



ENROLLMENT APPLICATION AND AGREEMENT

2148 N. Hillfield Rd Suite 5 Layton, UT 84041 (801) 525-0555 www.mydentalcareer.com
Mailing address: P.O. Box 703 Layton, UT 84041 E m a i l : i d a 4 s c h o o l @ g m a i l . c o m

Admission Requirements:

- High School Diploma or GED, and above the compulsory high school attendance age (see rule 152-34-4 (3) of the Utah Administrative Code.)
- Ability to communicate verbally and basic people skills
- Proficient in reading and writing in English and basic mathematics skills (High School Level)
- Ability to perform tasks as described in the Dental Assistant Job Description and Requirements (page 4)
- Signed and completed application
- Interview/Tour with IDA Staff
- Non-refundable registration fee of \$150 * Non-refundable Registration Fee is addition to Tuition

Applications must be **complete**, including financial information, to be considered for approval. Your application is not complete until all parts are initialed/signed and IDA has received your registration fee. The receipt of your application and registration fee does not guarantee placement. IDA has strict standards of acceptance but does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors. Applications are processed on a first come, first serve basis. No previous training or education is required and no credit is given for previous training or experience. Upon Approval, your completed application and registration fee will *reserve* your place in your desired course, space permitting, to the program. If your desired course is unavailable, your registration fee will be applied to the next available course.

First	Middle	Last
Cell Phone	Home Phone	Work Phone
Email Address		
SSN#	Birthday	Male / Female
Mailing Address	City	State
Current Employment	Address	
Spouse/Significate Other or Parent	Place of Employment	Cell Phone
In Case of Emergency:		
Emergency Contact, Not Living with You	Relationship to You	Cell Phone
List medical problems and/or medications		
List allergies including medications and food allergies		
List other medical information		

Dentist: Darren Wible, DDS **Dean of Students:** Allison Wible **Practical Instructor:** Linsey Shunn **DA Instructors:** Jenny Glasmann and Julia Wible

Course Description

Wednesday Course is ten-week course. Classes are held Wed 6-8pm. Each week consists of a practical hands-on instruction, home study, two classroom hours. Beginning week four, six clinical hours.

Saturday Course is accelerated five-week course. Classes are held Sat 8am-12pm. Students will complete the requirements of the 10-weeks course. Clinical training will begin the first week of school.

Students will receive training in all phases of General Dentistry and expanded functions as permitted by the state of Utah. Clinical hours with Dr. Wible are Mon, Tues, Wed, and every other Friday and Saturday. Students needing alternative hours may choose to complete their training with a Dentist of their choice. All Dentists must be approved by IDA at least two weeks before the course start date

Dental Assisting Course Start and End Dates: **all dates are subject to change*

Wednesday Course: Sept 14 to Nov 16, 2016 Jan 18 to Mar 22, 2017 Apr 5 to June 7, 2017 Sept 13 to Nov 14, 2017
Saturday Courses: Oct 22 to Nov 19, 2016 Feb 18 to Mar 25, 2017 May 20 to June 10, 2017 July 1 to July 29, 2017 Oct 14 to Nov 18, 2017

I am applying for:

- Wednesday Course
- Saturday Course

Preferred Start Date: _____
 Preferred Start Date: _____

IDA observes all holidays recognized by Utah and the Davis county school district. If unforeseen circumstances force the school to close; completion dates will be extended to make up for hours missed. Scheduled holidays, national/state holidays, and Christmas breaks, are not counted as absences.

Rules and Regulations:

Attendance: Students are expected to attend and be on time for all classes. Students who anticipate absence should contact the school in advance. Students are required to complete all assignments regardless of class attendance, and are required to maintain, at minimum, an attendance average of 80%, for the total instructional hours enrolled from course. All excused absences, missed tests and clinical hours must be made up without exception.

Grading: Students must maintain at least 70% (C). Students not meeting at least 70% will be notified. Students will be graded on attendance, participation in class, homework, all exams/quizzes and clinical training. Students may be placed on administrative leave or withdrawal the student is unable to meet this criterion.

Weekly & Internship Requirements: Class attendance, Wednesday Course, 6-8pm. Saturday Course, 8am-12pm. Personal home study and approximately 1-2 hours of practical training completed at the school

IDA requires all students to complete a dental assisting internship. For convenience, this can be included for an additional fee or you may choose your own Dentist. A minimum of 40-hours in a dental office, training in 4-handed dentistry, records and charting, sterilization, patient care and all other duties pertaining to the duties of a dental assistant. *For all students*, 10 of the 40-hour internship *must* be completed volunteering at the dental office of the students choosing.

Plagiarism and Cheating: Persons found to be copying or otherwise using information from fellow students or other is prohibited and grounds for immediate dismissal without reentry. Any reproduction of visual, verbal, or written material without proper consent, for personal use, use of others, for personal profit or profit of others is expressly forbidden. Misuse of official documents such as, but not limited to, forgery or alteration is prohibited. All violators will be prosecuted to the fullest extent.

Tuition Includes: Textbook; "The Essentials of Dental Assisting" All Supplies, Equipment used in the Practical and Clinical Training. All Educational Training, Visual Aids and Materials. A Scrub Uniform. Teeth Whitening Trays and Teeth Whitening Material. Utah Radiology Certification and Hands-on Training. National CPR Training

Graduation: We pride ourselves on our graduation rates of 99%! We achieve this by remembering that each student is an individual and instruct to his or her strengths. Our employment rates are 95% among those who are pursuing a career in the dental field after completing the course. We will, to the best of our ability, maintain graduation and employment rates for all our graduates. *A 40-hour internship with our Dentist or one you have chosen is required for graduation.

The curriculum for Dental Assisting is divided into the subject areas as follows: Introduction to Dental Assisting, Dental Anatomy, Infection Control, Dental Treatment, 4-handed Dental Assisting, Patient Care, Radiology, Restorative Dentistry, Bleach Trays, CPR, Preventative Dentistry, Dental Specialties, Expanded Functions, Resumes and Interviewing Skills

Dress code, Requirements, and Expectations: Professionalism is a *must!* Students are expected to have a neat clean appearance, be in good health, come with a *good attitude* and be ready to learn! Students are asked to dress in scrubs when they are in school and are required to wear scrubs at all times while in the clinic. IDA is not responsible for any damage to clothes or scrubs. Piercings and tattoos must be removed or covered. The use of drugs and alcohol are prohibited. Sexual harassment or disruptive behavior in any form is prohibited and shall be grounds for dismissal. No re-entry will be allowed for misconduct, in which case the student may or may not receive a refund according to our refund policy

Ethics: As a health care profession, we cannot over emphasize the importance of ethical behavior as a dimension of professional conduct and performance. Thus, it is expected that each of us speak and act in such ways that always exemplify the ultimate level of professionalism behavior and ethics is to each other, to the faculty, to patients and visitors.

Health, Facilities and Safety: Lecture and practical instruction will be conducted in dental operatories and the classroom. Students acknowledge and are aware that *radiology X-rays; nitrous oxide and other potentially hazardous materials*, equipment and instruments are used on the premises. Students enter into this agreement at their own risk and take full responsibility for their safety and wellbeing. All health care workers are at risk of acquiring Hepatitis, HIV and other infectious diseases due to work-related exposure to potentially infected bodily fluids.

Students are advised to seek counsel from their personal physician concerning immunizations, etc. IDA recommends all health care students be immunized.

Female students; if a female student is pregnant or becomes pregnant during her course dates; it is her sole responsibility to inform IDA. The student takes full responsibility for her health and the health of her fetus. If desired, she may apply for a leave of absence. Completion is based on availability.

Administrative Leave of Absence or Withdrawal: Because of IDA's unique educational environment, a student may also be placed on an involuntary leave of absence in the following cases:

- The student has violated Rules and Regulations set for by IDA
- The student is unwilling or unable to adequately perform the duties of a dental assistant.
- The student is unwilling or unable to achieve educational requirements, attendance, or other requirements set for in the student Enrolment Application and Agreement.
- The student does not fulfill tuition payment contract

Students recognize this is a teaching establishment. Throughout the course of teaching students may be asked to volunteer for practical instruction and may be the executor of dental procedures on fellow students. Students may decline at any time, but must inform the instructor and program director of this refusal, otherwise it is an assumed acceptance.

IDA is a non-smoking facility. The purchase, sale or use of an illegal substance or drug is prohibited. Alcohol use before clinical or classroom training or on school premises is strictly forbidden.

Equipment: Students will receive hands-on instruction and become familiar with dental procedures and equipment. Students are aware that all equipment, instruments, materials and manikins used are part of the learning experience. Students are required to handle all equipment with common sense and extreme care. Students will be responsible for costs to repair or replace damaged equipment due to misuse, carelessness, or use without permission. Students are aware that each operatory is equipped with security cameras for your safety and for the safety of others.

Photography and Records: Students are aware that photographs may be taken and posted at school, website and social media and may be used for commercial advertisement and hereby give your consent. Student records will be kept confidential and on site at of IDA, LLC. As per Utah State Law R152-34-4 section 13-34-104. Transcript requests should be made in writing to: PO Box 703 Layton, UT 84041

Family Education Rights and Privacy Act: Under the Family Educational Rights and Privacy Act, each student is given the right to inspect and review his or her records, and to request that errors in those records be changed to ensure that they are not inaccurate, misleading, or otherwise in violation of the Students privacy or other rights. Our policy provides the right to refuse such records if the student has an unpaid financial obligation to the school. Under Federal rules, the school is permitted to disclose certain basic information about the student without permission from the student, unless the student specifically requests that this information not be disclosed.

Accreditation: Utah State does not give or require accreditation for dental assisting institutions. However, the Utah Postsecondary Proprietary School Act requires that any educational institution be registered with the Utah Division of Consumer Protection, which is a division of the Department of Commerce. The registration process is designed to assure that no false or misleading claims are being made and that the institution is financially viable for the protection of enrolled students. IDA has fulfilled all of the necessities of the state and will continue to comply with all requirements that might be asked of us. IDA's accelerated course does not comply with government grants.

IDA, LLC, is REGISTERED UNDER THE UTAH POSTSECONDARY PROPRIETARY SCHOOL ACT

(Title 13, Chapter 34, Utah Code). Registration under the Utah Postsecondary Proprietary School Act does not mean that the State of Utah supervises, recommends, nor accredits the institution. It is the student's responsibility to determine whether credits, degrees, or certificates from the institution will transfer to other institutions or meet employer's training requirements, this may be done by calling the prospective school or employer. This institution is not accredited by a regional or national accrediting agency recognized by the United States Department of Education. IDA, LLC, to the best of its ability, will maintain graduation rates and employment rates for all its graduates and such information is available upon request. Our course includes training for employment, interviewing skills and resume writing. However, IDA, LLC cannot guarantee job placement or wage levels. IDA, LLC maintains a surety bond held by the Division of Consumer Protection.

Additional Classes:

Utah State Approved Radiology Course: Study materials and Test \$50.00
Study materials, Test and Practical Training, \$150

*Must be paid in full before Student will receive study materials

Please Initial _____

Financial Information

Dental Assisting Course **Excluding** internship with our Dentist \$2,850
 Pre-Payment In-full Excluding Internship \$2,700
 \$150.00 Discount when paid in full before your course begins
 Payment Option - 4 Payments of \$712.50 for a total of \$2,850
 I will find my own dentist to complete my required 40-hour internship

Dental Assisting Course **Including** internship with our Dentist \$3,150
 Pre-Payment In-Full Including Internship \$3,000
 \$150.00 Discount when paid in full before your course begins
 Payment Option - 4 Payment of \$787.50 for a total of \$3,150
 Space permitting, I will complete my internship with IDA Dentist

Payment Option: The first payment is due *two weeks before* the course begins. Tuition must be paid in full final *two weeks before* graduation. IDA reserves the right to withhold certifications until all payments have been received.

Payments and discounts are calculated after \$150 non-refundable registration fee. We accept Cash, Checks and Credit Cards. To qualify, student and/or responsible party ("Responsible Party"- Person who will be Financially Responsible for Payment of Tuition) must be employed or otherwise able to make payments set forth by IDA

Extended Financing Example -CareCredit with 6 Month Deferred Interest

Other Possible Financing Establishments for Trade Schools -Mountain America Credit Union, Personal Loans, Credit Card, Bank Loans, Etc.

Responsible Party Information (If you are *Not* the student)

First	Middle	Last
Cell Phone	Email Address	SSN#
Mailing Address	City	State
		Zip Code
Employment	Address	Phone Number
Spouse/Signicate Other	Place of Employment	Cell Phone

My method of payment will be

- Cash Check or Money Order Credit Card
- Pre-Payment In Full
- Automatic Debit/Credit Payment on due date
- Work Force Services
- Extended Financing**
- CareCredit Other

Credit Card Information (MUST Be Filled Out If You Are Making Payments)

Type of Card: Visa/ Master Card/ Bank Debit Card
 Name as it Appears on Card: _____
 Card Number: _____
 Exp. Date _____ 3 Digit Authorization Code: _____ Zip Code: _____
 Billing Address: _____
Signature of Card Holder: _____

Payment Schedule: Tuition \$2850 = \$712.50 payment Tuition \$3150 = \$787.50 payment

Payment	Due Date	Date Received
\$150.00	Registration fee	
\$712.50 OR \$787.50	Due 2 Weeks Before Course Begins	
\$712.50 OR \$787.50	Due Week 3 of Course	
\$712.50 OR \$787.50	Due Week 6 of Course	
\$712.50 OR \$787.50	Final payment, Due 2 Weeks Before Graduation	

I, _____ agree to make three payments for tuition to IDA for the dental assisting course for _____
 (Name of Responsible Party) (Name of Student)

I certify that I have reviewed all information and agree to these financial arrangements. I understand that I am responsible for all tuition and additional fees that may occur unless I withdraw within the guidelines stated in the refund policy. I understand that payments will be processed on their due date, unless I make other arrangements with IDA. Interest will be not charged unless there is a balance after the end of the course. Henceforth 20% interest will be added to the balance *each month* until the balance is paid. IDA reserves the right to withhold certifications until all payments have been received. I understand that a \$50 late fee will apply per payment. A \$30.00 fee will be charged for all returned checks. Payments are considered late if not paid *on or before* the due date. I understand that in the event that I do not make the above payments, additional charges will occur if IDA is forced to seek payment collections services.

Date: _____

I, *the responsible party*, have read, understand and agree to abide by all the provisions set forth in the foregoing financial agreement

Refunds

A three-day business day cooling off period, commencing with the day an enrollment agreement with the applicant is signed or an initial deposit or payment toward tuition and fees of the institution is made, until midnight of the third business day following such date of from the date that the student first visits the institution, whichever is later, during which time the contract may be rescinded and all monies paid refunded. Evidence of personal appearance at the institution or deposit of a written statement of withdrawal for delivery by mail or other means shall be deemed as meeting the terms of the cooling-off period. This is an accelerated program, therefore, after the first class there will be no refunds given. An applicant will receive a full refund if the school preventing the student from completing discontinues educational service. Students who chose to withdraw from the course must do so in writing.

- I am in good physical condition
- I have the ability to lift and move a minimum of 25 pounds
- In order to function in a working dental practice, I am able to see and hear accurately
- OR** I have the correct prescriptions for my vision and hearing
- I am a people oriented person
- I am able to handle stressful situations
- I like to talk to new people and get to know them
- I am able to organize and keep things organized
- I am able to multitask
- I like to help people and look forward to aiding patients
- I understand that part of my job will be to help patients feel more at ease and I feel confident in my ability to do so
- I am able to manipulate instruments, supplies and equipment with speed and dexterity and good hand-eye coordination
- I do not have a problem with blood, saliva or other bodily fluids
- I am able to give instruction that is clear and helpful to others while not being demeaning
- I am able to work with sterilizing chemicals to clean and sterilize instruments and procedure rooms
- I possess the ability to read and write in English and can keep patients records and make appointments.
- I am comfortable using computers
- I am able to leave personal matters at home. It does not affect my job
- I am always professional in the workplace
- I will keep patients' personal information confidential
- I will arrive early for my clinical training

If you were unable to check any of the above, please explain why?

Describe yourself; include hobbies, interests and personal strengths:

Tell us why the dental field interests you:

What do you want to achieve from this course and how can we help you accomplish your goals?

Please Initial and Verify the following:

- I am aware that all health care workers are at risk of acquiring Hepatitis, HIV & other infectious diseases due to work-related exposure to potentially infected fluids.
- I am aware that IDA recommends all health care students consult their personal physicians and be immunized.
- I understand the Job Description and Requirements for a Dental Assistant and feel confident that I can perform these duties
- I understand that it is a Requirement to Learn in a Dental Clinic and actual assisting on live patients
- I will compose myself respectfully to dental staff and patients
- I understand that personal grooming, hygiene and healthcare are important to healthcare providers and will keep myself in such a manner as not to offend or upset patients, fellow students and dental office staff
- I understand that I will have access to confidential patient information. Any use or misuse of such information will result in my termination in this course, authorities will be notified and I will be prosecuted to the fullest extent of the law. Furthermore, I will be required to pay *any and all* legal fees associated with this action, which may include, but are not limited to, IDA, the patent, staff, dental office or other.
- I understand that part of my instruction will include radiology training. Any exposure to radiation, no matter how small, has the potential to cause biologic changes
- Female Applicants: I understand that this exposure may cause harm to an unborn fetus and do so at my own risk
- I will follow all radiology & chemical safety precautions for myself, classmates and dental staff
- I understand that my answers to all questions are a part of the applications process. Any false declarations may result in denial to the course or if discovered after the course has begun, may result in dismissal, possibly without a refund.
- I understand that any verbal agreements, prior written application or agreements do not supersede this current enrollment application
- I have read and understand this agreement and agree to abide by all the provisions set forth in this enrollment application
- I understand that IDA may terminate my enrollment if I fail to comply with all the standards specified in this enrollment application, possibly without a refund
- I understand the receipt of this application, enrollment agreement and registration fee does not guarantee placement. IDA has strict standards of acceptance but does not discriminate.
- I understand my application must be *complete* to be considered for approval & that it is **not** complete until all parts; including the **financial agreement**, is signed and IDA has received my registration fee.
- I understand that a 40-hour internship is required for graduation
- I understand that 10-hours of said internship, whether with Dr. Wible or another dentist, must be completed volunteering in an office of my choosing
- If I have chosen **NOT** to train with Dr. Wible, it is **MY** responsibility to find a dentist to complete my internship. I understand that I will be required to give IDA the dentists information **2 weeks before** my course begins and to log my internship hours. The office must be willing to train you chair-side with actual patients.

Weekly Requirements: Class attendance, Wed. 6-8pm. Approximately 1-2 hours of practical training completed at the school. Personal study. 6 hours of clinical training. Is there any reason you would not be able to complete these weekly requirements? If so, please explain.

I, the undersigned, have read, understand and agree to abide by all the provisions set forth in the foregoing enrollment agreement. Date

If student is a minor at the time of this application, signature of responsible Parent or Legal Guardian

I, the undersigned, have read, understand and agree to abide by all the provisions set forth in the foregoing enrollment agreement. Date

This manual is provided to the Students of IDA, LLC. Your signature implies that you have received, read and will comply with this documentation in completion. Your copy is for your information only. Additional sections may be added as issues arise that will require further consideration and attention. At such time you will receive notice and a copy if necessary. Please keep a copy for your records.