



ENROLLMENT AGREEMENT

for entry into the Dental Assisting Program at
VANCOUVER DENTAL ASSISTING SCHOOL
512 NE 81st Street Suite G, Vancouver, WA 98665
(360) 521-1414

This enrollment agreement is between the above named school and:

Student Name _____ D.O.B. (mm/dd/yyyy) ____/____/____

S.S.#: _____ - _____ - _____ Phone: (_____) _____

Email Address: _____

Address (city, state, zip): _____

Enrollment Date: ____/____/____ Completion Date: ____/____/____

Program Name: Dental Assisting Program

The Dental Assisting program is **80 total hours**, consisting of **ten courses, 8 hours each**, given on a **weekly basis**. *This does not include Externship which is not required for completion of this course but is highly recommended.* The **total cost of the program ranges from \$4,495 - \$7,995.00, depending on the tuition plan you select.** The cost includes a \$150.00 registration fee, items listed below based on each tuition plan option:

Lite Plan	Base Plan	Pro Plan
<ul style="list-style-type: none"> ✓ 10-week Lectures & Lab ✓ Practice on dummies ✓ Access to Internship Offers 	<ul style="list-style-type: none"> ✓ 10-week Lectures & Lab ✓ Practice on dummies ✓ Live Patient Practice ✓ VDAS Scrubs ✓ Lab Materials Costs ✓ Printed & Bounded Workbook ✓ Take Home Whitening Kit ✓ Internship at Ranieu Dental ✓ Access to Hiring Dental Offices 	<ul style="list-style-type: none"> ✓ 10-week Lectures & Lab ✓ Practice on dummies ✓ Live Patient Practice ✓ VDAS Scrubs ✓ Lab Materials Costs ✓ Printed & Bounded Workbook ✓ Text Book ✓ Take Home Whitening Kit ✓ 1-on-1 Internship with Dr. Ranola ✓ Access to Hiring Dental Offices ✓ Welcome Dinner with Dr. Ranola ✓ WA/OR Radiology Licensing/Testing Fees ✓ OSHA, HIPPA training ✓ Lifetime Mentorship ✓ 10% off Future Continuing Education



Students are responsible for costs associated with licensing. (As of 05/18/2023, Washington State Department of Health Charges \$90 (\$40 for Application and \$50 for Sealant Endorsement). Be aware each State has different requirements and fees associated with Dental Assisting Licensing. Be sure to perform all due diligence prior to completing this contract.

Dental Assisting Course Payment Options

Lite Plan	Base Plan	Pro Plan
✓ Option 1: \$4,270 at the time of registration	✓ Option 1: \$5600 at the time of registration	✓ Option 1: \$7595 at the time of registration
✓ Option 2: \$150 at the time of registration, \$4,345 at the first class	✓ Option 2: \$150 at the time of registration, \$5,745 at the first class	✓ Option 2: \$150 at the time of registration, \$7,845 at the first class
	✓ Option 3: Our in-house payment plans are available to enroll via the website: vancouverdentalassisting.com/in-house-payment-plans	✓ Option 3: Our in-house payment plans are available to enroll via the website: vancouverdentalassisting.com/in-house-payment-plans

Payments may be made by check, cash, major credit card, or CareCredit. Following successful completion of all academic, tuition requirements and receipt of a passing grade on each of the ten courses; each student will be awarded a diploma for the program and a letter of recommendation from Vancouver Dental Assisting School.

This school is licensed under Chapter 28C.10 RCW.

Inquiries or complaints regarding this private vocational school may be made to:
 Workforce Training and Education Coordinating Board 128 – 10th Avenue
 Southwest Olympia, Washington 98504
 360-709-4600
 pvsa@wtb.wa.gov

AGREEMENT NOTICE:

This agreement will be binding only when it has been fully completed, signed, and dated by the student and an authorized representative of the school prior to the time instruction begins.



CHANGES TO AGREEMENT NOTICE:

Any changes in the agreement will not be binding on either the student or the school unless such changes are acknowledged in writing by an authorized representative of the school and by the student, or student’s parent or guardian if he/she is a minor.

CANCELLATION AND REFUND POLICY:

1. The school must refund all monies paid if the applicant is not accepted. This includes instances where a starting class is cancelled by the school.
2. The school must refund all monies paid if the applicant cancels within five business days (excluding Sundays and holidays) after the day the contract is signed or an initial payment is made, as long as the applicant has not begun training.
3. The school may retain an established registration fee equal to ten percent of the total tuition cost, or one hundred dollars, whichever is less, if the applicant cancels past the fifth business day after signing the contract or making an initial payment. A registration fee is any fee charged by a school to process student applications and establish a student record system.
4. If training is terminated after the student enters classes, the school may retain the registration fee established under (3) of this subsection, plus a percentage of the total tuition as described in the following table:

<u>If the student completes this amount of training:</u>	<u>School may keep this percentage of tuition:</u>
One week or up to 10%, whichever is less	10%
More than one week (or 10%), whichever is less, but less than 25%	25%
25% through 50%	50%
More than 50%	100%

5. When calculating refunds, the official date of a student’s termination is the last day of recorded attendance:
 - a. When the school receives notice of the student’s intention to discontinue the training program; or,
 - b. When the student is terminated for a violation of a published school policy which provides for termination; or,
 - c. When a student, without notice, fails to attend classes for thirty calendar days.
6. All refunds must be paid within thirty calendar days of the student’s official termination date.

NOTICE TO BUYER:

Do not sign this agreement before you read it or if it contains any blank spaces. This is a legal instrument. All pages of this contract are binding. Read both sides of all pages before signing. You are entitled to an exact copy of the agreement, school catalog, and any other papers you may sign, and are required to sign a statement acknowledging receipt of those.

CANCELLATION OF CONTRACT:

If you have not started training, you may cancel this contract by submitting written notice of such cancellation to the school at its address shown on the contract. The notice must be postmarked no later than midnight of the fifth business day (excluding Sundays and holidays) following your signing this contract; the written notice may also be personally or otherwise delivered to the school within that time. In event of dispute over timely notice, the burden to prove service rests on the applicant.



UNFAIR BUSINESS PRACTICES:

It is an unfair business practice for the school to sell, discount, or otherwise transfer this contract or promissory note without the signed written consent of the student or his/her financial sponsors if he/she is a minor, and a written statement notifying all parties that the cancellation and refund policy continues to apply.

CERTIFICATION:

I certify that I read and understand the cancellation and refund policy and the complaint procedure; I received a copy of the school catalog and I am entitled to an exact copy of this enrollment agreement, school catalog, and any other papers I sign. I certify that all information I provided is accurate. I also acknowledge that I have received, fully read, and understand this enrollment agreement as well as the student information Catalog. By signing below, I acknowledge that no information was given to me contrary to that which is contained in the student Catalog, and that no guarantee or promise was made for employment or financial aid.

Student:

Please print

Signature

Date

Parent or Guardian (if the student is under 18 years of age):

Please print

Signature

Date

Authorized School Representative:

As the authorized representative of the school, I hereby agree to the conditions set forth herein.

Please print

Signature

Date

This school is licensed under Chapter 28C.10 RCW. Inquiries or complaints regarding this private vocational school may be made to:

Workforce Training and Education Coordinating Board
128 – 10th Avenue SW
Olympia, Washington 98504

Phone: 360-753-5662 Email: wtecb@wtb.wa.gov Web: wtb.wa.gov



NOTICE OF FINANCIAL OBLIGATION- ATTACHMENT

**Vancouver Dental Assisting School
512 NE 81st Street Suite G, Vancouver, WA 98665
(360) 521-1414**

NOTICE OF FINANCIAL OBLIGATION

Washington law requires the following information to be supplied to each student enrolling in a private vocational school licensed under **Chapter 28C.10 RCW**. One copy of this notice bearing original signatures must be attached by the school as addenda to that individual's enrollment agreement, as well as a copy provided to the enrollee by the school.

ACKNOWLEDGMENT BY ENROLLEE

1. I understand and accept that any contract for training I enter into with the above named school contains legally binding obligations and responsibilities.
2. I understand and accept that repayment obligations will be placed upon me by any loans or other financing arrangements I enter into as a means to pay for my training.
3. I understand that any enrollment contract I enter into will not be binding or take effect for at least five days, excluding Sundays and holidays, following the last date such a contract is signed by the school and me, provided that I have not entered classes.

Please print

Signature

Date

ACKNOWLEDGMENT BY SCHOOL

Prior to being enrolled in this school, the applicant whose name and signature appears above has been made aware of the legal obligations he/she takes on by entering into a contract for training. Those discussions included cautions by the school about acquiring an excessive debt burden that might become difficult to repay given employment opportunities and average starting salaries in his/her chosen occupation.

Please print

Signature

Date



Attachment 9. Sample Student Data Collection Form (Item P)

VANCOUVER DENTAL ASSISTING SCHOOL STUDENT DATA COLLECTION FORM

The Workforce Board (the state agency that regulates this school) requires that we ask you for this information, by law (RCW 28C.10.050). Providing your social security number is voluntary. The information you provide, including social security number, is used for research purposes only and to plan for Washington's workforce training needs. By law, the information you provide on this form cannot be given out by any state agency as public information. The Workforce Board will not disclose data to anyone except authorized Workforce Board employees or contractors working on specific research activities, who follow strict confidentiality procedures. This format follows the information required to be submitted by the school as part of the annual student data report.



Race (Check only one box):

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Multiracial |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hawaiian Native or other Pacific Islander | |

- | | | | |
|------------------------------|--|------|---|
| *Are you Hispanic in origin? | <input type="checkbox"/> Yes / <input type="checkbox"/> No | Sex: | <input type="checkbox"/> Male / <input type="checkbox"/> Female |
| *Are you disabled? | <input type="checkbox"/> Yes / <input type="checkbox"/> No | | |
| *Are you a military veteran? | <input type="checkbox"/> Yes / <input type="checkbox"/> No | | |

Highest grade completed:

- | | |
|---|--|
| <input type="checkbox"/> Less than high school graduation | <input type="checkbox"/> Certificate (less than 2 years) |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> Associate degree |
| <input type="checkbox"/> GED | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Some post high school, no degree/certificate | <input type="checkbox"/> Master's degree or higher |

Student Signature _____
Date

*Hispanic defined as a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
*Disability defined as a physical or mental impairment which substantially limits one or more major life activities, such as seeing, hearing, speaking, walking, learning, working, etc.
*Veteran defined as a student that served, is not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard.