

# Assist to Succeed Idaho Falls Registration Form 2023

The tuition for Assist to Succeed dental assisting program is **\$4995.00** and includes all of the following:

- ◆ Textbook: "Modern Dental Assisting", Torres & Ehrlich: 13<sup>th</sup>Ed (2020); Elsevier Publishing
- ◆ Syllabus: "How to Assist in Dentistry to Succeed in Life" © ATS Partners 2020
- ◆ All training and visual aids, materials and dental supplies used throughout the course
- ◆ Personal Whitening trays
- ◆ Use of all dental equipment and instrumentation with actual "hands on" training during the course of study.
- ◆ Training in ALL aspects of General Dental assisting, including dental specialties
- ◆ All training is done by dental professionals in an actual practicing dental office, not just in a classroom

## **Student Responsibilities include:**

Students are required to bring their own paper and pencils and purchase one pair of solid-colored scrubs to be worn to *every* class. Scrub tops must be long sleeved. If the scrub top is not long sleeved, the student must wear a long-sleeved shirt under it.

- ◆ Students are required to attend all 10 weeks of class totaling 90 classroom/hands on hours.
- ◆ Students must pass all exams and in class requirements with 85% or higher grade to receive their Fundamentals dental assisting certificate and letter of recommendation from the directors.
- ◆ You will need to pass off requirements and pass final test to receive the expanded functions certificate at no additional cost.

## **Tuition for Assist to Succeed may be paid using one of the following 4 payment options:**

- ✓ \$4995.00 paid in full by cash, check, or major credit card
- ✓ Personal Loan through *Mountain America Credit Union* or your own bank.
- ✓ \$2000.00 down prior to the first week of class and \$305.00 per week for 10 weeks.
- ✓ \$1000.00 down prior to the first week of class and \$406.00 per week for 9 weeks.

## **Refund and Cancellation Policies**

- ★ A full refund will be made of all deposits or payments if cancellation is made prior to the first class.
- ★ If a cancellation is made after the first week of class but prior to the second week of class, all but \$500.00 will be refunded.
- ★ There will be no refunds offered after the second week of class.

## **Mark the box next to one of the following payment options:**

- \$4995.00 Payment in full with cash, check, credit card, or Loan
- \$2000.00 down prior to the first week of class and \$305.00 per week for nine weeks totaling \$3782.00\*\*
- \$1000.00 down prior to the first week of class and \$406.00 per week for nine weeks totaling \$3790.00\*\*

\*\*Students who wish to pay with one of the Assist to Succeed payment plans must bring the full specified payment to each class and turn it in to the instructor before the class period begins. If a student fails to bring his/her payment to any class period, he/she will be asked to leave and will not be allowed to continue with the course. A student who does not bring his/her payment forfeits all deposit and tuition money previously paid to Assist to Succeed.

*I have chosen one of the payment options above and have read and understood all regulations and restrictions associated with my payment option.*

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Signature of student or financially responsible party

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Witness

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Date



❖ Idaho Falls ❖

885 Pancheri Drive Idaho Falls, ID 83402  
(208) 524-0870  
www.assisttosucceed.com

**ATS Student Information Form**

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Birth Date: \_\_\_\_\_

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

Preferred method of contact: (Circle) Text Email Phone US Postal Service

How did you hear about the ATS Program? \_\_\_\_\_

Internet  Facebook  Newspaper/Craigslist  Saw Sign  Friend, Name \_\_\_\_\_

Other \_\_\_\_\_

**Health History**

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have a latex allergy?  Yes  No

Do you have any food or other allergies that require special attention?

\_\_\_\_\_

Do you have other medical conditions that require special attention or medications?  
(ie: asthma, seizures, diabetes, fainting, mental illness, etc.)

\_\_\_\_\_

Anything else you need or want us to know about you?

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