

FALL 2025 - ASSIST TO SUCCEED BENTON KY REGISTRATION FORM

PO Box 1007 · 1301 Olive Street · Benton KY 42025 · (270) 205-2701 (Alicia, Director)

The tuition for Assist To Succeed Dental Assisting Program is \$5499.00 and includes all of the following:

- ◆ Textbook: "Modern Dental Assisting", Torres & Ehrlich: 11th Ed(2015); Elsevier Publishing
- ◆ Syllabus: "Concepts in Dental Assisting", Richard Erickson, DDS, 3.2Ed(2017); ATS Partners
- ◆ All training and visual aids, materials and dental supplies used throughout the course
- ◆ 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 or lab coat
- ◆ Students are required to attend all 10 weeks of class, 2 days per week
- ◆ Students are required to complete a 30 hour externship. Students are responsible for finding & completing their externship.
- ◆ Students must pass all exams and in class requirements with 80% or higher grade to receive their Fundamentals of Dental Assisting certificate and letter of recommendation from the directors

Tuition for Assist to Succeed may be paid using one of the following 3 payment options:

*\$5499.00 paid in full by cash, check, or major credit card

*\$3699.00 down prior to the first week of class and \$200.00 per week for 10 weeks totaling \$5699.00

*\$2999.00 down prior to the first week of class and \$300.00 per week for 10 weeks totaling \$5999.00

Refund and Cancellation Policies: This class is only held once per year beginning in August: Therefore the following refund policies apply.

- * Drop outs will not receive a refund but may apply payments made to the next class offered.

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

- \$5499.00 Payment in full with cash, check, or credit card
- \$3699.00 down prior to the first week of class and \$200.00 per week for ten weeks totaling \$5699.00**
- \$2999.00 down prior to the first week of class and \$300.00 per week for 10 weeks totaling \$5999.00**

For payment plans, a student may make payments early prior to starting class & lower your weekly payments. Students may also make payments to ATS to achieve the down payment amount for payment plan desired prior to July 15th. Down payment amounts for payment plans must be achieved prior to July 15th to allow ATS time to order the students books and supplies needed for the class.

- **Existence of the Kentucky Student Protection Fund.**

Pursuant to KRS 165A.450 All licensed schools, resident and nonresident, shall be required to contribute to a student protection fund. The fund shall be used to reimburse eligible Kentucky students, to pay off debts, including refunds to students enrolled or on leave of absence by not being enrolled for one (1) academic year or less from the school at the time of the closing, incurred due to the closing of a school, discontinuance of a program, loss of license, or loss of accreditation by a school or program.

- **Process for Filing a Claim Against the Kentucky Student Protection Fund.**

To file a claim against the Kentucky Student Protection Fund, each person filing must submit a signed and completed Form for Claims Against the Student Protection Fund, Form PE-38 and provide the requested information to the following address: Kentucky Commission on Proprietary Education, 300 Sower Boulevard, Frankfort, KY 40601. The form can be found on the website at www.kcpe.ky.gov.

Signature _____

(print name) _____

Person Financially Responsible _____

Witness Signature _____ Date _____

Assist To Succeed Student Information

PO Box 1007 • 1301 Olive Street • Benton KY 42025 • (270) 205-2701 (Alicia, Director)

Date _____ Social Security # _____ Date of Birth _____

Name _____ Marital Status _____ Maiden Name _____

Home Phone _____ Work Phone _____ Cell _____

Current Address _____ City _____ State _____ Zip Code _____

Mailing address if different than above _____ City _____ State _____ Zip Code _____

Email address _____ Preferred method of contact: **Email** or **cell** or **home phone** (circle one)

Employer _____ Position _____

Parent, Guardian or Spouse _____ Phone _____

Address (if different): _____ City _____ State _____ Zip Code _____

High School _____ Did you Graduate? _____ Year _____

High School Address _____ City _____ State _____ Zip Code _____

GED? _____ Year _____

Have you attended a College or Technical Institution? _____ How many years? _____

Name of College _____ Degree _____ Year _____

How did you first hear about this program or who referred you to our program? _____

People you know that have graduated our program: _____

Emergency Contact:

Name _____ Phone _____ Relationship _____

Address _____ City _____ State _____ Zip Code _____