



Thank you for your interest in C.A.P. Stone Dental Assisting Program.

General Information

- Classes are held on Saturdays for 8 weeks from 8:00 am - 3:30 pm with the additional opportunity for clinical hours Monday - Thursday in our dental office or one of our many satellite offices.
- You will earn a Certificate of Dental Assisting, CPR Certification, and opportunity for a Letter of Recommendation.
- We provide assistance and resources in finding a job post-graduation.
- Our location is 2816 Columbiana Road, Birmingham, AL 35216 within Vestavia Family Dentistry & Facial Aesthetics, inside The C.A.P. Stone Building.

Tuition

- \$2999.00
- Tuition includes : Scrubs, Dental Models, E-Book, Materials, & CPR Certification.

Payment

- We accept payment in full via cash, money order, cashier's check or credit card.
- We do not receive scholarships, Pell Grants, or financial aid.
- We do have two different payment plan options:
 - CareCredit -- deferred or fixed interest plans that allow you to make your payments over time.
 - *No Interest (if paid in FULL within the promotional period):* 6-month or 12-month plans
 - *14.90% APR and Fixed Monthly Payments until paid in full:* 24, 36, 48 or 60-month plans
 - In-House Payment Plan -- down payment & 8 weekly payments.
 - NO financing fees, NO interest
 - Down payment, due upon enrollment: \$799.00 (at minimum*)
 - Eight consecutive auto-debited payments, due every Wednesday of the session: \$275.00
**If you make a high down payment, your weekly payments will be lower.*

Tour / Enrollment Appointment

- Fill out the enrollment application in its entirety.
- Include a copy of your driver's license & a recent picture.
 - *Paying via Credit Card / Payment Plan?*
 - The enrollment application can be turned in via email/fax, mail or in-person.
 - **Please contact us for additional needed credit card authorization forms.**
 - *Paying via CareCredit?*
 - You may apply and pay for CareCredit online. (See the last page of enrollment application for details.)
 - The enrollment application can be turned in via email/fax, mail or in person.
 - *Paying via Official Check / Money Order? (in full)*
 - The application must be filled out in its entirety and then mailed to the address provided with payment.
- If turning in your application in-person, you **MUST** schedule a time to turn in your enrollment application.
- Call (205) 561-8118 or email cdapbham@gmail.com to schedule.

Hours:

- Enrollment Hours: Monday - Wednesday 8:00 am - 4:00 pm & Thursday 8:00 am - 11:00 am.
- Office Hours: Monday - Wednesday 7:00 am - 5:00 pm & Thursday 7:00 am - 12:00 pm.

2816 Columbiana Road, Birmingham, AL 35216 | cdapbham@gmail.com | 205-561-8118 | fax: 205-823-8419



Enrollment Application

Full Name: _____ Preferred Name: _____
 D.O.B: ___/___/___ SSN: _____
 Scrub Size: _____

Top Bottom Petite/Regular/Tall

Address: _____
Street Address Apartment / Unit #

City State Zip Code

Phone: _____ Email Address: _____

Emergency Contact: _____
Name Relation Phone Number

High School: _____ Location: _____
 From - To: _____ Did you graduate? ___ College: _____

_____ Degree:

_ From - To: _____ Did you _____

graduate? ____

Diploma: _____ Location :

Other: _____ Location: _____ From -

To: _____ Did you graduate? ____ Diploma: _____



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 C.A.P. Stone Dental Assisting Program and forfeiture of any monies already paid. I further understand that my application does not constitute any contract or obligation between C.A.P. Stone Dental Assisting Program and myself, but acknowledge that my admission will be considered on a first-come, first-served basis.

Applicant Signature: _____ Date: _____



Applicant Name: _____

How did you hear about our program? (If previous student, please list name.)



- _____ 2023 Winter: January 14th - March 4th
- _____ 2023 Spring: April 8th - June 3rd (no class May 27th)
- _____ 2023 Summer: July 8th - August 26th
- _____ 2023 Fall: October 7th - December 2nd (no class November 11th)

****Registration Deadlines are the Wednesday prior to the Session start date****



\$2999 TUITION

Payment in Full via:

Cash

Official Check / Money Order

- Personal Checks are NOT accepted
- Made out to: C.A.P. Stone Dental Assisting Program

Credit Card

☐ CareCredit

- Deferred (6 or 12-month) plans or fixed interest (24, 36, 48 or 60-month) plans
- Please refer to "CareCredit Application & Payment Instructions"

☐ In-House Payment Plan

- Down Payment | \$799.00 - *Due upon enrollment*
- 8 Weekly Auto-Debited Payments of \$275.00

- *Thirty (30) days (or more) prior to the first day of class - If an Applicant/Student cancels* their enrollment, they will receive a refund of their tuition minus a \$500.00 administrative fee.*
- *Less than Thirty (30) days prior to the first day of class, If an Applicant/Student cancels/withdraws* no refund will be issued. The tuition will be credited toward a future session within the following 18 months.*

• *After the first day of class - If an Applicant/Student cancels/withdraws* no refund will be issued. This includes students who finish the course with a failure or incomplete. Occasionally, extenuating circumstances arise which would prevent the Student from finishing the program. Future enrollment (within an 18-month period) for*

those

*Students will be evaluated on a case-by-case basis. *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: _____



Application & Payment Instructions

We proudly accept the CareCredit credit card to help you finance your tuition needs. CareCredit is a payment plan which includes either deferred or fixed interest plans that allow you to make payments over time. There are several different monthly payment options that, once approved, you can choose from. Special financing options are available.*



Application Instructions:

1. Scan the QR code or apply at <https://www.carecredit.com/go/593NHX/>
2. Enter your tuition amount (based off our tuition schedule below) as your "estimated procedure amount" and fill out your application.

Tuition
\$2999.00

Helpful tips:

- To ensure approval, enter the fee (tuition) for the course when asked.
- Make sure all information is correct, especially social security numbers.
- Include ALL sources of household income. (salary, bonuses, alimony, investments)
- Consider using a co-applicant if your application is denied.
- IF you are approved for less than the full tuition amount, you will be able to divide your remaining tuition into 8 weekly payments.

Pay My Provider Instructions:

1. Please go to Pay My Provider for C.A.P. Stone Dental Assisting Program
<https://www.carecredit.com/Pay/593NHX/>
2. Verify the provider and click “confirm”
3. Transaction Information:
 - Enter Account Holder’s First Name, MI, Last Name
 - Invoice # = session in which you are applying for^(i.e.:2021 Session 2’) & your full name^(as it appears on enrollment application)
 - Total Amount = \$2999.00
 - Date of Procedure = The date in which you are enrolling
 - Proceed with your CareCredit Account Information & click continue
4. Choose your promotion
5. Review
6. Confirm
7. Once you have made payment, please do the following to ensure that your spot is secure within our program:
 - email your completed application to cdapbham@gmail.com

*Subject to credit approval. Minimum monthly payments required. Promotional financing options are available on purchases of \$200 or more. Standard Account Terms apply to purchases of less than \$200. Promotional financing options available through Pay My Provider may differ from options available in-office. Ask us for details.