



**ENROLLMENT AGREEMENT  
CALIFORNIA DENTAL CERTIFICATIONS, LLC**

**1059 FIRST AVENUE, SAN DIEGO CA 92101 TEL: 858-722-8504 FAX: 619-501-9821**

<b>Last</b>		<b>First</b>		<b>M</b>		<b>Student's Soc. Sec. #</b>	
<b>Student's Address</b>			<b>City</b>		<b>State</b>		<b>Zip</b>
<b>Home Phone</b>		<b>Cell Phone</b>		<b>Date of Birth</b>		<b>Driver License #</b>	
<b>PROGRAM TITLE</b>				<b>Start Date</b>		<b>Scheduled      Completion</b>	
<b>Total Clock Hours</b>				<b>Date ___/___/___</b>		<b>Date ___/___/___</b>	
<b>Registration Fee</b>	\$	Fee for registration. This fee is non-refundable.(shall not exceed \$250)					
<b>STRF Assessment Fee</b>	\$	Student Tuition Recovery Fund. This fee is non-refundable. See explanation below.					
<b>Book Fee</b>	\$	<b>Paid tuition</b>	<b>with</b>	This is the cost for the books used during the program. This fee is refundable.			
<b>Tuition Fee</b>	\$	Total tuition charged for the program. This fee is refundable.					
<b>* Total Charges</b>	\$	Total cost you will be charged for your course of study.					
<b>Period covered by this agreement</b>	<b>Date</b>	<b>Date</b>					
	/___/___	/___/___					
The student must exercise his or her right to cancel or withdraw by				<b>Date ___/___/___</b>			

**Schedule of Total Charges Per Program\***

<b>Program of Study</b>	<b><u>Schedule of Total Charges Per Program</u></b>					
	<b>Registration Non refundable (Deducted from cost of tuition)</b>	<b>Tuition Refundable</b>	<b>Period of Attendance (50% of tuition paid at start, balance paid at 4 months)</b>	<b>STRF * Non Refundable</b>	<b>Supplies/ Books (provided as part of tuition)</b>	<b>Total Cost</b>
Dental Assisting	\$200.00	\$4,000.00	N/A	\$0.00	\$0.00	\$4,000.00
Introduction to Dental Laboratory Technology	\$200.00	\$5,000.00	N/A	\$0.00	\$0.00	\$5,000.00
Introduction to Dental Laboratory CAD/CAM Technician	\$200.00	\$5,000.00	N/A	\$0.00	\$0.00	\$5,000.00
<b>Continuing Education Courses</b>						
OSHA Annual Blood-borne Pathogen	\$25.00	\$30.00	N/A	\$0.00	\$0.00	\$25.00



Basic First Aid	\$25.00	\$80.00	N/A	\$0.00	\$0.00	\$80.00
Asthma Inhaler Training	\$25.00	\$30.00	N/A	\$0.00	\$0.00	\$30.00
Epinephrine Injector Training	\$25.00	\$30.00	N/A	\$0.00	\$0.00	\$25.00
Coronal Polishing	\$25.00	\$285.00	N/A	\$0.00	\$0.00	\$285.00
Radiation Safety	\$25.00	\$425.00	N/A	\$0.00	\$0.00	\$425.00
Ultrasonic Scaling	\$25.00	\$195.00	N/A	\$0.00	\$0.00	\$195.00
Pit & Fissure Sealants	\$25.00	\$485.00	N/A	\$0.00	\$0.00	\$485.00
8 Hour Infection Control	\$25.00	\$285.00	N/A	\$0.00	\$0.00	\$285.00
2 Hour Infection Control	\$25.00	\$60.00	N/A	\$0.00	\$0.00	\$60.00
California Dental Practice Act	\$25.00	\$60.00	N/A	\$0.00	\$0.00	\$60.00
CPR/AED Training	\$25.00	\$80.00	N/A	\$0.00	\$0.00	\$80.00
Digital Dental Radiography and X-Ray Technique	\$25.00	\$285.00	N/A	\$0.00	\$0.00	\$285.00

**\*YOU ARE RESPONSIBLE FOR THIS AMOUNT. IF YOU GET A STUDENT LOAN, YOU ARE RESPONSIBLE FOR REPAYING THE LOAN AMOUNT PLUS ANY INTEREST, LESS THE AMOUNT OF ANY REFUND.**

**STUDENT TUITION RECOVERY FUND**

The State of California established the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic loss suffered by a student in an educational program at a qualifying institution, who it or was a California resident while enrolled, or was enrolled in a residency program, if the student enrolled in the institution, prepaid tuition, and suffered an economic loss. Unless relieved of the obligation to do so, you must pay the state-imposed assessment for the STRF, or it must be paid on your behalf, if you are a student in an educational program, who is a California resident, r are enrolled in a residency program, and prepay all or part of your tuition.

You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if you are not a California resident, or are not enrolled in a residency program.

Effective January 1, 2015, the Student Tuition Recovery Fund (STRF) assessment rate will be zero (\$0) per \$1,000.

Please initial \_\_\_\_\_



## NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION

The transferability of credits you earn at California Dental Certifications, LLC is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the certificate you earn in (the educational program: \_\_\_\_\_) is also at the complete discretion of the institution to which you may seek to transfer. If the certificate that you earn at this institution are not accepted at the institution to which you seek to transfer, you may be required to repeat some or all of your course work at the institution. For this reason you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending California Dental Certifications, LLC to determine if your certificate will transfer.

**STUDENT'S RIGHT TO CANCEL:** You have the right to cancel the enrollment agreement, and obtain a refund of charges paid through attendance at the first class session \_\_\_/\_\_\_/\_\_\_ (date), or the seventh day after enrollment, whichever is later. Cancellation occurs when you give written notice of cancellation at the institution's address. You can do this by mail, in person, by fax or telegram. The notice, if mailed is effective by postmark date. This notice need not take any particular form; it needs only to state that you wish to cancel this agreement. If you cancel this agreement, California Dental Certifications, LLC will refund any money that you paid, less any deductions for books and uniform not timely returned in new condition within 45 day after receipt of the notice.

**PROCEDURE TO CANCEL:** Cancellation occurs when you give written notice of cancellation to the Director of Student Services, **1059 First Avenue, San Diego CA 92101**. You can do this by mail, email, in person, by fax or telegram. The notice, if mailed is effective by postmark date. This notice need not take any particular form; it needs only to state that you wish to cancel.

**WITHDRAWAL FROM COURSE:** The institutional refund policy for students who have completed 60 percent or less of the course of instruction shall be a pro rata refund. After the end of the cancellation period, you have a right to terminate your studies at this school at any time, and you have the right to receive a refund for the part of the course or program you have paid for and did not receive. You have the right to withdraw from the course of instruction at any time. If you withdraw from the course of instruction after the period allowed for cancellation, the school will remit a refund, less a registration fee and the STRF fee within 45 days following your withdrawal. You are obligated to pay only for educational services rendered and for unreturned books or equipment.

- (A) Deduct a registration fee and the STRF Assessment Fee from the total tuition charge.
- (B) Divide this figure by the number of days in the course.
- (C) The quotient is the daily charge for the course.
- (D) The amount owed by you for purposes of calculating a refund is derived by multiplying the total days attended by the daily charge for instruction.
- (E) The refund would be any amount in excess of the figure derived in (D) that was paid by you.
- (F) The refund amount shall be adjusted for equipment, if applicable.

If you receive federal student financial aid funds, you are entitled to a refund of moneys not paid from federal student financial aid program funds. If you obtain a loan to pay for your educational program, you will have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund. If you are eligible for a loan guaranteed by the federal or state government and you default on the loan, both of the following may occur:

- (1) The federal or state government or a loan guarantee agency may take action against you, including applying any income tax refund to which you are entitled, to reduce the balance owed on the loan.
- (2) You may not be eligible for any other federal student financial aid at another institution or other government assistance until the loan is repaid.

### STUDENT DISCLOSURES:

(1) Any questions a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833, [www.bppe.ca.gov](http://www.bppe.ca.gov), toll-free telephone number (888) 370-7589 or by fax (916) 263-1897.



(2) A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling (888) 370-7589 toll-free or by completing a complaint form, which can be obtained on the bureau's internet web site [www.bppe.ca.gov](http://www.bppe.ca.gov).

Please initial \_\_\_\_\_

<b>THE TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE IS</b>	\$
<b>THE ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM IS</b>	\$
<b>THE TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT IS</b>	\$

Prior to signing this enrollment agreement, you must be given a catalog or brochure and a School Performance Fact Sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact Sheet relating to completion rates, placement rates, license examination passage rates, and salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement.

\_\_\_\_\_**Student Initials.** I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, and salary or wage information, and the most recent three-year cohort default rate, if applicable, included in the School Performance Fact sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet.

**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)

\_\_\_\_\_  
(Signature of School Official)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Title of School Official)

**THIS AGREEMENT IS LEGAL AND BINDING ONLY IF SIGNED BY THE STUDENT AND ACCEPTED BY THE INSTITUTION.**

Books and Materials:


**PLEASE NOTE THAT ENGLISH IS THE ONLY LANGUAGE IN WHICH RECRUITMENT IS CONDUCTED.**



If English is not the student's primary language, and the student is unable to understand the terms and conditions of the enrollment agreement, the student shall have the right to obtain a clear explanation of the terms and conditions and all cancellation and refund policies in his or her primary language. The institution will have the enrollment agreement, disclosures, and statements translated into that language.

**ALL INSTRUCTION IS PROVIDED AT 1059 FIRST AVENUE, SAN DIEGO CA 92101.**

