

Michigan Dental Assisting School

Contact Us:

Michelle Solomon at (MDAS Office) 248-952-9811 michdaschool@gmail.com

Student Enrollment Application

Name: _____ Email: _____

Address
(Street/City/Zip): _____

Phone Number: _____

Social Security Number: _____

EDUCATION: Name/Location Diploma/Degree

High School: _____

College: _____

Vocational Training (or other): _____

Signature and Date: _____

The course will run ten (10) consecutive weeks, eight classroom hours per week, including practical, for a total of eighty (80) classroom hours of instruction.

Please Mail to the Administration Office at: Michigan Dental Assisting School
Admissions 32905 W. 12 Mile Rd. Suite 240 A, Farmington Hills, MI 48334

Student Complaint Policy: Any student has the right to file a complaint with the State of Michigan "Department of Licensing & Regulatory affairs" for any violation they feel that "Michigan Dental Assisting School" has violated the proprietary law or rules. Their website address is www.michiganps.net

The Michigan Department of Licensing and Regulatory Affairs' Board of Dentistry is responsible for the licensing of individuals who want to practice dentistry, dental hygiene and advanced levels of dental assisting. Students attending a course in dental assisting that is offered by a licensed proprietary school that is not accredited by the American Dental Association are not eligible for licensure by the State of Michigan.

Michigan Dental Assisting School is classified as a licensed proprietary school and is not accredited by the American Dental Association's Commission on Dental Accreditation. Graduates of this program are not eligible for licensure as a Registered Dental Assistant in Michigan.

Refund policy

The State of Michigan refund policy per the Michigan laws, Rules and Regulations Governing Proprietary Schools, Act 148 of 130 (a) Refund Policy: “All tuition and fees paid by the applicant shall be refunded if the applicant is rejected by the school before enrollment. Fee of not more than \$25.00 may be retained by the school if the application is denied. All tuition and fees paid by the applicant shall be refunded if

requested within three business days after signing a contract with the school. A retained refund fee of \$25.00 is applied if the student cancels the course after the 3 business days of signing the contract. All refunds shall be returned within 30 days. No refund will be given after the expiration of the three business days once the start of the program.

Michigan Department of Community Health

The Michigan Department of Community Health, Bureau of Health Professions and the Board of Dentistry, are responsible for the licensing of individuals who want to practice dentistry, dental hygiene and advanced levels of dental assisting. Students attending a course in dental assisting that is offered by a licensed proprietary school that is not accredited by the American Dental Association are not eligible for licensure by the State of Michigan. Michigan Dental Assisting School is classified as a licensed proprietary school and is not accredited by the American Dental Association’s Commission on Dental Accreditation. Graduates of this program are not eligible for licensure as a Registered Dental Assistant in Michigan.