

# **FALL 2019 - ASSIST TO SUCCEED BENTON KY REGISTRATION FORM**

PO Box 1007 · 1301 Olive Street · Benton KY 42025 · (270) 205-2701

**The tuition for Assist To Succeed Dental Assisting Program is \$3799.00 and includes all of the following:**

- ◆ Textbook: "Modern Dental Assisting", Torres & Ehrlich: 11<sup>th</sup> Ed(2015); Elsevier Publishing
- ◆ Syllabus: "Concepts in Dental Assisting", Richard Erickson, DDS, 3<sup>rd</sup> Ed(2015); DCI Publishing
- ◆ All training and visual aids, materials and dental supplies used throughout the course
- ◆ Use of all dental equipment and instrumentation with actual "hands on" training during the course of study.
- ◆ Training in ALL aspects of General Dental Assisting, including dental specialties
- ◆ All training is done by dental professionals in an actual practicing dental office, not just in a classroom

**Student Responsibilities include:**

- ◆ Students are required to bring their own paper and pencils and purchase one pair of solid colored scrubs to be worn to every class. Scrub tops must be long sleeved. If the scrub top is not long sleeved, the student must wear a long sleeved shirt under it or lab coat
- ◆ Students are required to attend all 10 weeks of class, 2 days per week
- ◆ Students are required to complete a 30 hour externship. Students are responsible for finding & completing their externship.
- ◆ Students must pass all exams and in class requirements with 80% or higher grade to receive their Fundamentals of Dental Assisting certificate and letter of recommendation from the directors

**Tuition for Assist to Succeed may be paid using one of the following 3 payment options:**

- ✓ \$3799.00 paid in full by cash, check, or major credit card
- ✓ \$2099.00 down prior to the first week of class and \$180.00 per week for 10 weeks totaling \$3899.00
- ✓ \$999.00 down (nonrefundable) prior to the first week of class and \$300.00 per week for 10 weeks totaling \$3999.00

**Refund and Cancellation Policies: This class is only held once per year beginning in August: Therefore the following refund policies apply.**

- \* Drop outs before June 1<sup>st</sup>, 2019 – will get a full refund minus \$300 for payments made by cash or check  
Drop outs after June 1<sup>st</sup>, 2019 to June 15<sup>th</sup>, 2019 will get a full refund minus \$600 for payments made by cash or check  
(An additional 4% fee for credit card payments will be deducted from the refund if that was the payment method.)
- \* There will be no refunds offered after June 15<sup>th</sup>, 2019.

**Mark the box next to one of the following payment options:**

- \$3799.00 Payment in full with cash, check, or credit card
- \$2099.00 down prior to the first week of class and \$180.00 per week for ten weeks totaling \$3899.00\*\*
- \$999.00 down prior to the first week of class and \$300.00 per week for 10 weeks totaling \$3999.00\*\*

• **Existence of the Kentucky Student Protection Fund.**

Pursuant to KRS 165A.450 All licensed schools, resident and nonresident, shall be required to contribute to a student protection fund. The fund shall be used to reimburse eligible Kentucky students, to pay off debts, including refunds to students enrolled or on leave of absence by not being enrolled for one (1) academic year or less from the school at the time of the closing, incurred due to the closing of a school, discontinuance of a program, loss of license, or loss of accreditation by a school or program.

• **Process for Filing a Claim Against the Kentucky Student Protection Fund.**

To file a claim against the Kentucky Student Protection Fund, each person filing must submit a signed and completed Form for Claims Against the Student Protection Fund, Form PE-38 and provide the requested information to the following address: Kentucky Commission on Proprietary Education, 300 Sower Boulevard, Frankfort, KY 40601. The form can be found on the website at [www.kcpe.ky.gov](http://www.kcpe.ky.gov).

Signature \_\_\_\_\_

(print name) \_\_\_\_\_

Person Financially Responsible \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

# Assist To Succeed Student Information

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Date \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Marital Status \_\_\_\_\_ Maiden Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing address if different than above \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address \_\_\_\_\_ Preferred method of contact: **Email** or **cell** or **home phone** (circle one)

Employer \_\_\_\_\_ Position \_\_\_\_\_

Parent, Guardian or Spouse \_\_\_\_\_ Phone \_\_\_\_\_

Address (if different): \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

High School \_\_\_\_\_ Did you Graduate? \_\_\_\_\_ Year \_\_\_\_\_

High School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

GED? \_\_\_\_\_ Year \_\_\_\_\_

Have you attended a College or Technical Institution? \_\_\_\_\_ How many years? \_\_\_\_\_

Name of College \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_

How did you first hear about this program or who referred you to our program? \_\_\_\_\_

People you know that have graduated our program: \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_