SMILECRAFT DENTAL EDUCATION OF CALIFORNIA BY DENTAL CAREER INSTITUTE

ATTN: Dr. Benson Dimaranan

IMPORTANT NOTICE: No walk-in's, please.

18377 Beach Boulevard #328, Huntington Beach, CA 92648

www.smilecraftdentaleducation.com; www.dentalcareerinstitute.com

E-mail: dentalcareerinstitute@yahoo.com

Business Cell/ Text# (562) 704-2651

Month/ Day/ Year

Full Name: _____ Date of Birth: _____

Title: _____License No. _____ SSN: _____

SSN: *(Required only for students enrolling in the Dental Radiation Safety (Dental X-ray Certification) Course.)*

Street Address: _____

City, State and Zip: _____

Cell Ph: _____

Email Address: _____

Course Information

Course Title: _____

Start Date: _____

NON-REFUNDABLE Course Fee: _____

Special Instructions: _____

Form of Payment: _____

Please arrive for in-person classes or log in for Zoom sessions at least 30 minutes before the class start time to complete check-in and, for in-person attendees, secure better parking.

If someone else has paid for your course, you must submit a completed Credit Card or ePayment Authorization Form via email.

The form must be signed by the person who made the payment, using either a wet (handwritten) or electronic signature. The signature must match the one on their government-issued ID.

We Accept Company Check, Cashier's Check, and Money order

PAYABLE TO: Dental Career Institute

We Accept ZELLE Payment

ZELLE Account: (562) 704-2651, Benson Dimaranan

STUDENT INITIALS: _____

Course Prerequisites and Enrollment Requirements

Submission Requirements

All required prerequisite documentation, registration forms, proof of payment, and any additional required documents must be submitted as **PDF attachments** via email to **DentalCareerInstitute@yahoo.com** by the deadline specified in the course handout and/or official electronic communications.

After submitting your documents, please send a text message to notify our office so we can promptly verify receipt and review your file (Text #: (562) 704-2651).

Important Submission Guidelines

- Only **PDF file attachments** will be accepted.
- Links to cloud storage (Google Drive, Dropbox, OneDrive, etc.) will **not** be accepted.
- Image files (JPG, JPEG, PNG, HEIC, screenshots, or photographs of documents) will **not** be accepted.
- Students are responsible for ensuring all required documents are complete, accurate, organize, and submitted on time.

Failure to submit all prerequisites and other documents correctly and by the required deadline may delay enrollment and result in the student being rescheduled to the next available course.

Important Notice

SmileCraft Dental Education of California by Dental Career Institute reserves the right to:

- Substitute instructors or faculty members when necessary.
- Change classroom or lab and clinical training locations.
- Modify course dates, schedules, or instructional formats.
- Reschedule or cancel courses that do not meet minimum enrollment requirements or due to unforeseen circumstances.

Our instructors, faculty members, and supervising dentists are practicing dental professionals with ongoing clinical responsibilities. While they are committed to supporting student success, they are not required to respond to emails, text messages, or telephone calls outside scheduled instructional hours. Responses will be provided as time and professional obligations permit.

After You Register

Please allow **24–48 business hours** for your registration to be processed.

Once your registration, payment, and prerequisite documents have been verified, the Program Director or assigned instructor or faculty or staff will contact you by email, or text, or telephone with course instructions, class schedules, access to online materials (if applicable), and additional information needed to begin your course.

Students are responsible for regularly checking their:

- Email inbox
- Spam folder
- Junk folder
- Bulk mail folder

If you have not received communication after 48 business hours, please contact our office by both email and text message.

Supplies, Materials, and Clinical Patients

Unless specifically stated in the course description, SmileCraft Dental Education of California by Dental Career Institute does **not** provide supplies, materials, instruments, equipment, or clinical patients.

Students are responsible for providing their own:

- Qualified clinical patients (when required)
- Personal Protective Equipment (PPE), including disposable gowns
- Clinical instruments and supplies
- Materials required for course completion
- Any additional items identified in the course syllabus or handout

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Clinical Patient Requirements and Course Deadlines

Courses requiring clinical patient experiences must be completed by the deadlines established in the course syllabus or official course handout.

Students who are unable to complete required clinical patient procedures by the deadline due to a documented medical condition must submit:

STUDENT INITIALS: _____

- A valid medical excuse or physician's letter issued by a licensed healthcare provider; **and**
- A written request for a course extension before the due date.

If approved, the student must pay the applicable **course extension fee** before the extension becomes effective.

Students who fail to:

- Complete all required clinical patient procedures by the established deadline;
- Submit acceptable medical documentation;
- Request an extension before the course expiration date; **or**
- Pay the required extension fee,

will be considered administratively withdrawn from the course and will be required to **re-enroll, repeat the entire course, and pay all applicable course tuition and fees**.

Approval of an extension does not waive any course requirements or competency standards.

Course Extension Policy

Students who are unable to complete course requirements by the scheduled completion date may request a **one-month extension** by submitting a written request via email before the course expiration date.

- Extension Fee: **$200 per month**
- Extensions are granted only after payment of the extension fee.
- Requests submitted after the course expiration date may not be approved.
- Extensions do not guarantee instructor availability beyond the approved extension period.

Students are solely responsible for monitoring course deadlines and maintaining satisfactory progress toward course completion.

Financial Aid

SmileCraft Dental Education of California by Dental Career Institute does **not** participate in federal or state financial aid programs and does **not** offer Title IV Financial Aid.

STUDENT INITIALS: _____

Because many of our continuing education and certification programs are classified as short-term professional education programs, they **do not qualify for federal financial aid or government-funded educational assistance programs**.

Students are responsible for paying all tuition, fees, books, supplies, and related educational expenses.

Some students choose to finance their education through personal financial resources, including personal credit cards or private loans or personal loans. SmileCraft Dental Education of California by Dental Career Institute is **not affiliated with, endorsed by, or responsible for** any third-party financing company.

Examples of private financing resources include:

- Discover Financial Services
- SoFi
- Credible

Students should contact these companies directly to determine eligibility, available financing options, interest rates, repayment terms, and loan requirements.

Payment Plan

Payment plans are available **only for bundled certification programs** and are subject to approval by SmileCraft Dental Education of California by Dental Career Institute.

For additional information regarding payment plan options, eligibility requirements, and payment schedules, please contact the Program Director at:

Email: DentalCareerInstitute@yahoo.com

Tutorial Services

Tutorial services may be offered at the sole discretion of the individual course instructor and are **independent of the instructional requirements** established by SmileCraft Dental Education of California by Dental Career Institute.

Participation in tutorial sessions is **voluntary** and is **not required** for successful completion of any course, or certification program. These services are intended

solely to provide additional academic support for students seeking assistance outside of scheduled class hours.

Tutorial services may be subject to instructor availability and may require additional fees.

Class Location

Unless otherwise indicated in the course schedule or official course communications, classroom, laboratory, and clinical instruction is conducted at:

SmileCraft Dental Education of California by Dental Career Institute
18377 Beach Boulevard, Suite 328
Huntington Beach, California 92648

Course locations are subject to change. Students will be notified in advance of any location changes.

Processing of Assignments and Course Documents

Please allow approximately **3 to 4 weeks** for the review and processing of assignments, competency evaluations, clinical documentation, and other course-related submissions.

Students requesting a status update should submit their inquiry by email and include the following information:

- Full Name
- Mailing Address
- Contact Telephone Number
- Course Name
- Detailed Description of the Request

Email inquiries to:

DentalCareerInstitute@yahoo.com

Certificate of Completion

Certificates of Completion are processed after the student has successfully satisfied **all course requirements**, including attendance, assignments, competency evaluations, examinations, clinical requirements (if applicable), and financial obligations.

Please allow approximately **3 to 4 weeks** for certificate processing following successful course completion.

Students requesting a certificate status update should email the following information:

- Full Name
- Mailing Address
- Contact Telephone Number
- Course Name
- Description of the Request

Email: DentalCareerInstitute@yahoo.com

Unless otherwise requested, Certificates of Completion will be delivered electronically to the student's email address on file.

Certificate Rush Processing

Students who require expedited certificate processing may request **Rush Processing** for an additional fee.

Rush Processing Fee: $120

Rush processing provides an estimated certificate processing time of **one (1) week**, provided that all course requirements have been successfully completed and verified.

To request Rush Processing, students must:

- Submit a written request via email.
- Pay the non-refundable **$120 Rush Processing Fee**.

Requests should be emailed to: DentalCareerInstitute@yahoo.com

Rush processing begins only after all graduation requirements have been met and payment has been received.

STUDENT INITIALS: _____

Continuing Education (CE) Credit

Continuing Education (CE) credit awarded for participation in SmileCraft Dental Education of California by Dental Career Institute programs is issued in accordance with the approval requirements of the applicable approving agency.

Acceptance of CE credit for professional license renewal may vary by state, licensing board, regulatory agency, credentialing organization, or employer. Participants are solely responsible for verifying that a particular course satisfies the continuing education requirements applicable to their individual license or certification.

For courses approved by the Dental Board of California, participants should be aware that the **Dental Board of California recognizes a maximum of eight (8) continuing education units (CEUs) per day** toward license renewal requirements.

Participants are encouraged to retain all Certificates of Completion and continuing education records for their personal files and licensing documentation.

Continuing Education (CE) Credit and Certificate Retention

Continuing Education (CE) credit earned through SmileCraft Dental Education of California by Dental Career Institute may be applied toward professional license renewal when accepted by the participant's applicable licensing or regulatory agency.

For licensees regulated by the Dental Board of California, original Certificates of Completion are subject to audit and **must be retained by the licensee for a minimum of three (3) license renewal periods**, in accordance with applicable Board requirements.

Do not submit Certificates of Completion to the Dental Board of California unless specifically requested by the Board.

Personal Property Disclaimer

SmileCraft Dental Education of California by Dental Career Institute is not responsible for the loss, theft, or damage of any personal property belonging to students or visitors while on school premises or participating in any educational activity.

STUDENT INITIALS: _____

Students are financially responsible for damage caused to school facilities, laboratory equipment, instruments, educational materials, or any other institutional property resulting from negligence, misuse, or intentional misconduct. Appropriate disciplinary action, including dismissal from the program, may be imposed when warranted.

Copyright Notice

All course manuals, presentations, videos, examinations, assignments, laboratory exercises, handouts, online materials, photographs, graphics, instructional recordings, and other educational resources are the exclusive intellectual property of SmileCraft Dental Education of California by Dental Career Institute and are protected by United States copyright laws.

Students may use these materials solely for their personal educational purposes while enrolled in the course.

Without prior written authorization, students may not:

- Copy or reproduce course materials;
- Scan or photograph instructional materials;
- Record lectures, demonstrations, or laboratory sessions;
- Upload or distribute materials electronically;
- Share course content with third parties; or
- Sell or otherwise commercially use any educational materials.

Unauthorized reproduction or distribution may result in disciplinary action and any other remedies available under applicable law.

Duplicate Certificates

If an original Certificate of Completion has been lost, destroyed, or misplaced, the following policies apply:

1. A written request must be submitted by email or certified mail.
2. A duplicate certificate fee of **$35.00** will be charged for each replacement certificate.
3. If more than **five (5) years** have elapsed from the original date of issuance, the institution may no longer have records sufficient to issue a replacement certificate. In such cases, or when required by regulatory changes, the student may be required to successfully complete the certification program again before a new certificate can be issued.

STUDENT INITIALS: _____

Registration, Refund, and Cancellation Policy

All tuition, registration fees, and course fees are **non-refundable** unless:

- The institution cancels the course; or
- The institution is unable to provide the course due to over-enrollment.

Students who register for a course acknowledge that their enrollment reserves instructional resources and class space.

Students whose tuition or registration fees are paid by a third party acknowledge that payment is made on their behalf and agree to comply with all institutional financial policies.

Any unauthorized payment dispute or chargeback may result in administrative suspension of enrollment while the matter is under review. The institution reserves all rights available under applicable law to recover unpaid tuition, fees, and administrative costs.

Attendance, Assignments, Examinations, and Schedule Change Policy

Students are expected to attend all scheduled classes, complete assignments on time, and satisfy all course requirements.

Attendance

- Attendance at the first scheduled class session is mandatory unless prior written approval has been granted.
- Students arriving excessively late or failing to attend scheduled sessions may be considered absent.
- Failure to attend may result in forfeiture of registration fees and removal from the course roster.

Assignments and Clinical Requirements

Students are responsible for completing all assignments, clinical documentation, competency evaluations, homework, projects, and patient requirements by the published deadlines.

Students unable to meet a deadline must request and receive an approved course extension before the due date.

STUDENT INITIALS: _____

Schedule Changes

Students may request a class transfer or schedule change at least **ten (10) business days** before the scheduled course start date.

Approved schedule changes require:

- Written request;
- Administrative approval; and
- Payment of a **$100 administrative transfer fee**, plus applicable online payment processing fees.

Examination Policy

Students must successfully complete all written examinations, laboratory competencies, clinical evaluations, assignments, quizzes, projects, and any other required assessments.

Students who fail a required evaluation will be provided **one (1) opportunity** to retake the failed assessment at no additional charge.

Failure of the retake examination will require the student to re-enroll in the course, pay the applicable tuition, and successfully complete all course requirements again.

Educational Institution Status

- SmileCraft Dental Education of California by Dental Career Institute is an approved **Academy of General Dentistry (AGD) Program Approval for Continuing Education (PACE)** Provider (Provider ID **446583**);
- **Dental Career Institute of Benson B. Dimaranan, RPhT, RDA**, a Registered Continuing Dental Education Provider approved by the **Dental Board of California** (Provider No. **RP 4850**).

SmileCraft Dental Education of California by Dental Career Institute provides professional continuing education and certification programs. It is **not** a degree-granting college or university and is **not institutionally accredited** by an accrediting agency recognized by the **U.S. Department of Education** for purposes of Title IV federal student financial aid.

Accordingly, participation in our continuing education and certification programs generally **does not qualify for federal financial aid or education tax benefits** that require enrollment in an eligible accredited institution. Students are

encouraged to consult the Internal Revenue Service (IRS) or a qualified tax professional regarding their individual tax circumstances.

Extramural Clinical Training

Students completing clinical procedures at their own dental office under the direct supervision of a licensed dentist must have:

- A fully executed Extramural Facility Agreement;
- A completed Dentist Orientation Form;
- A completed Student Orientation Form; and
- Approval from the Program Director before beginning patient care.

Both the supervising dentist and student must participate in the required orientation conducted by SmileCraft Dental Education of California by Dental Career Institute.

Students completing clinical procedures at the Huntington Beach Clinical Laboratory must schedule clinical appointments in advance.

All clinical patients must:

- Receive a comprehensive examination by a licensed dentist;
- Be approved for treatment;
- Have all required patient documentation completed and signed by the supervising dentist prior to treatment.

Additional Requirements for RDAEF/ITR Students

Students enrolled in RDAEF or ITR clinical programs who bring patients to the clinical laboratory must ensure that all required tooth preparations have been completed by the patient's treating dentist before the laboratory appointment.

Clinical procedures performed during laboratory sessions will be completed under the direct supervision of the course instructor and supervising dentist.

Whenever anesthesia administration or supervision is required, the student's supervising dentist must be present throughout the clinical session.

Student Acknowledgment

By signing below, I acknowledge that:

- I have carefully read and understand all institutional policies, procedures, and enrollment requirements.
- I agree to comply with all academic, clinical, attendance, financial, and professional conduct requirements.
- I understand that successful completion of the course requires satisfactory completion of all required assignments, examinations, laboratory competencies, clinical requirements, and other graduation requirements within the established deadlines.
- I understand that failure to satisfy course requirements or institutional policies may result in dismissal from the program and may require re-enrollment under the policies then in effect.

Student Full Name: _____

Student Signature: _____Date: _____

STUDENT INITIALS: _____

CREDIT CARD or e-Payment AUTHORIZATION FORM

If someone else has paid for your course, *we require this signed document to be submitted via email. The document must include the signature of the person who made the payment, either as a wet (handwritten) or electronic signature.* ***The signature must match the one on their government-issued identification.***

Cardholder Information

Full Legal Name: _____
Billing Address: _____
City, State, ZIP Code: _____
Contact Number: _____
Email Address: _____

Course Payment Details:

NON-REFUNDABLE COURSE FEE: $ _____

NON-REFUNDABLE TYPODONT KIT FEE: $ _____ (RDAEF Program Only)

Course Name: _____

Authorization Statement

I confirm that I am the authorized holder of the Credit Card or PayPal or Electronic Payment method used for this transaction, which was processed electronically. I approve this payment and acknowledge that the course fee(s) are **non-refundable**. ***I voluntarily waive any right to dispute or initiate a chargeback for this transaction.***

This payment is being made on behalf of the student named:

_____

My relationship to the student: _____

Special Instructions: _____

By signing below, I acknowledge and agree to the terms of this transaction and confirm that all information provided above is true and accurate.

_____

Date: _____ Cardholder's Signature: _____

STUDENT INITIALS: _____

EMPLOYMENT CERTIFICATION FOR DENTAL ASSISTANT EXPERIENCE

For Newly Enrolled Students Only:

The Employment Certification for Dental Assistant Experience form is required only for students enrolled in the RDAEF, Pit & Fissure Sealant, or Ultrasonic Scaling programs. This form must be completed by your employer, supervising dentist, HR representative, manager, or supervisor.

Section 1 – Student Information

- **Student Full Name:** _____
- **Job title:** _____

Section 2 – Dental Office Information

- **Name of the person completing this form:** _____
- **Job title of the person completing this form:** _____
- **Dental Office Name:** _____
- **Dental Office Address:** _____
- **Contact Number:** (_____) _____

Section 3 – Work Experience Certification

I certify that I supervised

_____ (Name of Applicant/ Student)

from _____ (MM/DD/YYYY) to _____ (MM/DD/YYYY),

and they completed _____ months and _____ hours of satisfactory work experience performing the duties of a Dental Assistant or RDA/ ADHP.

I certify under **penalty of perjury** under the laws of the **State of California** that the information entered in Sections 1 through 3 above is **true and correct**.

Signature: _____**Date Signed:** _____

STUDENT INITIALS: _____