



Name: \_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Preferred Name

S.S.N. \_\_\_\_\_ D.O.B. \_\_\_\_\_ Gender: \_\_\_M \_\_\_F

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Legal U.S. Citizen? \_\_\_Yes \_\_\_No

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

High School Diploma/G.E.D Received? \_\_\_Yes \_\_\_No

If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

List any post-secondary education received:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about our program?

\_\_\_\_\_  
\_\_\_\_\_

What size scrub top/bottom do you need ordered for you? Top \_\_\_\_\_ Bottom \_\_\_\_\_  
Do you need petite, regular or tall pants? \_\_\_\_\_

#### Disclaimer

*As an Applicant, I do affirm that my responses are true and correct to the best of my knowledge and do fully understand that any willful omission or falsification of personal information constitutes immediate termination of my admission to the Regional Dental Assisting Institute and forfeiture of any monies already paid. I do further understand that my application does not constitute any contract or obligation between Regional Dental Assisting Institute and myself but acknowledge that my admission will be considered on a first-come first-serve basis.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Regional Dental Assisting Institute  
505 Pelham Road South  
Jacksonville, AL 36265

Applicant Name: \_\_\_\_\_

I wish to enroll in the following session: \_\_\_\_\_

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**Payment Information**

_____\$3,299.00 4-6 Weeks or more Prior to commencement	_____\$3,399.00 Less than 4 weeks Prior to commencement
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\_\_\_ Paid in full

\_\_\_ Cash

\_\_\_ Official Check/Money order (Personal Checks are Not Accepted)  
    Make payable to: Regional Dental Assisting Institute

\_\_\_ Credit Card

    Credit Card #: \_\_\_\_\_

    Exp: Date: \_\_\_\_\_ CVC #: \_\_\_\_\_

    Card (Account) holder Signature: \_\_\_\_\_

    Name on Card: \_\_\_\_\_

    Card (Account) Billing Address: \_\_\_\_\_

    City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_ Care Credit (fill out page 3)

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**Refund, Cancellation, Withdrawal Policy**

If an Applicant cancels\* their enrollment prior to 30 days of commencement of the first day of class, they will receive a refund of their tuition minus a \$500.00 administrative fee. If an Applicant withdraws\* within the 30 day period prior to the first class session, no refund will be given, however, the tuition will be credited toward a future course within the following 18 months. **No refunds will be issued after classes have started.**

Occasionally, extenuating circumstances arise which would prevent the student from finishing the program. Future enrollment for those students who withdraw during the course of the program will be evaluated on a case by case basis. *Any student who is asked to leave the program for any reason will not be allowed to enroll in future class sessions.*

\*A withdrawal/cancellation occurs on the date you officially submit the withdrawal/cancellation form.

*As an applicant, I have read and understand this Refund and Cancellation Policy, and I accept and agree to all of its terms and conditions.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Regional Dental Assisting Institute  
505 Pelham Road South  
Jacksonville, AL 36265

Applicant Name: \_\_\_\_\_

## Care Credit

(Please fill out this page if Care Credit is your payment method of choice)

Care Credit is a payment plan which includes either deferred or fixed interest plans that allow you to make your payments over time. There are several different monthly payment options, that once approved, you can choose from.

The Application process is very quick and easy:

- Apply at [www.carecredit.com](http://www.carecredit.com)
- Click “Apply”
- Under “Search For a Doctor By Name” enter “Regional Dental Center”
- Click “Apply” beside “Regional Dental Center”
- Enter your tuition amount based off our tuition schedule as your estimated amount and fill out your application.

Helpful Tips:

- To ensure approval, enter the fee (tuition) for the course when asked (\$3,199)
- Make sure all information is correct, especially social security numbers
- Include ALL sources of household income (salary, bonuses, alimony, etc.)
- Consider using a co-applicant if you are denied

Account Information:

Care Credit Account #: \_\_\_\_\_

Card (Account) holder Signature: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card (Account) Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_