Application and Enrollment Agreement Dental Staff Institute, LLC

3320 Siskey Parkway, Suite 100-A, Matthews, NC 28105

Office: 704-234-7014 FAX: 704-234-7015

Website: www.dentalstaffinstitute.com email: admissions@dentalstaffinstitute.com

Name:		Nickname:	
Address:			
City:	State:	Zip	
Cell Phone:	Work Phone: _		
Email:		(please	write clearly)
Date of Birth://		Driver's License Nu	mber:
Highest Level of Education:	-		st grade attended: □some dental assisting school
Name of Highest Schooling Atter	nded:		_
City and State:	Year	Graduated:	
How did you learn about Dental □Friend □Catalog □Post			one) □Conference □Family Member
Enrollment is subject to the terms an Week program to become a DA1 (er			greement. Please note that the MDA 11-NO and the DR courses.
PLEASE CHECK ONE PROC		it Tuition/Fees	Session/Course Start Date
Program ☐MDA001 – Modern Dental Ass			
□DR001 – Dental Radiography^	•	\$560.00	
□ CP001 – Coronal Polishing^^		\$395.00	
□NO001 – Nitrous Oxide Analge	esia	\$295.00	
□ ALT001 – Advanced Laboratory Techniques^^		•	

*(An OFFICIAL high school transcript will be necessary to complete your enrollment for MDA.)

Fees are payable by cash, check (made out to Dental Staff Institute, LLC) or Visa/MC/Discover and all funds need to clear before the deadline dates.

Cancellation and Settlement Policy

This enrollment agreement may be canceled within five calendar days after the date of signing provided that the school is notified of the cancellation in writing. If such cancellation is made, the school will promptly refund in full all tuition and fees paid less a \$45 registration fee. The refund shall be made no later then thirty days after receipt of your cancellation. This provision shall not apply if the enrollment is less than 14 days prior to the start of classes.

^{* \$45} nonrefundable registration fee due with this agreement. Upon Acceptance, an additional deposit of \$350 is required to hold your spot in the course.

[^]Proof of HS diploma or GED must be submitted at least 24 hours before course date.

^{^^} DA2 prerequisite; must submit proof of 3,000 hours (within last 5 yrs) at least 24 hours before course date.

Refund Policy

If the student is not accepted into the training program, all monies paid by the student shall be refunded less the \$45 registration fee.

Tuition for one-day and two-day courses are due in full at the time of registration. Refunds will be issued up to 14 days before the start of your class less a \$45 application fee. Beyond the deadline, you may use your tuition towards another course, if available. There is a \$25 change fee to reprocess your paperwork and re-enroll you in the new class. Once your class has started there are no refunds.

There is a non-refundable \$45 registration fee for the MDA001 11-week course. Once accepted, a \$350 deposit is required to reserve your seat. This deposit is non-refundable less than 60 days before the start of your first class. The balance of tuition is due no less than 30 days before the start of your first class. Should you decide that you do not wish to enroll, tuition is refundable up to 14 days before the start of class less your deposit and registration fee. Once your class starts, refunds for tuition shall be made in accordance with following provisions:

- 1) A student who starts class and withdraws before week 3 will be entitled to a 75% refund of tuition and laboratory fee less the deposit, registration fee and distributed textbooks or supplies.
- 2) A student who starts class and withdraws before week 5 will be entitled to a 50% refund of tuition and laboratory fee less the deposit, registration fee and distributed textbooks or supplies.
- 3) A student who starts class and withdraws on or after week 5 will not be entitled to a refund of the tuition and fees.

The school shall make the appropriate refund within thirty days of the date the school is able to determine that a student has withdrawn or has been terminated from a program. Refunds shall be based upon the last date of a student's attendance or participation in an academic school activity.

Complaint or Grievance Procedure

All student complaints should be first directed to the school personnel involved. If no resolution is forthcoming, written complaint shall be submitted to the director of the school. Whether or not the problem or complaint has been resolved to his/her satisfaction by the school, the student may direct any problem or complaint to:

NORTH CAROLINA COMMUNITY COLLEGE SYSTEM
Academic and Student Services
Office of Proprietary School Licensing and Services
Attn: Mr. Scott Corl, Executive Director
5001 Mail Service Center
Raleigh, North Carolina 27699-5001

Phone: (919) 807-7061 Fax: (919) 807-7169

E-Mail: corls@nccommunitycolleges.edu

Website: http://www.nccommunitycolleges.edu/proprietary-schools

I acknowledge that I have read/received a school catalog and agree with the school policies and procedures as stated. I acknowledge that I have received and read a copy of this enrollment agreement.				
Applicant Signature: Applicant must be 18 years of age at time of	Date: registration or have parent/guardian signature.			
Parent or Guardian:	Date:			
School Representative:	Date:			

Student Interview for MDA001 ONLY - Personal and Confidential

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Name: _____ Date: ____ Address: City: _____ State: ____ Zip ____ Cell Phone: _____ Work Phone: _____ Email: _____ 1. What interested you about dental assisting to apply to the DSI 11- week DA1 course? 2. What three skills do you believe you already possess which will enable you to succeed? 3. On a scale from 1 to 10, how would you rate your study skills? 4. What do you feel are the three most important attributes a dental assistant should possess? 5. Do the best you can to explain what you feel is the function of a good dental assistant: Please include payment of \$45 to complete your application. Checks may be made out to Dental Staff Institute, LLC. We will contact you shortly to confirm your application.

DA2 Disclosure:

A student completing all of the requirements of this MDA001 prgram will be classified as a DA1 in North Carolina. DA2 classification requires successful completion of:

- 1. Full-time employment and experience as a chairside assistant for two years (3,000 hours) of the preceeding five, during which period the assistant may be trained in any dental delivery setting and allowed to prform the functions of a DA2 under the direct control and supervision of a licensed dentist;
- a) a 3-hour course in sterilization and infection control;
- b) a 3-hour course in dental office emergencies;

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- c) radiology training consistent with G.S. 90-29(s)(12); and
- d) current certification in CPR; or
- 2. Successful completion of the certification exam administered by the Dental Assisting National Board, and current certification in CPR.