



Registration Form

The tuition for the *DENTAL ASSISTING* course of study offered by *DENTAL CAREERS OF MICHIGAN, INC.* is:

\$3995

The tuition covers all costs for the course. We offer financing through CareCredit® with monthly payments as low as approximately \$93 per month. See application instructions at the bottom of this page. The course will run ten (10) consecutive weeks, eight classroom hours per week for a total of eighty (80) classroom hours of instruction. This will include lecture material as well as clinical "hands on" training. There is also 60 hours of home study. Your tuition includes all of the following:

<ul style="list-style-type: none"> • Use of textbook: "Modern Dental Assisting", Torres & Ehrlich; 8th.Ed (2005); Elsevier Publishing. • Syllabus: "Concepts in Dental Assisting", Richard Erickson, DDS, 3nd, Ed (2010); DCI Publishing. • All training and visual aids, materials and dental supplies used throughout the course. • Dental Assistant Radiology X-ray Certification for compliance with Michigan Department of Licensing and Regulatory Affairs 	<ul style="list-style-type: none"> • Scrub Uniforms. • At-cost bleaching treatment. • Job Interview preparation and coaching. • <u>Free Job Placement assistance and referral service. Many dentists call, asking for dental assisting students and we will refer you to them.</u> • Use of all dental equipment and instrumentation with actual "hands on" training during the course of study. There NO hidden or additional expenses. 	<ul style="list-style-type: none"> • Training in ALL aspects of dental assisting, including specialties. • A Certificate in Dental Assisting, Dental Assistant pin, and a letter of recommendation outlining your training and experience will be awarded to students attaining a 70% or above grade average. • Expanded duty training • All training is done by dental professionals in an actual practicing dental office, not a classroom.
--	---	---

The tuition may be paid using one of the following 2 payment options:

- **\$3795.25 at the time of registration (payment-in-full). 5% discount.**
- **\$2000.00 down payment.**
- **\$406.00 per week, through weeks 1-5/ NO REFUNDS after the fifth class.**
- **One time administration fee of \$35.00 will apply if not paid in full.**
- **(All Final Payments made by personal checks must be paid by Certified or Cashier check.)**

Refunds and Cancellations

- A graduation certificate, letter of recommendation, and pin will only be awarded to those students attaining a 70% or above grade average. Students whose grade average is below 70% will not receive a certificate.
- A full refund will be made of all deposits or payments if cancellation is made at least one week prior to the class starting date and all tuition and fees paid by the applicant shall be refunded ***if requested within three business days*** after signing a contract with the school.
- All but \$1500.00 will be refunded if cancellation is made within one week of the class starting date.
- If cancellation is made after the first class but prior to the second class, all but \$1500.00 will be refunded.
- For cancellations after Classes 1 and 2, \$775.00 per class attended will be charged plus \$500.00 administration fees and any remaining balance will be refunded. There will be no refunds after the third session.
- If a student drops out of the program at any point, and decides to re-register for a future class, full tuition fee of \$3995 will be charged and no credit will be given to payments made for the previous class.
- All tuition and fees paid by the applicant will be refunded if the applicant is rejected by the school before enrollment in the dental assisting program.

CareCredit Extended Financing Instructions

You can apply for CareCredit financing in total privacy using one of the two methods below:

1. **By Phone:** Call **800-365-8295** and follow the automated prompts. Our office phone # is **248-432-7659**.
2. **Online:** Apply at www.carecredit.com Under "Doctor's Name write "**Daryl Duncan, DDS**" or "phone" put our phone# **248-432-7659**.

Upon approval you will be given a 16 digit number, beginning with "6". Write that number in the CareCredit# space on the next page and be sure and check your monthly payment choice. Complete, and send it in to the school address or fax number.

Please fill out completely the information on the next page and send in with your selected payment option. Thank You!

I wish to register for the upcoming class and have selected one of the following payment options:

- Payment in Full (\$3995)**
- \$ 2000.00 Down Payment (ENCLOSED)**



American Express Check Money Order

Credit Card # _____ Exp Date: _____
 3 digit CCard _____
 Security Code: _____ Cardholder Signature: _____

Name on Card or Care Credit Acct _____

Card (Acct) Billing Street Add: _____ ZIP _____

Student Name : _____ (PRINT)

Address: _____

City _____ State _____ Zip _____

Phone Number: _____ Soc. Sec. # _____
 Last 4 Digits _____

Signature _____ Date: _____

Student's Email: _____

Send Payment & Registration to:

Dental Careers of Michigan, Inc.
 Dr. Daryl Duncan
 25225 W. Seven Mile Rd
 Redford, MI 48240
 or **FAX** to:
313-541-6885

HOW DID YOU FIND OUT ABOUT OUR COURSE?

- Internet
- Yellow Pages
- Former Student:

Ph. # _____

Other : _____

PLEASE CHECK ONE OF THE FOLLOWING TWO BOXES:

- I wish to be in the **FRIDAY** group.
- I wish to be in the **SATURDAY** group.

Scrub Uniform Size	XS	S	M	L	XL	2XL
Numeric:	2-4	6-8	10-12	14-16	18-20	22-24
Bust:	31-33	34-35	36-38	39-41	42-45	46-49
Waist:	23-25	26-27	28-30	31-33	34-37	38-41
Hips:	32-35	36-37	38-40	41-43	44-47	48-51

We will be ordering your uniform to wear in class, which is included in your tuition. So that we may order the correct size scrub uniform for you, **we need to know your size**. Please use the chart and mark your size below:

SIZE (letter): _____



Dental Careers Institute of Michigan, Inc.

Michigan Department of Licensing and Regulatory Affairs' Board of Dentistry

"The Michigan Department of Licensing and Regulatory Affairs' Board of Dentistry is responsible for the licensing of individuals who want to practice dentistry, dental hygiene and advanced levels of dental assisting. Students attending a course in dental assisting that is offered by a licensed proprietary school that is not accredited by the American Dental Association are not eligible for licensure by the State of Michigan."

"Dental Careers of Michigan, Inc. is classified as a licensed proprietary school and is not accredited by the American Dental Association's Commission on Dental Accreditation. Graduates of this program are not eligible for licensure as a Registered Dental Assistant in Michigan."

"All dental assistants working in the State of Michigan are required by law to have radiography training. Dental Careers of Michigan will provide training and administer the radiography examination provided by the Michigan Dental Association for grading. Upon successful completion a certificate will be granted by the Michigan Dental Association."