALS \_\_\_\_\_**

**A student may be placed on attendance or academic probation or terminated due to:**

- Unsatisfactory Progress on Exams and Clinical Assessments
- Not Turning in Required Assignments on specified due dates
- Unsatisfactory Attendance
- Nonpayment of Fees
- Failure to follow the rules and policies of **Aspire Dental Assistant Academy, LLC**

**If a student is terminated from the program for any of the above-mentioned reasons, the student may be readmitted to the following class with the approval of the school director, under the following conditions:**

1. The problem which caused the dismissal must be satisfactorily resolved.
2. The student must demonstrate the potential to succeed.
3. The student has paid all the financial obligations to the school, including and owed monies.
4. Students who are re-admitted are not provided with any financial credit or attendance credit for classes previously completed and must start the program from the beginning and follow the same rules for attendance and financial payments. (See School Catalog for Re Admittance Criteria of the school catalog and in the Enrollment Agreement).

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**Student Signature**

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**Date**

I acknowledge and confirm that this Student's Signature constitutes my legal signature.

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

**Aspire Dental Assistant Academy, LLC**  
**Entry Level Dental Assistant Training Program**  
**Verification of Accident-Medical Insurance**

I, verify that I am enrolled in the 12 Week Entry Level Dental Assistant Training Program through **Aspire Dental Assistant Academy, LLC**. Clinical/Lab/Remote sites and facilities require students to have their own medical insurance to participate in classroom activities.

Should the need arise for medical care due to an accident or other injury or loss while participating in my regularly scheduled clinical learning activities, my medical expenses will be covered by: (check the appropriate section below in #1 or #2 and Initial #3)

**1a. I Have Medical Insurance**

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Expiration Date\*: \_\_\_\_\_

1b. I understand that in the event, my insurance policy does not cover injury, complete loss or damages, or my medical Insurance lapses during the program, I am personally responsible for any such loss, medical damages, or injury I sustain while participating in my regularly scheduled clinical/lab classes.  
**(Student Initial)** \_\_\_\_\_

**OR**

**2a. I Have No Medical Insurance**

2b. I acknowledge that I am aware that if I do not have medical insurance during the 12 Week Program and, I am personally responsible for any medical damages or injury I sustain while participating in my regularly scheduled clinical/lab classes.

**(Student Signature)** \_\_\_\_\_

**AND**

3. **(Student Initial)** \_\_\_\_\_ I further understand that I am not entitled to any benefits or workers' compensation in the event of any injury occurring on the premises of the class and/or Clinical Site.

**Complaint Procedure**

Students are encouraged to first address any questions or concerns directly with their instructor. If a satisfactory resolution cannot be reached, students may escalate their concerns to the School Director, Alicia Melendez. All inquiries should be sent via email to:

[alicia@aspiredentalassistantacademy.com](mailto:alicia@aspiredentalassistantacademy.com)

- If a concern is not resolved satisfactorily by the designated individual, it may be directed to the State Board of Private Licensed Schools:

Pennsylvania State Board of Private Licensed Schools  
 Division of Postsecondary Proprietary Training  
 Pennsylvania Department of Education  
 607 South Drive, Floor 3E  
 Harrisburg, PA 17120

**Aspire Dental Assistant Academy, LLC** is licensed by the Pennsylvania State Board of Private Licensed Schools. Students should be informed that the academy holds this licensure, ensuring compliance with state regulations.

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE CONTENTS OF THIS ENTIRE FORM, AND HAVE SELECTED THE APPROPRIATE INSURANCE OPTION ABOVE FOR MY SITUATION.**

**Student’s Printed Name:** \_\_\_\_\_

**Signature of Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I acknowledge and confirm that this Student Signature constitutes my legal signature. **Student Initials** \_\_\_\_\_

**Aspire Dental Assistant Academy, LLC prohibits any and all forms of discrimination and harassment based on race, color sex, religion, national origin, marital status, age, sexual orientation, or disability in any of its programs, services, or activities.**

**END OF CONTRACT**