

Lowry Academy

of Dental Assisting

2780 State St., Suite #6

Santa Barbara, CA 93105

Office: 805-637-2604

Fax: 805-963-2147

lowryacademy@gmail.com

Dear Applicant,

Thank you for your interest in our Academy of Dental Assisting.

Enclosed is an Enrollment Agreement, Syllabus, and Alternative Payment Plan for our school. To enroll, please fill out the top three lines of the Enrollment Agreement on Page 2, sign/date Page 3 and mail it back to us along with the **\$700** down payment. We will fill in all the other information and a copy will be provided for your records.

Looking forward to see you in one of our next sessions! To help us plan the course schedules, please specify a course session and a school location from the following:

_____ Winter Session (February-March)

_____ Santa Barbara

_____ Summer Session (June-July)

_____ San Luis Obispo

_____ Fall Session (October-November)

If you have any questions, please email lowryacademy@gmail.com or call our office line: 805-637-2604.

Greg Lowry D.D.S.
School Director

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TUITION and FEES:

Program Tuition	\$ 2500.00
Training Manual	\$ 200.00
Lab Fee	\$ 200.00
Registration Fee (non-refundable)	<u>\$ 95.00</u>
TOTAL AMOUNT	\$ 2995.00 (Financing Available — please inquire)

YOU ARE RESPONSIBLE FOR THIS AMOUNT. IF YOU GET A STUDENT LOAN YOU ARE RESPONSIBLE FOR REPAYING THE LOAN PLUS ANY INTEREST.

_____ A down payment of _____ was paid on (date) _____.

_____ The student agrees to make a number of payments. Such payments are specified on the payment schedule attached to this agreement. All payments are to be made in advance of instruction received.

Admission Requirements

Students must be at least 18 years old, be able to read and understand English reasonably well and possess a high school diploma or its equivalent.

No credits from other institutions will be accepted for this course, and no credits will be transferred.

This is a legally binding instrument when signed by the student and accepted by the school. I hereby state that I am 18 years of age and agree to the terms and conditions of this enrollment agreement.

X

Student's Signature

Date Signed

CERTIFICATE PROGRAM

Title

Basic Dental Assisting

Length of Program

56 Hours

Frequency of Lessons

7 hours per day, 1 day per week, Total of 8 weeks

Objective

The educational objectives of this course are to teach dental terminology, basic dental assisting, resume preparation.

Occupational Goal

Dental Assisting

Mode of Instruction

Direct

Sequential Outline of Subject Matter

- Introduction to the Dental Profession
- Dental Specialties
- Dental Terminology
- Basic Dental Anatomy
- Infection Control & Sterilization
- Chairside Assisting
- Dental Materials and Techniques
- X-ray Mounting & Processing