

Pre-Enrollment Checklist

Competitive Edge Dental Assisting Academy, LLC

1011 Waterford Place, Kingston, TN 37763

Name (First, Middle, Last) _____

Prefers to go by: _____

Full Address: _____

SS# _____

Email Address: _____

Phone # _____

Date of Birth: _____

Initial when completed:

Toured the Institution

Received an Institutional Catalog

Was given the time and opportunity to review the Institutional Policies in the catalog

Knows and Understands the program is full time and understands the length of the program in academic terms and actual calendar time

___ Has been informed of the total tuition (\$4,800) and any other fees (application fee) of \$100 that is put toward the cost of tuition

___ Has been informed of the estimated cost of books, scrubs, and clinical supplies (included in the \$4,800 tuition)

___ 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 understand the limitations (if any) should the institution have articulation agreements. In essence, this institution will neither transfer hours to another institution nor will it accept transfer hours from another institution.

___ Understands any person claiming damage or loss as a result of any act or practice by this institution 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 the institutions cash discount policy (\$300 cash discount) if paying upfront, before the first class begins with either cash or check for a total tuition of \$4,500

___ Understands that this is a new program and placement, completion, and withdrawal information will be provided by THEC approximately one year after the institution begins offering the program (approximately July 2021)

___ Understands this is a hands-on clinical course. Clinical participation is required

___ Understands it is the student's responsibility to find and provide transportation to their own externship office sites in order to complete their 32 required hours of externship

___ Understands that access to a computer and internet is mandatory to this program

___ Understands that due to COVID-19, educational institutions may be closed by the state or federal government. This institution's instructors will make every effort to try work with students to complete this program

___ Understands that externship hours may be affected by COVID-19. If this becomes an issue and every option has been exhausted, the 32 externship hours required for graduation can be fulfilled at a job placement. Your RDA license can be attained from the state and graduation requirements can be fulfilled after job placement

___ Understands that the institution will do its best to help find a rewarding job but cannot, however, guarantee employment

___ Understands that tuition must be paid in full in order to receive a certificate of Graduation from this institution

___ Understands even after following protocols set forth by the American Dental Association and the TN Dental Association, that it is still possible to contract COVID in both an academic setting and in a dental office. In fact, by the very nature of dentistry, professionals within the dental field are placed in a high-risk group in regards to exposure to COVID. This is because, for many dental procedures, a patient's saliva is aerosolized by the dental drill or other equipment. This aerosolized saliva can carry COVID particles and dental providers are in close proximity to these aerosols.

___ I understand that I am training for a profession that has an elevated risk of exposure to COVID. In fact, despite barriers and disinfection procedures, there is an elevated risk of exposure to COVID simply by being in a dental office.

Printed Name: _____

Signature: _____

Date fully completed and signed: _____

Please email to: cedentalassisting@gmail.com