



***Mailing Address ONLY:**
DENTAL CAREER INSTITUTE
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www.dentalcareerinstitute.com
E-mail: dentalcareerinstitute@yahoo.com
Business Cell/ Text# (562) 704-2651

***IMPORTANT NOTICE: No walk-in's, please. THIS IS NOT OUR CLINICAL OFFICE ADDRESS.**

Month/ Day/ Year

Full Name: _____ Date of Birth: _____

Title: _____ License No. _____ SSN: _____ (last 4 digits Only)

Street Address: _____

City, State and Zip: _____

Home Ph: _____ Cell Ph: _____

Email Address: _____

Course Information

Course Title: _____

Start Date: _____

NON-REFUNDABLE Course Fee: _____

Special Instructions: _____

Form of Payment: _____

IF SOMEONE ELSE HAS PAID for your course, we require a signed letter with that person's legal name, address, contact number, and e-mail stating that he/she has paid for your course.

We Accept Company Check, Cashier's Check, and Money order.

PAYABLE TO: Dental Career Institute

REGISTRATION FORM, COURSE PREREQUISITES, PROOF OF PAYMENTS, AND OTHER DOCS: Must be e-mailed the PDF documents to DentalCareerInstitute@yahoo.com, on or before the due date specified in the course handout and electronic media documents. (we only accept PDF files attached to the e-mail. REMINDER: ATTACHMENT LINKS/ Pictures will be NOT be accepted).

Incomplete prerequisites will not be accepted, and students will be rescheduled for the next start date.

STUDENT INITIALS: _____

Important Notice:

We reserve the right to substitute instructors, change class location and class schedule as needed. Any class that does not meet minimum enrollment requirements may be cancelled.

After you register:

It will take at least 24-48 hours for us to process your registration. Once we complete your registration and payment, the Instructor or Program Director will call or e-mail you to schedule your class or e-mail your course documents so that you may start studying the course. Please check your spam, or bulk mail for the e-mail and attachments or you can e-mail us to follow up.

Supplies, Materials, and Clinical Patients:

We do NOT provide any supplies, materials, and clinical patients for the certification program. You must provide your own qualified patients, PPE (including your disposable gowns and other supplies) and materials for the program.

Extension Fee:

If you cannot finish your assignments on time, you may request an extension via e-mail and pay \$100 one-month extension for the course.

Financial Aid:

We do not offer any Financial Aid or any Government Assistance Programs.

Our program is NOT Qualified for Financial Aid: Due to the number of hours it's considered a short program, so it does NOT qualify for free money via Title IV Financial Aid.

Some financial options past students have used to help pay for the program are personal credit cards or personal loan services. (We are NOT affiliated with these companies). Please contact them directly and review what options they offer to help.

www.discover.com

www.sofi.com

www.credible.com

Payment Plan:

We do offer payment plan only for bundle certification programs. Contact our Program Director via e-mail at dentalcareerinstitute@yahoo.com for more details.

Class Location:

Classes are taught in our clinical office in Huntington Beach, California.

Certification:

It will take an additional 3 to 4 weeks to process your Certificate of Completion. If you want to follow up, Please e-mail us your name, address, contact number, course name and your request at dentalcareerinstitute@yahoo.com. **ALL Certificate of Completion will be e-mailed to the students or attendees.**

Certificate RUSH FEE \$120: We offer a one (1) week turn over upon request. Request must be submitted via e-mail and pay the \$120 RUSH FEE SERVICE.

CE-Units:

Continuing Education units/credits for participation in the CE activity may not apply toward license renewal in all licensing jurisdiction. It is the responsibility of each participant to verify the CE requirements of his/her licensing or regulatory agency. Dental Board of California only accepts eight (8) hours CEU per day.

The CEU units earned may be claimed toward license renewal. Original continuing education certificates are subject to Board audit and should be RETAINED by the licensee for a period of three (3) renewal periods. Do not send certificates to the Dental Board unless requested.

STUDENT INITIALS: _____

Property Disclaimer:

The School/ Course Provider is not responsible for the loss or damage of students’ personal items and belongings. Students will be held responsible for any school property (i.e. facility equipment, laboratory materials) damaged in any way. Students will be reprimanded through progressive disciplinary action.

Copyright:

Any document and information provided to the students is copyright by the institution. Any unauthorized use or distribution is prohibited. Student agrees that they will not make any copies or distribute to others without written authorization from the institution.

Attorney’s Fees:

If the Institution (Dental Career Institute) takes any legal action to enforce all the terms and conditions, The Institution (Dental Career Institute) will be entitled to recover from the student and the student agree to pay, all reasonable and necessary attorneys’ fees and any cost of litigation. In addition to any other relief, at law or in equity, to which Dental Career Institute may be entitled.

ISSUING CERTIFICATE IF THE ORIGINAL IS LOST OR MISPLACED

1. STUDENTS MUST HAVE A WRITTEN REQUEST (E-MAIL OR CERTIFIED MAIL) IF THE ORIGINAL CERTIFICATE IS LOST OR MISPLACED.
2. IF THE LOST CERTIFICATE WAS ISSUED AT LEAST FIVE (5) YEARS FROM THE TIME IT WAS ORIGINALLY ISSUED TO THE PRESENT TIME IT WAS CLAIMED MISSING, THE STUDENT SHALL BE REQUIRED TO RETAKE THE CERTIFICATION PROGRAM AGAIN.
3. A FEE OF \$35.00 CHARGE FOR A DUPLICATE COPY OF EACH CERTIFICATE IF THE ORIGINAL IS LOST OR MISPLACED.

Registration Refund/ Drop Class Policy: Course Fee is **NON-REFUNDABLE**. Refunds are made only if the course is cancelled or over-enrolled.

Students can change class schedules or change courses at least (10) or more business days prior to the start date with a \$50.00 registration fee + PayPal Fees (may vary if you pay online). A request letter must be sent to us as soon as possible and to ensure that we receive the request, certified mail is recommended -OR- you can e-mail your request at dentalcareerinstitute@yahoo.com.

If the student does not attend his/her class, the registration fee will be automatically forfeited.

Students must attend the first session of the class to confirm their registration. Students who missed the first class session may possibly lose their slot in the class to give way to applicants on the waiting list.

For the applicant (STUDENT): By registering, I am the applicant for this course. I understand all the important notices/ policies and have understood them truthfully & completely. I waive any liability and legal claims against the school, Dental Career Institute, the Instructor, Faculty, and/or Extramural Facility during the course of this program. In addition, I understand that I need to complete all the course requirements, and if I am unable to complete the program on time or by the due date, I will automatically fail the course and will be dropped from the program. If I decide to continue, I must enroll and pay the current fees again.

Student Signature: _____ **Date:** _____

STUDENT INITIALS: _____