

## **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*”, 7<sup>th</sup> 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 SPRING 2011 CLASS: FEBRUARY 26 – APRIL 30, 2011 (SATURDAYS ONLY)  
(There will be no class on March 19)

**\*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