

## **DENTAL ASSISTING (D.A.) PROGRAM APPLICATION**

***A NON-REFUNDABLE DEPOSIT OF \$250 IS REQUIRED AT THE TIME OF ENROLLMENT TO SECURE YOUR SPOT. AN ADDITIONAL \$250 IS REQUIRED PRIOR TO CLASS STARTING. THE DEPOSIT COUNTS TOWARDS YOUR TOTAL TUITION COST.***

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

ANTICIPATED PROGRAM START DATE: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL | HOME | WORK

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

SOCIAL SECURITY NUMBER: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

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

EMERGENCY CONTACT PHONE NUMBER: \_\_\_\_\_

HIGHEST LEVEL OF EDUCATION COMPLETED: \_\_\_\_\_

DO YOU HAVE A HIGHSCHOOL DIPLOMA, GED, OR EQUIVALENT? YES | NO

ARE YOU UP TO DATE ON ALL VACCINATIONS? YES | NO

APPLICATION CONTINUED ON NEXT PAGE

APPLICATION CONTINUED BELOW

PROGRAM DURATION (SELECT ONE): 12 WEEK PROGRAM | 6 WEEK PROGRAM

PROGRAM SCHEDULE: 9 AM to 5 PM

6 WEEK PROGRAM IS CONDUCTED WEDNESDAY & THURSDAY

12 WEEK PROGRAM IS CONDUCTED EITHER ON FRIDAY'S OR SATURDAY'S

## REQUIRED DOCUMENTS

*STUDENTS WILL NOT BE ALLOWED TO PARTICIPATE IN THE PROGRAM WITHOUT THESE CRITICAL DOCUMENTS*

- A COPY OF YOUR HIGHSCHOOL DIPLOMA, GED OR EQUIVALENT
  - MOST RECENT COPY OF YOUR VACCINATION RECORDS
  - COPY OF TB TEST RESULTS DUE BY WEEK 2
- U.S. GOVERNMENT ISSUED PHOTO I.D. (DRIVERS LICENSE, PASSPORT, NON-DRIVING I.D., ETC...)

## TUITION AND FEES

*\*Tuition and Fees are subject to change at the discretion of the school. Any tuition and/or fee change will go in effect for the term following student notification of change*

❖ REGISTRATION FEE.....	\$500.00
❖ TUITION.....	\$1,999.00
❖ SUPPLIES.....	\$500.00
<b>TOTAL COST: \$2,999.00</b>	

A deposit of \$250 is required to secure your spot in the upcoming class upon submission of the application. An additional \$250 is required anytime prior to the start of the class to complete enrollment. This deposit is non-refundable under any circumstances.

Payment options: Cash | Check | Credit Card (Visa, Mastercard, Discover or American Express) | Consumer Financing (Third Party)

**We Will Provide:** Textbook | Supplies & Equipment | Instruments & Dental Materials | Certification of Completion | Safety Glasses | Radiology Permit & CPR Certification

## REFUND POLICY

1. A student is entitled to a full refund if one (1) or more of the following criteria are met:
  - a. The student cancels the enrollment agreement or enrollment application within six (6) business days after signing.
  - b. The student does not meet the postsecondary proprietary educational institution's minimum admission requirement.
  - c. The student's enrollment was procured as a result of a misrepresentation in the written materials utilized by the postsecondary proprietary educational institution.
    - d. If the student has not visited the postsecondary educational institution prior to enrollment, and, upon touring the institution or attending the regularly scheduled orientation/classes, the student withdrew from the program within three (3) days.
2. A student withdrawing from an instructional program, after starting the instructional program at a postsecondary proprietary institution and attending one (1) week or less, is entitled to a refund of ninety percent (90%) of the cost of the financial obligation, less an application/enrollment fee of ten percent (10%) of the total tuition, not to exceed one hundred dollars (\$100).
3. A student withdrawing from an instructional program, after attending more than one (1) week but equal to or less than twenty-five percent (25%) of the duration of the instructional program, is entitled to a refund of seventy-five percent (75%) of the cost of the financial obligation, less an application/enrollment fee of ten percent (10%) of the total tuition, not to exceed one hundred dollars (\$100).
4. A student withdrawing from an instructional program, after attending more than twenty-five percent (25%) but equal to or less than fifty percent (50%) of the duration of the instructional program, is entitled to a refund of fifty percent (50%) of the cost of the financial obligation, less an application/enrollment fee of ten percent (10%) of the total tuition, not to exceed one hundred dollars (\$100).
  5. A student withdrawing from an instructional program, after attending more than fifty percent (50%) but equal to or less than sixty percent (60%) of the duration of the instructional program, is entitled to a refund of forty percent (40%) of the cost of the financial obligation, less an application/enrollment fee of ten percent (10%) of the total tuition, not to exceed one hundred dollars (\$100).
6. A student withdrawing from an institutional program, after attending more than sixty percent (60%) of the duration of the instructional program, is not entitled to a refund.

### **Student Protection Fund**

IC 22-4.1-21-15 and IC 22-4.1-21-18 requires each educational institution accredited by the Office for Career and Technical Schools to submit an institutional surety bond and contribute to the Career College Student Assurance Fund which will be used to pay off debt incurred due to the closing of a school, discontinuance of a program, or loss of accreditation by an institution. To file a claim, each student must submit a completed "Student Complaint Form."

This form can be found on OCTS's website at <http://www.in.gov/dwd/2731.htm>.

OCTS Refund Policy 8/21/17

### **Cancellation and Settlement Policy**

An enrollment agreement may be canceled within five calendar days after the date of signing provided the school is notified of the cancellation in writing. If such cancellation is made, the school will promptly refund in full all tuition paid and refundable fees pursuant to the enrollment agreement and the refund shall be made no later than thirty-one (31) days after cancellation. This provision shall not apply where a student has already started classes.

### **Termination and Re-admittance**

#### **Ground for termination by the school include but are not limited to:**

- Failure to comply with school policies or dress code, delinquent payments, displaying disruptive, offensive, or threatening behavior.
- Students that have been dismissed from a previous course, will not re-admitted to a future course
- If a student decides to terminate their enrollment, they must fill out an official withdrawal form and agree to terms before any refund is processed.

### **Grievance Procedure**

Hoosier Dental Assisting School students have the right to address any concerns regarding this institution by following the grievance process outline below:

The Office for Career and Technical Schools (OCTS) is responsible for reviewing and responding to student claims for monetary reimbursement against postsecondary proprietary schools that are non-credit bearing and non-degree granting. OCTS adjudicates only claims for monetary reimbursement and cannot adjudicate claims involving programmatic content. Monetary claims for reimbursement are limited to tuition and fees paid out of pocket by the student. OCTS does not have jurisdiction to adjudicate claims for reimbursement of scholarships, financial assistance, or fee reductions. OCTS cannot offer legal advice or initiate civil court cases.

***Students filing claims must meet these requirements:***

1. Be a current or former student in a program at a school regulated by OCTS (Please visit [www.in.gov/dwd.octs.htm](http://www.in.gov/dwd.octs.htm) for a list of Accredited institutions).
2. Follow and exhaust the school's complaint resolution with the school directly; or provide a detailed explanation as to why the school's complaint process was not completed.
3. File a formal claim with OCTS by completing the online Student complaint form located at: <https://secure.in.gov/apps/icrc/discrimination>, and attaching the following documents:
  - a. A statement of the facts supporting the claim and outlining the problem, and
  - b. A copy of the enrollment agreement signed by the student, and
  - c. Copies of all receipts for tuition paid by cash, check, money order, or credit card, and
  - d. Any other material with substantiates the claim
  - e. OCTS will review the claim and contact the claimant if additional information or clarification is needed. When the student's initial claim is determined valid by OCTS, OCTS will forward a copy of the claim to the school, and the school will have three (3) weeks to respond. Upon receipt of the school's response, OCTS will adjudicate the claim and issue a final determination. Both the student and school will receive notification of the OCTS final determination. The determination by the OCTS is final and is not appealable through the department.

Note: If you believe the school has acted in a discriminatory manner, you may wish to contact the Indiana civil rights commission using the link: <https://secure.in.gov/apps/icrc/discrimination>

I am hereby enrolling in the Hoosier Dental Assisting School Program for the term stated above and any enrollment is subject to the terms and conditions in this enrollment & financial agreement. I hereby release Hoosier Dental Assisting School from any liability for obtaining my information.

**Applicant Name:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**Parent or Guardian (if applicable):** \_\_\_\_\_

**After your enrollment form has been received and your initial deposit of \$250 has been paid; the next step is to set up your payment plan & . The \$250 is non refundable.**

School Representative: \_\_\_\_\_ Date: \_\_\_\_\_



7007 US 31 S  
INDIANAPOLIS, IN 46227  
(317) 360 - 8442

HOOSIERDENTALASSISTINGSCHOOL.COM

## METHOD OF PAYMENT

DEPOSIT AMOUNT: \_\_\_\_\_

CHECK #: \_\_\_\_\_

MONEY ORDER #: \_\_\_\_\_

TYPE OF CARD: AMERICAN EXPRESS | DISCOVER | VISA | MASTERCARD

CARD #: \_\_\_\_\_

NAME AS IT APPEAR ON CARD: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ CVV: \_\_\_\_\_

ADDRESS ON CARD: \_\_\_\_\_

\_\_\_\_\_

**Mail Completed Application Along with Cheque, Money Order, or Credit Card Information**

***UNLESS OTHERWISE NOTED, THE PAYMENT INFORMATION PROVIDED ON THIS PAGE  
WILL BE USED FOR THE PAYMENT PLAN (IF APPLICABLE)***

## Payment Plans

**We are now able to offer A 12 Month Payment Plan at 0% interest & No Credit Check with Automatic Withdrawal**

Total cost for the Dental Assistant Program is \$2,999.00

We Require a non-refundable deposit of \$250 to hold your spot (due upon submission of application) as well as an additional \$250 deposit prior to the start of class. We have very limited seating and seats will fill up rather quickly.

We subtract the deposit from the initial cost of the program (\$2,999 - \$500) which equals

\$2,499. **\*\*\*You will have 12 months to pay the remaining balance\*\*\***

- **In order to take your final exam and receive your certificate at graduation all payments must be up to date.**
- **12 monthly payments of \$208.25 will be automatically withdrawn on the 1st Monday of each month. If you wish to make your payment lower you can put more money down towards your deposit.**

**Failure to satisfy the monthly dues upon the due date will result in a late fee of \$50 for each month delayed. Additionally, failure to pay for 3 consecutive months will automatically lead to your account being sent to collections.**

**Student Name** \_\_\_\_\_

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

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