



2720 North Harbor Blvd, Suite 110  
 Fullerton, CA 92835  
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 info@dentalassistantfullerton.com  
 www.dentalassistantfullerton.com

**DENTAL ASSISTANT  
 ENROLLMENT AGREEMENT**

**PLEASE PRINT OR TYPE**

Applicant Legal Name \_\_\_\_\_  
 (First) (Middle) (Last)  
 Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License / ID No. \_\_\_\_\_  
 Cell # : (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Secondary #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

**EDUCATIONAL PROGRAMS**

Check Program of Enrollment	Title and Length of Educational Program	*Total Institutional Charge for the Educational Program
	Dental Assistant 75 Hours / 10 Weeks	
	Dental Assistant Front Office 70 Hours / 10 Weeks	

Program Start Date: \_\_\_\_\_ Program Scheduled Completion Date: \_\_\_\_\_

*\*Dental Assistant Lecture book and all necessary materials will be provided for classroom use and are included in the cost of the course.*

**PAYMENT**

**TOTAL DUE UPON ENROLLMENT: \$ \_\_\_\_\_ TOTAL DUE FOR THE ENTIRE PROGRAM: \$ \_\_\_\_\_**

Method of payment may be: check, cash, debit, Visa, MasterCard, American Express or Discover credit cards.

**PAYMENTS**

To assist students who are not financially capable of paying the total amount of tuition in full, the school will offer an easy interest free installment payment plan. These terms are available to all students who need assistance. The plan will consist of four (4) installments:

Title of Educational Program	1 <sup>st</sup> Installment Due Upon Enrollment	2 <sup>nd</sup> Installment Due 1 Week prior to Program start date	3 <sup>rd</sup> Installment Due the 4 <sup>th</sup> Week of the Program	4 <sup>th</sup> Installment Due the 8 <sup>th</sup> Week of the Program
Dental Assistant	\$ _____	\$ _____	\$ _____	\$ _____
Dental Assistant Front Office	\$ _____			

**LATE PAYMENTS:** Installment payments not received 10-days after the due date shall incur a five percent (5%) penalty of the amount due.

**AGREEMENT DEFAULT:** If student defaults upon this agreement, student will be responsible for the remaining balance owed after all discounts and adjustments have been revoked from account and all original course charges have been reinstated. In addition, student will be responsible for any collection fees or attorney fees incurred by Fullerton Dental Assistant School. Full remaining balance must be paid within ten business days of the day the student defaulted. (Initial) \_\_\_\_\_

**BE SURE TO READ ALL PAGES OF THIS AGREEMENT. IT IS PART OF YOUR CONTRACT WITH THE SCHOOL.**

Revision Date: March, 2022

Page 1 of 3 \_\_\_\_\_ (Initial)

**ADDITIONAL FEES, IF APPLICABLE**

- Student must provide a written request for duplicate or replacement if the original certificate of completion is lost or misplaced after the first copy is provided.
- If you are requesting a duplicate or replacement certificate for Infection Control or Dental Practice Act courses, be advised these courses must be renewed every five years for unlicensed assistants and every two years for Registered Dental Assistants.
- A fee of \$45.00 for a duplicate copy of each certificate will be charged if the original is lost or misplaced or the student requests a name correction and/or change that can be verified.
- The normal processing time for CE certificates is 2-3 weeks after all necessary documents have been received from the student. Any student requesting a “rush” certificate to be provided less than two (2) weeks of the normal processing time will be assessed an additional fee of \$75.00.
- Mannequins not returned on time in the same condition provided:\$250.00
- Replacement book(s) after first copy provided for Dental Assistant and Dental Assistant Front Office is \$300.00 per program.

**CHANGE OF COURSE START DATE BY STUDENT**

Written request for course start date change must be made no less than 30 days prior to first day of class and is subject to school director approval. If request is approved, a \$150 processing fee will be applied and no additional changes to course start date will be permitted. Once a student has made a change to the course start date, no refunds will be issued if the student decides to cancel.

Fullerton Dental Assistant School reserves the right to reschedule the program start date when the number of the students scheduled is too small. If the student does not wish to start on the new start date, a full refund of all tuition and fees will be returned.

**REFUND POLICY**

**CANCELLATION**

- Upon receipt of written cancellation of Dental Assistant Program, at least twenty one days prior to the program start date, the student will receive a refund less a \$611.25 registration/cancellation fee. All discounts/adjustments will be revoked from account and all original course charges will be reinstated. (Initial)\_\_\_\_\_
- Written cancellations received less than twenty one days prior to a course start date will not receive a refund.
- Cancellation/withdrawal is only accepted in writing and is valid once written notification is received by school administration.

**WITHDRAWAL**

- Fullerton Dental School reserves the right to discontinue or terminate any student’s training for failure to maintain satisfactory academic progress; failure to abide by the rules and regulations of the institution; absences or tardiness in excess of maximum set forth by the institution; and/or failure to meet financial obligations to the School.
- If the student chooses to withdraw after starting the program or is withdrawn by Fullerton Dental Assistant School, **the student will not receive a refund of any type.** Student will have ten days from the withdrawal date to pay their balance in full.

**UNDERSTANDINGS**

1. Any dishonesty or falsification of records will result in dismissal and will be reported to the Dental Board of California.
2. The student cannot advertise our school on craigslist or any other website to get patients to practice on or to take their final exam.
3. Fullerton Dental Assistant School is not required to and does not provide Form 1098-T or any similar statements. Institution’s required to provide the information must be eligible to participate in the Department of Education’s programs. Fullerton Dental Assistant School does not participate in any Department of Education programs.
4. While Fullerton Dental Assistant School will assist graduates in developing job search skills. Fullerton Dental Assistant School cannot and does not guarantee the student will find employment nor does it guarantee the student will realize a given salary following graduation.
5. For female students, if you are pregnant or think that you might be, you must inform us immediately and provide a medical release from your obstetrician for your safety.
6. If you have a medical condition a medical release form from your physician will be required for your safety.

**My signature below certifies that I have read and agree with the Understandings above.**

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_

**BE SURE TO READ ALL PAGES OF THIS AGREEMENT. IT IS PART OF YOUR CONTRACT WITH THE SCHOOL.**

**Revision Date: March, 2022**

**Page 2 of 3 \_\_\_\_\_ (Initial)**

**Photograph Release**

I, \_\_\_\_\_ give my permission to Fullerton Dental Assistant School to use my photograph(s) for any lawful purpose, including such purposes as publicity, illustration, advertising, teaching, web content and social media marketing.

*Initial, if permission is granted:* \_\_\_\_\_

**Graduation**

A student will be eligible for graduation upon passing all course requirements with a minimum score of 75%, completing 200 internship hours and satisfying all financial obligations four weeks prior to graduation. Initial, as understood: \_\_\_\_\_

I hereby acknowledge receipt of the **Fullerton Dental Assistant School** Policy Handbook. The Policy Handbook is included as a part of this enrollment agreement, and I acknowledge that I have received a copy and had time to review prior to signing this enrollment agreement.

THE TERMS AND CONDITIONS OF THIS AGREEMENT ARE NOT SUBJECT TO AMENDMENT OR MODIFICATION BY ORAL AGREEMENT. I, THE UNDERSIGNED PURCHASER OF THE PROGRAM OF TRAINING, HAVE READ, UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS CONTAINED HEREIN AND WITH MY SIGNATURE I CERTIFY HAVING RECEIVED AN EXACT COPY OF THIS AGREEMENT. I FURTHER ACKNOWLEDGE THAT NO VERBAL STATEMENTS HAVE BEEN MADE CONTRARY TO WHAT IS CONTAINED IN THIS AGREEMENT. **THIS ENROLLMENT AGREEMENT IS A LEGALLY BINDING INSTRUMENT WHEN SIGNED BY THE STUDENT AND ACCEPTED BY THE SCHOOL.**

**I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution’s cancellation and refund policies have been clearly explained to me.**

Signature of Student

Date

School Director Signature

Date



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**DENTAL ASSISTANT  
 CONTINUING EDUCATION  
 ENROLLMENT AGREEMENT**

Applicant Legal Name \_\_\_\_\_  
 (First) (Middle) (Last)  
 Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License / ID No. \_\_\_\_\_  
 Cell #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Secondary #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Emergency Contact Cell #: \_\_\_\_\_

**EDUCATIONAL COURSES**

Check Course of Enrollment	Title and Length of Educational Courses	*Total Due
	<b>CPR/BLS for Healthcare Provider- 4 Hours</b> Required for all Continuing Education Courses	
	<b>Infection Control - 8 Hours</b> -Required for all Continuing Education Courses	
	<b>Dental Practice Act – 2 Hours</b>	
	<b>OSHA– 2 Hours</b>	
	<b>Radiation Health and Safety – 32 Hours</b> Requires CPR/BLS and 8hrs Infection Control	
	<b>Coronal Polishing Course – 16 Hours</b> Requires CPR/BLS and 8hrs Infection Control	
	<b>Pit and Fissure Sealant – 16 Hours</b> Requires CPR/BLS , 8hrs Infection Control and Coronal Polishing Course	
	Registered Dental Assistant (RDA) Written Review – 14 Hours **Borrowing of a book: If you choose, you can borrow a school owned book (there is no charge to borrow the book) however, the book must be returned the same day of the training (Undamaged). If you fail to return the book you will be charged a fee of \$250.00. Students borrowing a book must leave a credit card on file; with a signed authorization to make the charge in the even the book is damaged or not returned.	
	Specialized Individual Training (No certificates will be provided) _____ Hours at \$100 per hour Note: Minimum of 4 Hours and Maximum of 24 hours of enrollment per agreement.	

Program Start Date: \_\_\_\_\_ Program Scheduled Completion Date: \_\_\_\_\_

*\*All necessary books and materials will be provided for classroom use and are included in the cost of the course.*

**PAYMENT**

**TOTAL DUE UPON ENROLLMENT: \$ \_\_\_\_\_ TOTAL DUE FOR THE ENTIRE PROGRAM: \$ \_\_\_\_\_**

Total tuition and fees, as applicable due prior to the start of the program.

Method of payment may be: check, cash, debit, Visa, MasterCard, American Express and Discover credit cards.

**AGREEMENT DEFAULT**

If student defaults upon this agreement, student will be responsible for the remaining balance owed after all discounts and adjustments have been revoked from account and all original course charges have been reinstated. In addition, student will be responsible for all any collection fees or attorney fees incurred by Fullerton Dental Assistant School. Full remaining balance must be paid within ten business days of the day the student defaulted. (Initial) \_\_\_\_\_

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 Revision Date: March, 2022 Page 1 of 3 \_\_\_\_\_ (Initial)

**ADDITIONAL FEES, IF APPLICABLE**

Issuing of certificate of completion after the original certificate is provided:

- Student must provide a written request for duplicate or replacement if the original certificate of completion is lost or misplaced.
- If you are requesting a duplicate or replacement certificate for Infection Control or Dental Practice Act courses, be advised these courses must be renewed within five years of application of a Registered Dental Assistant License. Renewal is required every two years for Registered Dental Assistants.
- A fee of \$45.00 for a duplicate copy of each certificate will be charged if the original is lost or misplaced or the student requests a name correction and/or change that can be verified.
- The normal processing time for CE certificates is 2-3 weeks after all necessary documents have been received from the student. Any student requesting a “rush” certificate to be provided less than two (2) weeks of the normal processing time will be assessed an additional fee of \$75.00.
- Replacement book(s) after first copy provided for Continuing Education Courses is \$150.00 book per course.

**CHANGE OF COURSE START DATE BY STUDENT**

- Written request for course start date change must be made no less than 30 days prior to first day of class and is subject to school director approval. If request is approved, a \$150 processing fee will be applied and no additional changes to course start date will be permitted. Once a student has made a change to the course start date, no refunds will be issued if the student decides to cancel.
- Fullerton Dental Assistant School reserves the right to reschedule the program start date when the number of the students scheduled is too small. If the student does not wish to start on the new start date, a full refund of all tuition and fees will be returned.

**REFUND POLICY**

**CANCELLATION**

- Upon receipt of written cancellation for a continuing education course, at least twenty one days prior to the program start date, the student will receive a refund, less a \$300 registration/cancellation fee . All discounts/adjustments will be revoked from account and all original course charges will be reinstated. (Initial)\_\_\_\_\_
- Written cancellations received less than twenty one days prior to a course start date will not receive a refund.
- Cancellation/ withdrawal request must be submitted in writing on a school form. Cancellation will be reviewed on the date written notification is received.

**WITHDRAWAL**

- Fullerton Dental School reserves the right to discontinue or terminate any students’ training for failure to maintain satisfactory academic progress; failure to abide by the rules and regulations of the institution; absences or tardiness in excess of maximum set forth by the institution; and/or failure to meet financial obligations to the School.
- If the student chooses to withdraw after starting the program or is withdrawn by Fullerton Dental Assistant School, **the student will not receive a refund of any type.** If a student does not attend and/or misses any day of the Continuing Education classes, the student must pay the fee to retake the Continuing Education class to be able to continue and to receive their certificate. Students must meet all Continuing Education Courses requirements. Student will have ten days from the withdrawal date to pay their balance in full.

**UNDERSTANDINGS**

1. Any dishonesty or falsification of records will result in dismissal and will be reported to the Dental Board of California.
2. The student cannot advertise our school on craigslist or any other website to get patients to practice on or to take their final exam.
3. Fullerton Dental Assistant School is not required to and does not provide **Form 1098-T** or any similar statements. Institutions required to provide the information must be eligible to participate in the Department of Education’s programs. Fullerton Dental Assistant School does not participate in any Department of Education programs.
4. While Fullerton Dental Assistant School will assist graduates in developing job search skills. Fullerton Dental Assistant School cannot and does not guarantee the student will find employment nor does it guarantee the student will realize a given salary following graduation.
5. For female students, if you are pregnant or think that you might be, you must inform us immediately and provide a medical release from your obstetrician for your safety.
6. If you have a medical condition a medical release form from your physician will be required for your safety.

**My signature below certifies that I have read and agree with the Understandings above.**

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Date \_\_\_\_\_

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Student Signature

Date

School Director Signature

Date

**PREREQUISITES FOR:**

Student Name \_\_\_\_\_

Date \_\_\_\_\_

Course Name	CPR License	Copy of Immunization Record	Infection Control Certificate	RDA License If applicable	Coronal Polishing
	<i>Date Taken / License Number &amp; Expiration Date</i>	<i>Date Taken / License Number &amp; Expiration Date</i>	<i>Date Taken / License Number &amp; Expiration Date</i>	<i>Date Taken / License Number &amp; Expiration Date</i>	<i>Date Taken / License Number &amp; Expiration Date</i>
Infection Control and Dental Practice Act		<i>Hep B Vaccine:</i>			
		<i>TB Result:</i>			
	<i>Verified by:</i>	<i>Verified by:</i>			
Radiation Health and Safety		<i>Hep B Vaccine:</i>			
		<i>TB Result:</i>			
	<i>Verified by:</i>	<i>Verified by:</i>	<i>Verified by:</i>		
Coronal Polishing		<i>Hep B Vaccine:</i>			
		<i>TB Result:</i>			
	<i>Verified by:</i>	<i>Verified by:</i>	<i>Verified by:</i>	<i>Verified by:</i>	<i>Verified by:</i>
Pit and Fissure Sealant		<i>Hep B Vaccine:</i>			
		<i>TB Result:</i>			
	<i>Verified by:</i>	<i>Verified by:</i>		<i>Verified by:</i>	<i>Verified by:</i>

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_

Name of Person that Approves / Signature \_\_\_\_\_

Date \_\_\_\_\_