

TUITION & FINANCIAL ARRANGEMENTS

The tuition for the DENTAL ASSISTING course of study offered by The Mentoring Dentist, LLC is **\$3,149.00**.

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

The course will run eight (8) consecutive weeks (on Saturdays), eight classroom hours per week for a total of sixty four (64) classroom hours of instruction. This will include lecture material as well as clinical hands-on training.

The tuition fee includes all of the following:

- TEXT: Torres and Ehrlich “*Modern Dental Assisting*”, 7th Edition, Bird Robinson; Saunders.
- WORKBOOK: Torres and Ehrlich Modern Dental Assisting.
- Use of all equipment and training materials.
- Certificate in Mandatory Reporting of adult and child abuse.
- All study guides that will prepare you to take the State of Iowa Dental Assistant registration exams in radiography, infection control, hazardous waste and jurisprudence.
- A Diploma (Certificate of Achievement) and a letter of recommendation outlining your training and experience.
- All training is performed in a modern working dental clinic.
- Mentoring observation hours during actual patient treatment time will be offered (optional).

Due to the limited class size, tuition may be paid using the following arrangements:

- \$3,149 paid in full. This will guarantee your position in the class.
- \$1,500 down payment to hold position in the class with the balance of \$1,649 three weeks prior to the first day of class. Position in class will not be guaranteed until payment is made in full.

METHOD OF PAYMENT

I have selected the following payment plan for The Mentoring Dentist DENTAL ASSISTING course to reserve a place in our next class:

(Please check payment option)

_____ Payment in Full (\$3,149) Enclosed

_____ Down Payment of \$1,500 Enclosed (with \$1,649 balance due 3 weeks prior to start of class)

_____ Visa _____ Mastercard _____ Money Order

AMOUNT ENCLOSED: \$ _____

Credit Card # _____ Exp. Date _____

Name of Cardholder _____ (PRINT)

Address of Cardholder _____

City _____ Zip _____

Phone Number _____ Driver License/SS # _____

E-Mail Address _____

Signature _____

REFUND AND CANCELLATION POLICY

- Due to the popularity of this course and its limited class size, our refund policy is restricted. Cancellations received prior to the start of the first class or during week 1 will receive a 50% refund. After the second class, no refunds will be made.
- Those wishing to cancel for illness or personal reasons may resume their course of study in the next class series with no penalty.
- If you wish to retake the course, you may do so for a reduced tuition of \$1,277.

The Mentoring Dentist -- Dental Assisting School

APPLICATION

NAME _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

BIRTHDATE _____ (Must be 18 years of age)

Emergency Contact:

NAME _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____

RELATIONSHIP TO YOU _____

DATES OF CLASS: August 22, 2009 through October 24, 2009 (Saturdays only)

NO CLASS ON SEPTEMBER 5 AND OCTOBER 10

MUST HAVE PROOF OF HIGH SCHOOL DIPLOMA OR EQUIVALENCY

• Are you currently employed by a dental office? YES NO

• If so, for how long? _____

• How did you hear about this course?

Newspaper Dentist Dental Assistant

Hygienist Other

* Please return this application along with your tuition payment information to:

The Mentoring Dentist PO Box 416 Monticello, IA 52310