

Competitive Edge Dental Assisting Academy, LLC

1011 Waterford Place, Kingston, TN 37763

423-215-2212

Pre-Enrollment Checklist

Name(First,Middle,Last)_____

Address:_____

Email Address:_____

Phone number:_____

Date of Birth: _____

Please check mark each section when completed.

___toured the institution;

___ received an institutional catalog;

___was given the time and opportunity to review the institutional policies in the catalog;

___knows the length of the program is full-time in academic terms and actual calendar time;

___ understands the estimated cost of tuition, books, scrubs and clinical supplies for a total of \$5,200

- Tuition: \$4,700
- Non-refundable application fee: \$100
- Book: \$150
- Other fees (CPR, scrubs, clinical supplies): \$250

___ understands payment options

- cash discount of \$200 if paid in full with check or cash three weeks before class begins for a total of \$5,000

OR

- three payments of \$1,800, \$1,700 and \$1,700 respectively for a total of \$5,200. The first payment is due three weeks before class begins, second payment due by Class #1/Week #1, and third payment due by Class #6/Week #3. These payments can be made via check, cash, credit card or money order.

OR

- Workforce Investment Opportunity Act (WIOA) via student's local career center. Each student is responsible for contacting their local center and applying for assistance. WIOA must be in place no later than three weeks before class begins.

___ has been given a copy of the institutional cancellation and refund policy;

___ has executed a 'transferability of credits' disclosure statement in compliance with Tenn. Code Ann. § 49-7-144 and understands the specific limitations (if any) should the institution have articulation agreements

___ understands any person claiming damage or loss as a result of any act or practice by this institution that is a violation of the Title 49, Chapter 7, Part 20 or Rule Chapter 1540-01-02 may file a complaint with the Tennessee Higher Education Commission, Division of Postsecondary State Authorization, 404 James Robertson Parkway, Parkway Towers Suite 1900, Nashville, TN 37243 and phone number (615) 741-5293.

___ understands this is a new program and placement, completion and withdrawal information will be provided by THEC approximately one year after the institutional begins offering the program

___ understands this is a hands-on clinical course. Clinical participation is MANDATORY.

___ understands it is the student's responsibility to find their own dental externship office site in order to complete their 32 required hours of externship.

Student Signature _____

Date _____

Signature of Institutional Director: _____

Date _____