



PROGRAM ENROLLMENT AGREEMENT

(This document is legally binding, please read carefully)

Worcester Facility
10 Winthrop St, Suite 219
Worcester, MA 01610
Tel: (508) 425-6644
Email: amello@nedentalacademy.com

PLEASE PRINT:

STUDENT INFORMATION

FULL NAME: _____
ADDRESS: _____ ZIP: _____
HOME TELEPHONE: _____ CELL: _____
EMAIL _____ (Please initial) _____ I am 18 years of age or older and am eligible to work in Massachusetts.

MINIMAL ENTRANCE REQUIREMENTS

☐ HIGH SCHOOL DIPLOMA OR ITS EQUIVALENT- the GED® and the HiSET®. (All Applicants must be 18 years of age or older to apply)

NAME OF SCHOOL _____ YEAR COMPLETED: _____

_____ EACH ENROLLING STUDENT IS REQUIRED TO HAVE SUFFICIENT TECHNOLOGY, SUCH AS A COMPUTER, LAPTOP OR IPAD AND INTERNET CONNECTION.

_____ MEDICAL REQUIREMENTS:

- ☐ HEPATITIS B VACCINE/ANTIBODIES
- ☐ PROVIDE A NEGATIVE PPD READING OR NORMAL CHEST X-RAY WITHIN 12 MONTHS

PROGRAM SELECTION

PROGRAM:

☐ **DENTAL ASSISTANT (HYBRID)**

CLOCK HOURS: 937 (457 Lecture /Lab/Online & Clinical, 480 Externship/Internship)

Total Course Fee: \$4,900

TUITION FEE: \$ 3,000_

BOOKS: \$ _____

SUPPLIES: \$ 1,850_

NON-REFUNDABLE ADMINISTRATIVE FEES: \$50.00

TOTAL CHARGES: \$ 4,900_

DISCOUNTS, IF ANY: \$ _____

ADJUSTED TOTAL CHARGES: \$ _____

ADDITIONAL ESTIMATED costs to be incurred by a student outside of total charges and Timeline:

1. **By Start of Program Day 1:** Course eBook: \$130.00; Additional Optional Textbook: \$60.00
2. **By Start of Week 4:** Uniform (Scrub top/bottom, Footwear): \$50.00
3. **After Week 11:** Dental Assisting National Board (DANB) Radiology & ICE Exams: \$375.00
4. **After Week 26:** CPR: \$25.00
5. **After Week 26:** State of Massachusetts Dental Assisting License fee \$60.00

Total Estimated Additional Costs= \$700

START DATE SELECTION

Please select all that apply. Late registrations will not be accepted after 2 classes beyond the start date.

Program Start Date: _____

Program Days: ☐ MON/WEDS ☐ TUES/THURS

Program End Date: _____

Time: ☐ Morning Program __9:30 AM__ to __12:30 PM__

PAYMENT OPTIONS: DENTAL ASSISTANT PROGRAM

We accept: ☐ Credit Card ☐ Checks ☐ Cash ☐ Other

- Option 1: \$4,900.00 (Program paid in full) Cash or Check 5% discount Credit Card 3% discount
- Option 2: \$500.00 Deposit - \$489 per month for 9 months
- Option 3: No Deposit - \$4,900 balance - \$544 per month for 9 months
- Option 4: Flexible Deposit (minimum \$500) & less monthly payments

There is a \$30 fee for all declined payments.

Refund Law: Please read carefully, this agreement is not complete until signed & all forms completed by both parties, and a fully executed copy is provided to the student.

REFUND LAW: (AS PER M.G.L. CHAPTER 255, SECTION 13K)

Relevant Dates in the column below

Refund Law (as per M.G.L. Chapter 255, Section 13K):	Dates:
1. You may terminate this agreement at any time.	N/A
2. If you terminate this agreement within five days you will receive a refund of all monies paid, provided that you have not commenced the program. Refund Amount: \$4,900	5th day after date both parties have signed the contract Date:
3. If you subsequently terminate this agreement prior to the commencement of the program, you will receive a refund of all monies paid, less the actual reasonable administrative costs described in paragraph 7. Refund Amount: \$4,850	Program start date Date:
4. If you terminate this agreement during the first quarter of the program, you will receive a refund of at least seventy-five percent of the tuition, less the actual reasonable administrative costs described in paragraph 7. Refund Amount: \$3,625	Last date of first quarter Date:
5. If you terminate this agreement during the second quarter of the program, you will receive a refund of at least fifty per cent of the tuition, less the actual reasonable administrative costs described in paragraph 7. Refund Amount: \$2,400	Last date of second quarter Date:
6. If you terminate this agreement during the third quarter of the program, you will receive a refund of at least twenty-five percent of the tuition, less the actual reasonable administrative costs described in paragraph 7. Refund Amount: \$1,175	Last date of third quarter Date:
7. If you terminate this agreement after the initial five-day period, you will be responsible for actual reasonable administrative costs incurred by the school to enroll you and to process your application, which administrative costs shall not exceed fifty dollars or five percent of the contract price, whichever is less. A list of such administrative costs is attached hereto and made a part of this agreement.	5th day after date both parties have signed the contract Date:
8. If you wish to terminate this agreement, you must inform the school in writing of your termination, which will become effective on the day such writing is mailed. 9.	N/A
9. The school is not obligated to provide any refund if you terminate this agreement during the fourth quarter of the program. 10.	First day of fourth quarter Date:

Administrative Costs Equal: **\$50.00**

****Tuition credit calculations listed above are based on a percentage of tuition and may not reflect actual amount to be refunded. Actual amount refunded will be based on payments made to the institution. Specific dates indicated above are based on continuous enrollment from Class Start Date with all courses completed successfully and are subject to change in the event of failed courses, leaves of absence or other unexpected breaks in attendance.**

*****Refund will be processed and returned/mailed within 45 days of the effective date of the termination; in the manner/method the initial payments were made.**

I have been provided with a copy of the school's catalog and policies in a manner of my choosing and I am initialing my choice:

___ hard copy ___ send via email

Student's Initials:

___ I understand this contract will not be in force and effect until signed by both me and a school representative.

___ I have received a copy of the school's complaint procedures policy.

___ I understand the refund law as stated above.

___ I understand that coursework and/or credit from this school may not be transferable to other Institutions of education and acceptance is at the discretion of the receiving institution.

___ Students and graduates of any program should be aware that they may be subject to a criminal background check prior to obtaining a certification or license in their field, and those with a prior conviction, particularly a felony, may experience difficulty in obtaining certain licenses, credentials, and/or employment. For example, a convicted felon may enroll in a dental assisting program. However, upon graduation, he/she may not be eligible to take the RHS or ICE Certification Exams without a Waiver from the Certifying Board (DANB).

___ I understand that I may be subject to CORI check and a drug test prior to participating in externship or employment.

___ I understand that clinicals or externships will only occur during daytime hours and that I must make myself available during the day.

___ I understand that classes canceled due to inclement weather or other emergencies may be rescheduled on a day or time outside the regular schedule to avoid extending graduation dates.

___ I have read, and I understand this agreement and the School's Catalog and agree to abide by policies as stated, and as they may be amended from time to time.

This school is licensed by the Massachusetts Division of Occupational Licensure's Office of Private Occupational School Education. Any comments, questions, or concerns about this school's license should be directed to occupational.schools@mass.gov or 617-701-8719.

As a Chapter 112-approved Program (*this means NEDA is a program that has obtained the approval, pursuant to [M.G.L. c. 112, § 263](#) for specific private occupational school programs by the Massachusetts Division of Professional Licensure*) that meets [Licensure and License Renewal Requirements of Massachusetts' Board of Registration in Dentistry](#), A NEDA Graduate earns the documentation needed by the Massachusetts Board of Registration in Dentistry for [4.11 \(3\): Initial Dental Assistant Licensure for EFDA-, CA-, and FTDA-qualified Individuals](#). (*An original transcript including the date of graduation or a letter including the school or program's seal which is signed by the appropriate authority attesting to the applicant's degree, diploma, or certificate, from either a Chapters 69- and 74-approved Program in dental assisting or a Chapter 112-approved Program in dental assisting, provided that such program meets the criteria set forth at [234 CMR 4.10](#)*)

Any changes, addendums, or additions made subsequent to the signing of the enrollment agreement must be in writing and signed by both the school and the student and are subject to the regulations of 230 CMR 15.04.

You have the right to cancel this enrollment contract before the completion of five school days or five percent of this Program, or course, whichever occurs first, and to receive a full refund of all monies paid, less actual reasonable administrative costs up to \$50 and actual reasonable costs of non-reusable supplies or equipment (*none*). **Refund Amount: \$ _____**

You have the right to cancel this enrollment contract if a school allows you to begin participation in a Program while an initial award for financial aid, including student loans, is pending, and you are subsequently denied some or all of that student loan or financial aid amount, the School shall offer you, in writing, an opportunity to terminate the enrollment agreement with a full refund of all Monies Paid, less actual reasonable administrative costs as defined under M.G.L. c. 255, s. 13K.

STUDENT'S SIGNATURE: _____ DATE: _____

PRINT STUDENT'S NAME: _____

STUDENT IDENTIFICATION VERIFIED BY SCHOOL OFFICIAL (initials) _____ DATE _____

SCHOOL OFFICIAL'S SIGNATURE: _____ DATE: _____

PRINT SCHOOL OFFICIAL'S NAME: _____

I, the student, have received a completed and signed copy of this agreement on date: _____

_____ (student's initials)

END OF DOCUMENT