



STUDENT APPLICATION

"Voted #1 Dental Assisting School in Oklahoma!" est. 2012

PERSONAL INFORMATION

Name _____

Address _____

Home/Cell Phone _____ Work Phone _____

Email _____

How did you hear about us? _____



LEARN MORE

Application, Course Dates, FAQ's...

CHOOSE YOUR LOCATION

GUTHRIE LOCATION
2001 S Division St
Guthrie, OK 73044
FRIDAYS 8am-5pm for 10 weeks

YUKON LOCATION
4425 Grant Blvd
Yukon, OK 73099
SATURDAYS 8am-5pm for 10 weeks

PURCELL LOCATION
700 Chandler Rd
Purcell, OK 73080
FRIDAYS 8am-5pm for 10 weeks

CHOOSE YOUR SEMESTER → FOR OFFICIAL COURSE DATES, SCAN OR CLICK THE QR CODE ABOVE.

WINTER/SPRING
Typically begins end of January/start of February.

SUMMER
Typically begins the week following Memorial Day.

FALL
Typically begins the week following Labor Day.

EDUCATIONAL BACKGROUND

Level of Education	School Name	Graduate Year

PROFESSIONAL BACKGROUND (if applicable)

Company Name	Job Title	Work Duration

COURSE LENGTH: 10 weeks ·160 hrs (80 Class/Clinical, 40 on-the-Job, 40 Externship)

Classes will be held at the location chosen above from 8am-5pm on Fridays or Saturdays for 10 weeks from the starting date of course. There will be a 1 hour lunch break from 12pm-1pm in which students need to be back promptly by 1pm to start afternoon clinicals. Students must wear ceil blue scrubs to class & on-the-job training shifts. Students will be required to complete a 4hr shift every week at a Custom Dental location OR a dental office of their choosing for the on-the-job training portion of this course until the 10 weeks have concluded. There will be sign-up sheets every week to best accommodate schedules.

***Minimum down payment of \$1,500 due with application and enrollment contract to secure a spot in class.**



TUITION & FEES

TUITION \$4,347 (included: educational & dental supplies/equipment)

ENROLLMENT FEE \$150

TOTAL COST OF PROGRAM \$4,497



LEARN MORE

Application, Course
Dates, FAQ's...

CHOOSE YOUR PAYMENT OPTION

**most popular!*

Option 1: **PAY IN FULL**
Receive a DISCOUNTED price
of only **\$4197!!**

Option 2: **\$1500 DOWN**
\$300 due BEFORE class
starts every week.

Option 3: **\$2000 DOWN**
\$250 due BEFORE class
starts every week.

Option 4: **\$2500 DOWN**
\$200 due BEFORE class
starts every week.

CHOOSE YOUR PAYMENT METHOD

\$PAY BY CARD OR VENMO
To complete payment, scan
the QR code above & select
the "Payment" option.

**\$PAY BY CHECK OR MONEY
ORDER**

\$PAY BY CASH
Please contact Admissions at
254-644-8478 to schedule in-
person enrollment.

Remit to:
Custom Dental Assisting School
4425 Grant Blvd
Yukon, OK 73099
**Must Include Completed application
with payment.

Student Signature

Date

School Official Signature

Date

EMAIL COMPLETED Application & Student Enrollment Contract to:
okassistingschool@gmail.com

***If paying by MAIL**, please include a
copy of your Application with
Payment & Remit to:

Custom Dental Assisting School
4425 Grant Blvd
Yukon, OK 73099

FOR ANY QUESTIONS OR CONCERNS

Please contact our
Course Director, Mandi Danker
(405) 245-2576



STUDENT ENROLLMENT CONTRACT

**Effective July 16, 2024*

Name _____ Date _____

Address _____ Phone _____

City, State, Zip _____ DOB _____

Course & Location _____ Total Tuition Cost \$ _____

(ex. Fall Yukon 2024)

(\$4497 or \$4197 if pd in full)

(PRINTED Student Name)

This enrollment contract between _____ and Custom Dental Assisting School reflects legal written agreement between each party. The student will receive instruction in the course, Dental Assisting. Specific class title is listed in the course outline and school catalog. A Dental Assisting Certificate of Completion will be awarded at the end of the course upon completion of the course totaling 160 hours. The first day of class will begin _____. The student is responsible for the total tuition price stated above including a \$1,500.00 down payment prior to the first day of class and the remaining balance due by the last day of the course. The tuition fee includes all educational materials, all dental materials, Dental Assisting Permit, CPR Certification, OSHA Training, Radiology Certification Test, and Letter of Recommendation with an approximate cost of \$2,000.00. *The CPR and Radiology Certifications are achieved only if the student passes their certification tests, and a Letter of Recommendation is only awarded to those students attaining a 70% or greater in the course and complete their 40-hour externship. The student is also responsible for the \$10.00 Radiation cost for personal license upon passing Radiation Certification Test. Although employment counsel is given, post-school employment is the sole responsibility of the graduate.

A graduation certificate and letter of recommendation will be only awarded to those students attaining a 70% or above grade average and complete their 40-hour externship. Those students whose grade average is below 70% will not receive a certificate but will be allowed to retake the entire course at a reduced fee of \$1500.

An applicant rejected by the school shall be entitled to a refund of all monies paid minus any stated application fee. This policy applies to students who drop out or who are dismissed on the enrollment agreement. All monies paid by student will be refunded if requested within three days after signing enrollment agreement and making an initial payment. For a student requesting a refund after three days of enrollment but prior to entering school and starting the course of training, all monies will be refunded except for a \$150 enrollment fee. For a student terminating training after entering school and starting the course of training, but within the first week, the tuition will be refunded minus \$350 plus any outside certification fees. After the first week but within week 3 of the course, 75% of the tuition will be refunded minus the \$150 enrollment fee plus any outside certification fees. Between weeks 3-5, 50% of the tuition will be refunded minus the \$150 enrollment fee plus any outside certification fees. No refunds will be given if terminating the course after week 5 has been completed. In case of student prolonged illness or accident, death in the family, or other circumstances that make it impractical to complete the course, the school shall make a settlement which is reasonable and fair to both. If a class is discontinued by a school while students are still enrolled in that class, and the school is still offering training in other areas, all monies (student loan, grant, and etc.) paid the school for students enrolled in the class at the time it is discontinued will be refunded to the entity legally entitled to the refund.

ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSES WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF, RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.

By signing this contract, student acknowledges that he or she had read understands and accepts all the provisions of this enrollment contract and that he or she has received an executed copy.

Applicant Signature

Date

School Official Signature

Date