

# OWASSO DENTAL ASSISTING ACADEMY

9551 N. Owasso Expressway #100, Owasso OK 74055 (918) 376-9600

I, \_\_\_\_\_ have been informed and understand that I must complete the Owasso Dental Assisting Academy course work, examinations, practical examinations, in class requirements, and other evaluations with an 85% correct completion.

If I do not complete the course with an 85% and meet all in class requirements I will not be awarded a graduation certificate nor be eligible for expanded function certification, nor be endorsed in any manner by Owasso Dental Assisting Academy.

If I fail the course I may be eligible for remediation by retaking the full course for a fee of \$1495 to be paid in full prior to beginning the next class where space is available.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_ have been informed and understand that I may withdraw from the Owasso Dental Assisting Academy course within the first 2 weeks of instruction to receive a full refund of tuition fees if you paid with cash or check. A 4% fee for credit card payments and a 10% fee for Care Credit payments will be deducted. I understand that I will receive no refund if I withdraw after the first 2 weeks.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_ have been informed and understand that I will not receive a refund of tuition nor receive certificates if I fail to complete course work or pass examinations with an 85% or higher.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_ have been informed and understand that I must provide my own health insurance and other accident insurance. Owasso Dental Assisting Academy will make every reasonable effort to prevent injury or illness, but is not liable for the same in the event either should occur during the course of instruction or thereafter.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_ have been informed and understand that I must secure CPR certification and vaccinations at my own time and expense.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_ have been informed and understand that I cannot miss more than one day of class or it will result in failure of the class.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_ have been informed and understand that class starts promptly at 8am and following lunch at 1pm. More than 2 tardies will equal 1 absence and can result in failure of the class. Any tardy more than 15 minutes will be considered an absence.

Signature \_\_\_\_\_ Date \_\_\_\_\_