

Dental Careers Foundation

1436 S. Independence Blvd. Virginia Beach, 23462
Office Phone: (757) 289-4543

www.yourdentalcareer.com
info@yourdentalcareer.com

Tuition and Financial Arrangements

The tuition for the *DENTAL ASSISTING* course of study offered by this institution is:

\$4,500 Plus \$100.00 Registration Fee

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

The course will run eleven (11) consecutive weeks, eight classroom hours per week for a total of 88 classroom hours of instruction. This will include lecture material as well as clinical "hands on" training.

The tuition fee includes all of the following:

- All training and visual aids, materials and dental supplies used in the clinical training.
- Use of all equipment and instrumentation with actual "hands on" training during the course of study. There are no hidden costs or expenses once you get started.
- A ***Certificate in Dental Assisting, Dental Assistant*** pin, and a letter of recommendation outlining your training and experience will be awarded to all students who have attained a 70% or above grade average.
- X-ray training in accordance with state regulations.
- Training in all phases of General Dentistry, including, Endodontics, Crown & Bridge, Cosmetic Bonding, Amalgam Restorations, Impressions, Oral Surgery, Periodontics, 4-handed dentistry, front desk, and much more!
- All instruction is taught by dental professionals in a "state-of-the-art" dental facility.

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

- \$4,500 paid at least one week before the first class (a saving of \$200.00)**
- \$1,100 down - paid at time of registration, then \$350.00 per week for ten weeks**
- CareCredit Extended Financing (see instructions and options on next page) No interest or fees and 12 months to complete payments**

Tuition must be paid in full before the final exam.

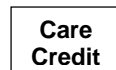
Fill out the application on this page and send in with your payment option. Thank You!

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

\$4,300 Paid-in-Full (ENCLOSED). A savings of \$200. Cash, Check or Credit Card only (Does not apply to Care Credit)

\$1,100 down payment, then \$350 for ten weeks, due at the beginning of each class

CareCredit® Plan (application instructions below).



Check

Money

Credit Card # _____ Exp Date: _____ Code (3 digits): _____
(or Care Credit #) _____ Card Security

Cardholder Signature: _____

Name on Card: _____

Card Billing Address: _____

City _____ State _____ ZIP _____

Student Name: _____

Address: _____

City: _____ Zip _____

Phone #: _____ Soc.Sec.# _____

Student Signature: _____ Date: _____

email address: _____

How did you find out about our course?

1. Internet

2. High School

3. Newspaper Ads

4. Former Student

5. Other: _____

**CareCredit Financing
Application 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.
2. Online: Apply at www.carecredit.com Click "Apply Now" Under "Doctor's name or phone" put our phone # 757-495-4700

To insure approval, enter the fee (tuition) for the course when asked (\$4,500), and make sure all information is correct, especially social security numbers. Include ALL sources of household income (salary, bonuses, alimony, investments). Consider using a co-applicant if your application is denied.

Upon approval, you will be given a 16 digit number beginning with "6". Write this number in the "CareCredit #" space above, complete the rest of the information requested and send in to our address above or FAX it to **757-495-3126**

DENTAL CAREERS FOUNDATION

2019-2020 APPLICATION FOR ADMISSION

(PLEASE SUBMIT WITH **\$100.00 NON-REFUNDABLE** APPLICATION FEE)
FAX TO: 757-495-3126 or Mail to: 1436 S. Independence Blvd. Virginia Beach, 23462

Legal Name: _____

Date of Birth: _____ Are you a US citizen? Yes No Sex: Female Male

Street Address: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____

Emergency Contact Information:

Contact Name: _____

Street Address: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Applications for admission must be received no later than: _____

I certify that all statements on this application and accompanying documents are complete and true. I also understand that if I am admitted and do not enroll for the "start date" to which I am admitted, I may need to reapply for admission. I understand that submitted materials will not be returned.

Student Name (print)

Date

Is there any other information you would like to provide that might affect your ability to complete the program (i.e., physical limitations, dyslexia, etc.)?:

