

DATS of Maryland is approved to operate by Maryland Higher Education Commission (MHEC)

DATS of Virginia is certified to operate by State Council of Higher Education for Virginia (SCHEV)

## **EXPANDED FUNCTIONS DENTAL ASSISTANT ENROLLMENT APPLICATION**

I hereby apply for enrollment in DATS, Inc., hereinafter referred to as "School". A representative has provided me with a catalog and explained the program and terms of the Enrollment Application. *Return by Fax to 855-328-7123* 

and terms of the Enrollment Application. <i>Return by Fax to 855-328-7123</i>									
			SCHOOL LOCA	ATION					
□ DATS of Maryland at Columbia (spring session only) □ DATS of Maryland at Annapolis (fall session only)			10630 Little Patuxent Parkway, Suite 410 2623 Housley Rd, Annapolis, MD 21401				Columbia, M	O 21044	
Session:	□Winter		□Spring		□Fall				
		АРР	LICANT INFO	RMATION	l				
Last Name:		First Name:	irst Name:			MI			
Date of birth:		SSN:	SSN:		Email				
Street address:									
City:		State:	state:			ZIP Code:			
Cell Phone:		Home Phone:			Work Phone:	:			
EMPLOYMENT INFORMATION									
Employer:		Position:	osition:			How long?			
Employer address:						Phone:			
City:		State:			ZIP Code:				
		EI	MERGENCY C	ONTACT					
Name of a relative not residing with you:				ationship:					
Address:					Phone:				
City:	State:	e: 7			ZIP Code:				
			EDUCATIO	ON					
Name of School Last	Attended:		Date Last Att	ended:					
Highest Level Achieved: ☐ GED ☐ High School ☐ Some College ☐ Associates Degree ☐ Bachelor				□ Bachelors+					
			MARKETII	NG					
How did you hear abo	out us:	1			1				
☐ I am a previous D	ATS student	□ Internet	□ Internet			☐ Google Ad			
□ Facebook		□ Newspap	□ Newspaper			□ Flyer			
□ Other		☐ Employer	□ Employer						
		CLASS A	ND TUITION	INFORMA	TION				
Program: <b>Expanded</b>	Functions Dental Assista	ant Clock Hours:	35	Weeks: 7		Tuition: \$750	<b>O</b> (Book not in	cluded)	
			PAYMEN						
Payment Enclosed:				Type:					
□ Deposit \$300 □ Full Fee \$750 □ Other □ Credit Card □ Check □ Money Order  Any remaining balance is due 5 days prior to the class start date unless written payment arrangements are made in advance.									

## STUDENT'S RIGHT TO WITHDRAW AND RECEIVE A REFUND

The enrollment agreement is a legally binding instrument upon the school's written acceptance of the student's application for admission.

If the school closes, or cancels or changes a program of study or location in such a way that the student who has started is unable to complete training, arrangements will be made in a timely manner to accommodate the needs of each student enrolled in the program who is affected by the cancellation or change. If the school is unable to make alternative arrangements that are satisfactory to the student, the school will refund all money paid by the student for the program.

If the school closes, or cancels or changes a program in a way that is not satisfactory to the student, the school will refund all money paid by the student including the \$100 registration fee.

Students may cancel the enrollment agreement by written notice at any time within seven (7) calendar days after signing the contract for a full refund of all monies paid. If withdrawal occurs seven (7) calendar days after signing the original contract and prior to the first class, all monies will be refunded except the registration fee of \$100.00.

Tuition for students who elect to withdraw or are terminated from the program after class has started will be refunded or pro-rated according to the following calculations after the cancellation period expires.

1								
	% of course taught	Tuition Refunded (if paid)	Tuition Liability					
	Less than 10%	90%	10%					
	10%-19%	80%	20%					
	20%-29%	60%	40%					
	30%-39%	40%	60%					
	40%-50%	20%	80%					
	More than 50%	No Refund	100%					

A refund due a student shall be based on the date of withdrawal or termination, which is the last date of attendance by the student, and will be paid within 60 days from the date of withdrawal or termination.

## OTHER TERMS AND CONDITIONS

A student may be terminated for creating a safety hazard to other students, disobedient or disrespectful behavior to faculty or other students, unsatisfactory academic progress, poor attendance, unprofessional conduct, excessive absence or lateness, failure to pay fees when due, cheating, falsifying records, breach of enrollment agreement, entering school site while under the influence or effects of alcohol, drugs, or narcotics, of any kind, carrying a concealed or potentially dangerous weapon, or sexual harassment of harassment of any kind. Terms of the refund policy will apply.

Students are responsible for purchasing their own text book. Classes are five hours per session, held from 8:00am to 1:00pm every Saturday for a total of seven weeks.

Students will receive a diploma and a copy of the "Official Transcript" upon satisfactory completion of all program requirements. Students must (a) receive a grade average of 75%, (b) attend all classroom hours of the program, (c) submit Task Performance Competency Form, (d) have no outstanding balances owed to the school. Our program does not grant leaves of absence. Student records, including grades and attendance, are available upon written request.

The Expanded Functions Dental Assistant program prepares students to apply to the Dental Assisting National Board to take the examination for expanded functions.

## **READ, SIGN AND DATE**

Notice to Buyer: Do not sign this Enrollment Agreement before you read it or if it contains any blank spaces. You are entitled to an exact copy of this signed Enrollment Agreement. Keep all documents regarding enrollment and financial obligations to protect your legal rights.

I have read the terms and conditions contained in this Enrollment Agreement and the current catalog, which I have received and read, and understand that, with my signature, this agreement constitutes a binding contract after written acceptance by the School. Contract changes may be made only by written consent of both parties

As a requirement of my enrollment I am providing <u>proof that I am currently employed in a dental practice</u>. I am also submitting a copy of my High School Diploma or GED; however, if I am unable to provide proof of this document my signature below certifies that I have completed the educational requirement for admittance. Photocopy of ID card or U.S. Driver's License issued by Federal, State or Local agency or entity is required with this enrollment agreement. ID must contain information such as name, date of birth, gender and address.

STUDENT SIGNATURE:							Date:			
FOR SCHOOL USE ONLY										
Session:	□ Winter	□ Spring	□ Fall	Class Start Date:					Class End Date:	
Accepted By (School Official Name): Signature:					e:				Date:	
VOLUNTARY STUDENT EROLLMENT INFORMATION										
To be completed on a voluntary basis by student. Not for interview or admission purposes. In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations that may apply, we invite you to complete this student data survey. Providing this information is <i>STRICTLY VOLUNTARY</i> . Failure to provide it will not subject you to any adverse enrollment decision or action. Please be advised that this survey is NOT part of your official application for enrollment. It will not be used in any admissions decision. Your cooperation is appreciated. We consider all students for enrollment without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing admissions policies and do not discriminate on the basis of any unlawful criteria. This information will be used and kept confidential in accordance with applicable laws and regulations.										
Gender: ☐ Male ☐ Female			male Age	e Range: 🗆 18-24 (Traditional Student)			udent)	☐ 25+ (Non-Traditional Student)		
Ethnic Group:	o: ☐ Non-Resident Alien ☐ Black/A		African Ame	frican American		Vhite □ An		American Indian/Alaskan Native		
☐ Asian	n ☐ Hispanic of any race ☐ Native H		Hawaiian/F	Pacific Islander	□ 2	2 or more races	□ R	ace/Ethnicity Unknown		