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Academic Catalog – Program Descriptions & Calendars

Chairside Dental Assisting Program

Program Description

The Chairside Dental Assisting program is designed for individuals seeking an entry-level career in the dental field. This program provides students with the knowledge and practical skills needed to function as a vital member of the dental healthcare team. Instruction covers foundational sciences, dental terminology, infection control procedures, instrument identification, tray setups, and chairside techniques used across various dental specialties.

Program Objectives

Upon completion of the Chairside Dental Assisting program, students will be able to:

- Identify and use common dental instruments, handpieces, and materials.
- Apply infection control protocols, including sterilization and zone management (clean, dirty, sterile).
- Assist the dentist during general and specialty procedures.
- Communicate effectively with patients and team members using conversational dentistry skills.
- Demonstrate knowledge of dental anatomy, tooth surfaces, and numbering systems.
- Prepare treatment rooms and maintain compliance with OSHA and state regulations.

Program Length

The program is designed to be completed in approximately **8 weeks**, which will include career guidance and preparation during the final week. Students may complete the program on schedule or take additional time, depending on the individual's pace.

Institutional Calendar

| Cohort | Start Date | End Date | Externship Period |
|-------------|------------|----------|-------------------|
| Winter 2025 | 0 | 0 | 0 |
| Spring 2025 | 0 | 0 | 0 |
| Summer 2025 | 0 | 0 | 0 |
| Fall 2025 | 0 | 0 | 0 |

CONSUMER INFORMATION

All schools are required to make available, at a minimum, the following disclosure information clearly and conspicuously on their 1) internet website, 2) school catalog, and 3) as an addendum to their Enrollment Agreement:

- The number of students who were admitted in the program as of July 1 of that reporting period.
- The number of additional students who were admitted in the program during the next 12 months and classified in one of the following categories: new starts, enrollments, and transfers into the program from other programs at the school.
- The total number of students admitted in the program during the 12-month reporting period.
- The number of students enrolled in the program during the 12-month reporting period who: transferred out of the program and into another program at the school, completed or graduated from a program, withdrew from the school, and are still enrolled.
- The number of students enrolled in the program who were: placed in their field of study, placed in a related field, placed out of the field, not available for placement due to personal reasons, and not employed.
- The number of students who took a State licensing exam or professional certification exam, if any, during the reporting period, as well as the number who passed.
- The number of graduates who obtained employment in the field who did not use the school's placement assistance during the reporting period (pending reasonable efforts to obtain this information from graduates)
- The average starting salary for all school graduates employed during the reporting period (pending reasonable efforts to obtain this information from graduates).

FINANCIAL AID: \$0

TUITION & FEES

NON-REFUNDABLE REGISTRATION FEE **\$100**

BOOKS & SUPPLIES: \$100

MISC. EXPENSES: \$400

OTHER: 0

Other Includes:

TOTAL COST FOR INTRODUCTION TO CHAIRSIDE DENTAL ASSISTING PROGRAM: **\$5600.00**

REFUND / CANCELLATION POLICY

Application/registration fees and issued materials are non-refundable. Tuition refunds: 100% before class starts; 90% during week 1. Refunds are processed within 30 days of written withdrawal.

TUITION REFUND POLICY

Should a student's enrollment be terminated, or should the student withdraw for any reason, all refunds will be made in accordance with the following:

TUITION AND REIMBURSEMENT SCALE OR SCHEDULE

Refunds will be calculated based on the portion of the program completed at the time of withdrawal or termination.

Any eligible refund will be processed **within thirty (30) days** of official withdrawal verification.

Refunds may be issued by **bank transfer, cash, or another approved method** as indicated by the student and approved by the institution.

CANCELLATION POLICY

A student wishing to cancel enrollment must **request a Cancellation Form** from the institution.

The request will be **reviewed and verified within seven (7) days**.

If cancellation is verified and approved, the refund process will begin and be completed within **thirty (30) days** of verification.

If the cancellation request is not approved, the student must contact the **Program Director** at 847-323-7572 for clarification.

WITHDRAWAL PROCEDURE

Students must complete and submit a **Cancellation Form** to initiate withdrawal.

Once the form is received, the institution will verify the request within **seven (7) days**.

Approved withdrawals will follow the refund schedule above, with refunds processed **within thirty (30) days of verification**.

Students are encouraged to keep a copy of all documentation for their records.

NOTICE TO STUDENT

1. Do not sign this agreement before you have read it or if it contains any blank spaces.
2. This agreement is a legally binding instrument and is only binding when the agreement is accepted, signed, and dated by the authorized official of the school or the admissions officer at the school's principal place of business. Read all pages of this contract before signing.
3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
4. This agreement and the school catalog constitute the entire agreement between the student and the school.
5. Any changes in this agreement must be made in writing and shall not be binding on either the student or the school unless such changes have been approved in writing by the authorized official of the school and by the student or the student's parent or guardian. All terms and conditions of the agreement are not subject to amendment or modification by oral agreement.
6. The school does not guarantee the transferability of credits to another school, college, or university. Credits or coursework are not likely to transfer; any decision on the

comparability, appropriateness and applicability of credit and whether credit should be accepted is the decision of the receiving institution.

DentalAssistEd is **not accredited by a U.S. Department of Education recognized accrediting body**. However, the institution is **approved by the Division of Private Business and Vocational Schools of the Illinois Board of Higher Education**. Students should be aware that the transferability of a certificate earned at DentalAssistEd to another institution of higher education is **not guaranteed**. It is the student's responsibility to consult with any institution to which they may seek to transfer to determine whether the certificate will be accepted.

STUDENTS RIGHT TO CANCEL

The student has the right to cancel the initial enrollment agreement until **5:00 PM of the 7th business day** after the student has been admitted. If the right to cancel is not given to any prospective student at the time the agreement is signed, then the student has the right to cancel the agreement at any time and receive a refund on all monies paid to date within **30 days** of cancellation. Cancellation should be submitted in writing to the authorized official.

The student acknowledges receiving a copy of this completed agreement, the school catalog, and written confirmation of acceptance prior to signing this contract, understands the terms and conditions, and agrees to the conditions outlined in this contract. It is further understood that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. The student and the school will retain a copy of this agreement.

STUDENT ACKNOWLEDGMENTS

1. I hereby acknowledge receipt of the school's catalog, which contains information describing programs offered, and equipment or supplies provided. The school catalog is included as part of this enrollment agreement and I acknowledge that I have received a copy of this catalog.

Student Initials _____

2. I have carefully read and received an exact copy of this enrollment agreement.

Student Initials _____

3. I understand that the school may terminate my enrollment if I fail to comply with attendance, academic, and financial requirements or if I fail to abide by established standards of conduct, as outlined in the school catalog. While enrolled in the school, I understand that I must maintain satisfactory academic progress as described in the school catalog and that my financial obligation to the school must be paid in full before a certificate or credential may be awarded.

Student Initials _____

4. I hereby acknowledge that the school has made available to me all required disclosure information listed under the Consumer Information section of this Enrollment Agreement.

Student Initials _____

5. I understand that the school does not guarantee transferability of credit and that in most cases, credits or coursework are not likely to transfer to another institution. In cases where transferability is guaranteed, [school name] must provide me copies of transfer agreements that name the exact institution(s) and include agreement details and limitations.

Student Initials _____

6. I understand that the school does not guarantee job placement to graduates upon program completion.

Student Initials _____

7. I understand that complaints, which cannot be resolved by direct negotiation with the school in accordance with its written grievance policy, may be filed with the Illinois Board of Higher Education, 1 N. Old State Capitol Plaza, Suite 333, Springfield, IL 62701 or at www.ibhe.org.

Student Initials _____

The student acknowledges receiving a copy of this completed agreement, the school catalog, and written confirmation of acceptance prior to signing this contract. The student by signing this contract acknowledges that he/she has read this contract, understands the terms and conditions, and agrees to the conditions outlined in this contract. It is further understood that this agreement supersedes all prior or contemporaneous verbal or written agreements and may

not be modified without the written agreement of the student and the School Official. The student and the school will retain a copy of this agreement.

| | | | |
|---------------------|-------|------------------------------|-------|
| _____ | _____ | _____ | _____ |
| Student's Signature | Date | Program Director's Signature | Date |