



Tuition and Financial Arrangements

\$2995 Early Enrollment Special (deadline 1 month prior to course start date)
\$3850 General Enrollment

The above tuition covers all of the following:

- Textbook: "Modern Dental Assisting", Torres & Ehrlich, 12th Edition (Saunders)
- Workbook: "Concepts in Dental Assisting", Richard Erickson, DDS, 2nd, Edition (DCI Publishing)
- 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 will be awarded to all students who have attained a 70% of above grade average. A letter of recommendation outlining your training and experience will be awarded to all students who have completed four or more hours of shadowing.
- Dental 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 more.
- Actual clinical experience and patient practice.
- One set up scrubs
- All training is done by dental professionals in a practicing dental office, not a classroom.

The course will run ten (10) 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. In addition, there is approximately 60 hours of home study, plus a voluntary 10 to 15 hours of practical on-the-job training for a total of approximately 155 course work hours. The class is limited to 20 students.

Tuition may be paid using one of the following payment options (**Personal Checks Are Not Accepted**):

- **Full Payment at the time of registration (cash, cashier's check, money order or credit card)**
- **\$850.00 down payment, then \$238.34 at the beginning of each class (9 payments) for Early Enrollment Special.**
- **\$850.00 down payment, then \$333.34 at the beginning of each class (9 payments) for General Enrollment.**

CareCredit Extended Financing (see instructions and options on next page)

Please fill out the following application and send with your payment. Thank You!

Auburn Dental Assisting Program | 1575 Professional Pkwy. | Auburn, AL 36830 | 334.821.2846
| (f)334.821.4322

www.auburdentalassisting.com

AUBURN DENTAL ASSISTING PROGRAM REGISTRATION FORM

Please mail, fax or call or payment and registration:

Auburn Dental Assisting Program | 1575 Professional Pkwy | Auburn, AL 36830 | fax 334-821-4322 | phone 334-821-2846

Student Name (please print): _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

*Email address: _____

(*this will be where all course work will be sent)

Emergency Contact Name: _____ Phone: _____

By signing, I acknowledge I have read and understood Auburn Dental Assisting Program's Registration/Refund Policy.

Student Signature: _____ Date: _____

OFFICE USE ONLY

Student # _____

EP Sent _____

Wait List _____

I wish to enroll in the following session | 2018-2019

____ Summer Session Fridays (July 13 - September 21) Early Enrollment Deadline June 13, 2018

____ Fall Session Fridays (September 28 - December 7) Early Enrollment Deadline August 28, 2018

____ Winter Session Saturdays (January 5 - March 9) Early Enrollment Deadline December 5,

How did you hear about our course?

____ Internet

____ Billboard

____ Restaurant TV

____ Previous Student

____ Early Enrollment \$2995.00

(if enrolling before Early Enrollment Deadline – see above)

Please check one:

____ \$2995 Paid in Full

____ \$850 Required Minimum Down Payment

\$_____ amount if paying more than \$850

____ General Enrollment \$3850.00

(if enrolling after Early Enrollment Deadline – see above)

Please check one:

____ \$3850 Paid in Full

____ \$850 Required Minimum Down Payment

\$_____ amount if paying more than \$850 required

Forms of Payment (Personal Checks are Not Accepted)

Please accurately fill in below:

____ **Cash** – Amount \$_____

____ **Cashier's Check/Money Order** – Amount \$_____ Check # _____

____ **Credit** – please circle one: Credit Card or Care Credit

Credit Card or Care Credit # _____

Credit Card Exp. Date: _____ Credit Card 3 Digit Security Code: _____

If paying with **CareCredit**, please select Payment Plan:

6 Month No Interest

12Month No Interest

24 Month with Interest

36 Month

with Interest

Name on Card/Account: _____

Card / Account Billing Address: _____

City: _____ State: _____ Zip: _____

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 office phone # **334-821-2846**

To ensure approval, enter the fee (tuition) for the course when asked (\$2995 for Early Enrollment Special or \$3850 for General Enrollment), 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 **334-821-4322**.

Policy, Refunds, & Cancellations

A Certificate of Dental Assisting and Dental Assistant pin will be awarded to all students who have attained a 70% or above grade average. A letter of recommendation outlining your training and experience will be awarded to all students who have completed four or more hours of shadowing. Those students whose grade average is below 70% will not receive a certificate or letter of recommendation but will be allowed to retake the entire course (if desired) at a reduced fee of \$1500, or on a case by case basis.

A refund will be made of all deposits or payments if cancellation is made at least 1 month prior to the start date of the first class; however, any charges incurred by Auburn Dental Assisting Program will be subtracted from the refund. This includes, but is not limited to, processing fees for CareCredit, credit cards, books, materials, supplies, etc. The funds will be refunded in the manner in which they were paid.*

All cancellations must first be made by calling our office, Auburn Dental Spa at 334-821-2846, during normal business hours and must speak with an office employee with your intent. Phone messages and emails will not be accepted. After you have communicated, via phone with our office, a cancellation form must be filled out and submitted in person, or via email if you live more than 30 miles outside of Auburn.

If cancellation is made less than 1 month prior to the start date, but prior to the first class, the student will be charged a \$250 cancellation fee. Also, any charges incurred by Auburn Dental Assisting Program will be subtracted from the refund. This includes, but is not limited to, processing fees for CareCredit, credit cards, books, materials, supplies, etc. The funds will be refunded in the manner in which they were paid.

If cancellation is made after the first class but prior to the second class, the student will be charged \$375.00 for the first session. For cancellations during Classes 2 through 5, \$230.00 per class will be charged plus \$375.00 for the first class. No refunds will be given after the fifth class of the course. In addition to the charge for each class session, the student will be responsible for any charges incurred by Auburn Dental Assisting Program. This includes, but is not limited to, processing fees for CareCredit, credit cards, books, materials, supplies, etc. The funds will be refunded in the manner in which they were paid.

Those wishing to cancel for illness or personal reasons may resume their course of study in the next class series with no penalty and may repeat the already completed sessions if desired at no additional charge, pending the receipt of a valid doctor's excuse, or pick up where they left off.

***Cash refunds will be given by check. All refunds may take up to a month to process. An Auburn Dental Assisting Program Refund Form must be filled out and submitted in person. Refund Form must be requested via phone during regular office hours Monday – Thursday 7:30-4:30.**



Course Outline

The following subjects are covered in depth from both a didactic and a practical clinical experience. The morning lecture is followed by an afternoon of clinical, “hands on” training in our state-of-the-art practicing dental office. During their course of study, the students learn the operation of all equipment, instrumentation and materials commonly used in a general dental practice. All students receive in excess of 8 hours of instruction in radiology. Our students have been trained in many of the “expanded duties” as well. Details of the student’s extensive clinical training are outlined below.

I. Dental Theory and Terminology

- A. Dental and oral anatomy, tooth identification and numbering system
- B. Instrument nomenclature and identification for all aspects of General Dentistry
- C. Dental terminology
- D. Equipment operation, chair positioning, assistant equipment usage
- E. Treatment options available, depending on oral conditions

II. Receptionist - Front Desk Office Management

- A. Phone techniques and appointment book control
- B. Billing: accounts receivable and accounts payable, collections
- C. Filing insurance forms and pre-treatment estimates
- D. Insurance terminology

III. Four-Handed Dental Assisting

- A. Instrument transfer techniques, chair-side assisting and patient suctioning
- B. Chair-side doctor-patient-assistant positioning
- C. Tub and tray systems of instruments and materials
- D. Familiarity and use of instruments and materials in assisting for:
 - 1. Operative Dentistry - Amalgam and composite restorations
 - 2. Oral Surgery - Instruments, procedures and post-op protocol
 - 3. Crown and Bridge - Polyvinyl “gun type” impression taking, temporary fabrication, cord packing, hemostatic agents, introduction into various crown types
 - 4. Endodontics- Instruments, medicaments and materials: how and why they are used
 - 5. Periodontics - Disease origin and usual treatment methods
 - 6. Pedodontics - Commonalty and differences in treating children vs. adult patients

IV. Radiology

- A. X-ray theory and technique, use of Rinn holders and other methods
- B. Intraoral, bitewing, panoramic and endodontic exposure methods
- C. Developing x-rays using the automatic processor

- D. Darkroom care and maintenance
- E. X-ray identification, interpretation, safety and precautions

V. Impressions and Model Trimming

- A. Impression materials and practice in their uses: alignates, poly vinyl siloxane, etc.
- B. Wax bites, counter impressions
- C. Model pouring and trimming

VI. Cements and Liners

- A. Introduction to various cements and liners used in dentistry
- B. Practice mixing cements and liners

VII. Sterilization Techniques

- A. Sterilization theory and terminology, autoclave operation
- B. Instrument and equipment sterilization/disinfection
- C. Treatment room disinfection and asepsis techniques
- D. Handpiece care and maintenance

VIII. Job Interview and Placement Assistance

- A. Proper image, dress, resume and how to prepare for the job interview itself
- B. Difficult questions you may face and how to answer them
- C. Do's and don'ts during the interview, what to expect

AUBURN

Dental Assisting Program

Hepatitis Vaccination Requirement

OSHA requires all health care providers to have completed a series of three injections prior to working on a live patient or cleaning/sterilizing any materials in a working dental office. If you have previously completed the series of three hepatitis injections, you can provide Mrs. Litkenhous with written proof or documentation from a licensed physician or clinic and you are ready to begin work. Otherwise, it will be necessary for you to complete the series of three injections. Moore's Mill Urgent Care provides this service.

Moore's Mill Urgent Care

2415 Moore's Mill Road, Suite 230, Auburn, AL 36830

334-502-1117

No appointment needed

Monday - Friday 8am - 7 pm

Saturday & Sunday 10am - 4pm

Three Injections - Each injection is approximately \$50

Injection #1 - Please complete before first class

Injection #2 - Given 4 weeks after the first injection

(After this injection is completed, it is now acceptable for you to work on patients or sterilize instruments)

Injection #3 - Given 6 months after the first injection

VISA, MC, Discover, Cash and debit cards are all accepted. Most insurance plans are accepted.

All injections must be paid for at the time of service.

AUBURN

Dental Assisting Program

Refunds, Cancellations & Graduation Requirements

A graduation certificate, letter of recommendation, and pin will only be awarded to those students attaining a 70% or above grade average. Those students whose grade average is below 70% will not receive a certificate and letter of recommendation but will be allowed to retake the entire course (if desired) at a reduced fee of \$1500.

A full refund will be made of all deposits or payments if cancellation is made at least 1 month prior to the start date of the first class; however, any charges incurred by Auburn Dental Assisting Program will be subtracted from the refund. This includes, but is not limited to, processing fees for CareCredit, credit cards, books, materials, supplies, etc. The funds will be refunded in the manner in which they were paid.*

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