



Careers in Dentistry

School of Dental Assisting

3608 Wheeler Road
Augusta, Georgia 30909
706-481-8811

wannabeadentalassistant@gmail.com

Student Demographic Sheet

Class: 01-2024

First Name

Last Name

DOB

Home/work telephone number

Cellular Number

Best number to reach you? _____

E-Mail (if applicable) - this is a great way for us to communicate; e-mail addresses are not shared/sold

List any allergies that you feel we need to be aware of including food & drugs:

Examples: Latex, Penicillin, Peanuts

List any medical conditions you have that you feel we need to be aware of

Examples: Asthma, Epilepsy, and Hepatitis

Emergency contact: _____ Relationship _____

Phone #: _____

Do we have your permission to post pictures of you on our website & Facebook showing you in classroom activities?

Yes or No (circle one) – Please sign below giving consent

Any Additional notes needed

Student Signature: _____ Date: _____



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Enrollment Agreement

Name: _____ DOB: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____

Program Information

Program Name: Careers in Dentistry

Program Level: Certificate

Program Start Date: _____

Scheduled End Date: _____

Full Time/Part Time: Part Time

Day/Evening: Evening

Class Days: Tuesday and Thursday from 6:30pm to 10:30pm

Number or Weeks: 13

Total Hours: 100

Externship Recommendation: 4-8Hours

Tuition & Fees

Tuition: \$2900.00 – includes \$100.00 non-refundable application fee

Total Cost: \$2900.00

Returned checks fee \$45.00 (if payment is returned for any reason – future payments will not be allowed by checks)

Method of Payment: Cash _____ Check _____ Credit Card _____

Payment in Full: _____ \$1000.00 Down Payment, then \$190.00 per week for 10 weeks _____

Student Signature

Date

Institutional Representative Signature

Date



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FINANCIAL & TUITION ARRANGEMENTS

Student Name: _____

This tuition for the dental assisting course study offered by this institution is \$2,900.00.

This course will run thirteen (13) consecutive weeks, two (2) nights a week, eight (8) classroom hours per week for a total of One Hundred (100) classroom hours of instructions. Our classes are held on Tuesdays & Thursdays (occasionally, we may need to modify our class night for special unforeseen reasons if this should occur, it will be discussed prior to the change. In addition, there is approximately sixty- (60) hours of home study plus four (4) to eight (8) hours of “practical” on the job training for approximately one hundred & seventy (170) course work hours.

The Tuition fee includes all the following

1. Textbook: “Modern Dental Assisting”, Torrerres & Enrich, 10th addition- this book is available for check out
2. Textbook: (Syllabus) “Concepts in Dental Assisting”, Richard Erickson, DDS- this is yours to keep
3. Safety Glasses, pen, red/blue dual ended pencils, carry bag- these supplies are checked out and must be returned prior to graduation. Failure to do so will result in a \$45.00 charge will be due before graduation packets are given.
4. Use of all equipment & instrumentation with actual “hands on” training during the course of study
5. A certificate in dental assisting, dental assisting pin, and a letter recommendation outlining your training and experience will be awarded to all students who have attained a 75% or above grade average and your account is paid in full. Those students whose course average is below 75% will not receive a certificate, but will be allowed to retake the course (if desired) at a reduced rate of \$1500.00 (minus \$100.00 non-refundable deposit).
6. X-Ray training in accordance with the state regulations in a dental office (the state of Georgia does not require certification – 8 hours of on the job training is required)
7. Training in all phases of general dentistry, including amalgam restorations, oral surgery, orthodontics, Periodontics as well as pediatric dentistry. We do our best to schedule guest speakers who cannot wait to answer your questions. They are actively working in the dental field.
8. A certification in Adult CPR is provided after the course finals.
9. Osha & HIPAA training in the dental offices (basic OSHA and HIPAA is taught- but students not certified)
10. Actual clinical experience & live patient practice (this is typically during your interning hours)
11. A dental professional, in an active practicing dental office, not in the classroom, does all training.
You will be required to get an evaluation from each office during your interning.



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The tuition may be paid in full using one of the following arrangements:

1. \$2,900.00 at the time of registration (includes \$100.00 is a non-refundable deposit)
2. \$1000.00 down payment (due at the time of registration), then \$190.00 on Thursday for ten (10) payments.
(includes \$100.00 is a non-refundable deposit)

Financial & Tuition Arrangements

I have selected the following payment plan for the dental assisting course:

_____ \$2,900.00- Paid in full (includes \$100.00 non-refundable deposit)

_____ \$1,000.00 down payment (includes \$100.00 non-refundable deposit).

I agree to pay the remaining balance in payments of \$190.00 on Thursday for ten (10) weeks.

Please note, in order to graduate you must have zero balance and all check out items must be returned.

Please complete the following to reserve a place in our next class:

() Payment in full (includes \$100.00 non-refundable deposit)

() \$1,000.00 down payment (\$100.00 non-refundable deposit)

() Credit Card () Cash () Check #: _____ () MYCAA () Money Order

Credit card information- We require proof of identification (i.e. Driver's license) to run the credit card (no exceptions)

Name on card: _____

Credit card #: _____

Expiration date: _____ CCV#: _____

Billing address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____



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Student Signature: _____ Date: _____

Cancellations and Refunds

- A full refund will be made of all deposits and payments if cancellation is made three (3) calendar days before the start of the first class. If you have already picked up your uniform, this must be turned into the office of Careers in Dentistry before a refund will be made (minus the \$100.00 non-refundable deposit).
- After three (3) calendar days, refunds are based on a percentage of the course completed. The percentage is adjusted weekly. For example, if a student completes the first week of class, all but 10% will be refunded (minus the \$100.00 non-refundable deposit).
- Before the refund is issued, all checked out items including your uniform must be returned to the office of Careers in Dentistry.
- You will be required to sign a Cancellation & Refund document.

Attendance Requirements

1st offense: verbal warning; 2nd offense: written warning; 3rd offense: To be determined by the Clinical Instructor

Attendance:

- Registration in the class is required.
- If a lecture or clinic session is canceled due to the instructor's absence the session will be rescheduled.
- If a lecture or clinic session in progress is canceled due to unforeseen circumstances, the session will be rescheduled.

Absences:

- Punctual attendance is part of a professional responsibility and is required at all classroom laboratory, and clinic sessions. In the event a class is missed, the student must notify the Dental Assisting program prior to class and is responsible for all material covered during class absence.
Students are to call the office at (706) 481-8811 or Jari at (706) 832-0829 before 4pm, Mon-Thurs to report absence or tardiness.
- No more than 3 classes should be missed during the program
- A doctor's note or person note is required the day you return to class.

Tardiness:

- A student is considered late (tardy) if the instructor has begun the lecture before his/her arrival and the student has not received prior permission to enter the classroom or clinic session late.
- A student is considered tardy if he/she leaves before class is dismissed without prior permission from the instructor of the class.



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Placement Services

Careers in Dentistry students will be notified of any dental offices that are hiring.

Resume writing is a part of instruction, your resume will be re-viewed, and suggestions may be provided.

Careers in Dentistry does not guarantee jobs to graduates.

We would love to hear how you found out about our course

() Internet () Newspaper () Word of mouth () Facebook

() Former student- Name: _____

() Other: _____

Print Name: _____

Student signature: _____ Date: _____



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Student Confidentiality Statement

Student Name: _____

As a student in the dental assisting program of Careers in Dentistry, I understand that I will be working with medical and dental records of patients in the CID dental assisting clinic as well as other dental offices while doing my clinical rotations/shadowing. I further understand that medical and dental records are confidential and person document. I understand we must abide by the HIPAA laws.

I agree NOT to discuss the contents of any patients medical or dental records except with the patient or instructor, and only when such discussion is relative to the patients care or learning experience. I understand that these are records of Careers in Dentistry as well as other dental offices that I may visit while doing my clinical /interning rotations. I understand that I will not remove or make copies from the dental assisting program or any other dental office during clinical/shadowing rotations. I understand a violation of the confidentiality policy established by CID Dental Assisting program may be grounds for dismissal of the program without refund.

I have read and understand the CID Dental Assistant clinics notice of Privacy Practices and agree to comply with the policies by the program in compliance with HIPAA regulations.

Please read carefully and sign below that you understand entirely this agreement

Print Name _____

Student Signature: _____ Date: _____

Faculty members signature: _____ Date: _____

You will find a copy of this agreement in our student manual



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Student Communicable Disease Agreement

Student Name: _____

As a student in the dental assistant program of Careers in Dentistry, I understand that I will be working with patients in the CID dental clinic and the office of Dr. John Blalock as well as other dental offices while doing my clinical/interning rotations, that I may be afflicted with a communicable disease such as HIV, Hepatitis and other illnesses. I further understand that the medical status of these patients is considered confidential information.

I acknowledge that I have been informed of my risk of exposure to blood and bodily fluids and understand the potential for transmission of the blood borne disease during patient care interaction and will not hold careers in dentistry liable for accidental exposure.

I agree to provide care to all patients assigned to me regardless of their health status. I understand that refusal to provide care to any patient without consent of the dental assistant department head may result in my dismissal from the dental assistant program.

Please read carefully and sign/date below that you understand this agreement.

Print Name: _____

Student Signature: _____ Date: _____

Faculty Member Signature: _____ Date: _____

You will find a copy of this agreement in our student manual



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GNPEC Student Disclosure Form

Name of School: Careers in Dentistry
Address: 3608 Wheeler Road Augusta, Georgia 30909

Please initial that you have read and understand the following statements.

1. Enrollment Agreement & Catalog

_____ I have read and received a copy of the enrollment agreement, or equivalent document, and the school catalog. I understand that the terms and conditions of these documents are not subject to amendment or modification by oral agreements.

2. School Outcomes

_____ I have read and received a copy of the school’s self-reported, unaudited retention, graduation, and placements rates for the preceding year as well as the most recent Georgia licensure test results, if applicable, for the program I am entering.

3. Employment

_____ I understand that upon successful completion of my training program, this school will provide placement assistance, However, I understand that the school does not guarantee any graduate a job. I have not been guaranteed employment to earn a specific salary range upon graduation.

4. Refund Policy

_____ I have reviewed the refund policy provided in the catalog and am aware that the institution attests to the fact that the policy meets the Minimum Standards set forth by the Georgia Nonpublic Postsecondary Education Commission.

5. Complaint procedure

_____ I have reviewed the complaint procedure provided in the catalog and am aware that, after exhausting the institution’s procedure, I have the right to appeal the institution’s complaint determination to the Georgia Nonpublic Postsecondary Education Commission.

6. Authorizations and Accreditation Status

_____ I understand that the institution in which I am enrolling has been issued a Certificate of Authorization by the Georgia Nonpublic Postsecondary Education Commission. This status indicates that the institution has met the Minimum Standards established by Georgia code (20-250.6). Although authorized, I understand that this institution is not accredited by a U.S.-based accrediting association recognized by the United States Secretary of Education; therefore, I am not eligible for Federal Student Aid. Additionally, as the case with all postsecondary institutions, both accredited and unaccredited, there are no guarantee that my credits will transfer to another institution.

Student’s Signature: _____ Date: _____

School Representative’s Signature: _____ Date: _____



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Grievance Policy

Student Name: _____

At Careers in Dentistry, we hope you have a great experience while going through our program. If at any time you have any complaints or concerns we ask that you please write them down and place in our discussion box with our without your name on it. This box will be out for every class as well as the student handbook.

Dr. Blalock or Jari will address the concerns and we will do our best to resolve any matter. You must do a written grievance complaint within two weeks of the incident. Please allow seven (7) days for a response, if you do not agree with the response you have ninety days (90) to appeal with the GNPEC.

If this does not resolve the matter, then speak with the instructor personally before or after class. You may also call Dr. Blalock at the number listed above or Jari directly at 706-832-0829 or wannabe dentalassistant@gmail.com . Please do not let any situation build up and cause an issue. We are here to help you learn and be the best dental assistant you can be in your new career.

If neither method is helping then you may get in touch with the GNPEC- Georgia Nonpublic Postsecondary Education Commission by either calling them at (770) 414-3300 or at www.gnpec.georgia.gov or at the address listed below:

2082 East Exchange Place, Ste. 220
Tucker, Georgia 30084

We thank you again for being a part of our program and look forward to working with you.

Please sign below that you have read and understand the following policy.

Print Name: _____

Student Signature: _____ Date: _____



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New Student Questionnaire

Student Name: _____

Please give us in a few sentences a brief summary about yourself: _____

1. Are you currently employed? If yes, where? _____

Job title: _____ Full time/ Part time?

2. What made you decide to want a career in the dental field? _____

3. What are your goals to achieve from our school? _____

4. What are your expectations of our faculty? _____

5. Do you feel as though you are a team player and can adjust to change easily? _____

6. Do you have any conflicts that would cause you to miss classes? If yes, list. _____

7. Do you expect to have any issues getting time off your job for your clinical interning/shadowing? _____

8. Do you have any anxiety of taking quizzes and/or test? _____

9. Do you have any dental experience? If yes, list experience: _____

10. Do you have any issues with needles, seeing blood? If yes, list _____

Please let us know if you have any questions? comments? Concerns? _____
