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## **Tuition & Additional Costs**

<b>Registration Fee</b> .....	\$100.00
<b>Tuition</b> .....	\$3,400.00
<b>Books</b> .....	\$100.00
<b>Supplies and Materials</b> .....	included
<b>Total Cost for the Course</b> .....	<b>\$3,600.00</b>

### **METHOD OF PAYMENT:**

<b>Down Payment</b> .....	\$900.00
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Balance to be paid in full by the 5th class. Payment for the classes should be paid in cash or check; NO credit cards accepted at this time. It should be noted that student loans with the bank must be satisfied regardless of the success or lack of success at River City School of Dental Assisting. When a student is given a loan he or she signs a promissory note with the bank. This loan is the same as any other loan and the student has full responsibility for managing the loan and its repayment.

## Cancellation & Refund Policy

Should the student’s enrollment be terminated or should the student withdraw for any reason, all refunds will be made according to the following refund schedule.

1. The school must refund all money paid if the applicant is not accepted. This includes instances where a starting class is canceled by the school.
2. The school must refund all money paid if the applicant cancels within 5 business days (excluding Sundays and holidays) after the day the contract is signed or an initial payment is made, as long as the applicant has not begun training.
3. The school may retain an established registration fee equal to 10 percent of the total tuition cost, or \$100, whichever is less, if the applicant cancels after the fifth business day after signing the contract or making an initial payment. A “registration fee” is any fee charged by a school to process student applications and establish a student record system.
4. If training is terminated after the student enters classes, the school may retain the registration fee established under (3) of this subsection, plus a percentage of the total tuition as described in the following table:

<b>If the student completes this amount of training:</b>	<b>School may keep this percentage of the tuition:</b>
One week or up to 10%, whichever is less	10%
More than one week or 10%, whichever is less, but less than 25%	25%
25% through 50%	50%
More than 50%	100%

5. When calculating refunds, the official date of a student’s termination is the last day of recorded attendance:
  - a. When the school receives notice of the student’s intention to discontinue the training program; or,
  - b. When the student is terminated for a violation of a published school policy which provides for termination; or,
  - c. When a student, without notice, fails to attend classes for thirty calendar days.
6. All refunds must be paid within thirty calendar days of the student’s official termination date.

# Enrollment Agreement

Mailing Address: 2723 S. Chapman Rd. Spokane Valley, WA 99016

School Address: 721 N Pines Rd., Spokane Valley, WA. 99206

**STUDENT NAME:** \_\_\_\_\_

Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

The school agrees to provide the following training: **Dental Assisting.**

*Program consists of 10 weeks x 8 hours per week = 80 total hours.*

## TRAINING COST:

Registration Fee.....	\$100.00
Tuition.....	\$3,400.00
Books.....	\$100.00
Supplies and Materials.....	included
<b>Total Cost for the Course.....</b>	<b>\$3,600.00</b>

## METHOD OF PAYMENT:

Down Payment.....\$900.00

Balance to be paid in full by the 5th class. Payment for the classes should be paid in cash or check; NO credit cards accepted at this time. It should be noted that student loans with the bank must be satisfied regardless of the success or lack of success at River City School of Dental Assisting. When a student is given a loan he or she signs a promissory note with the bank. This loan is the same as any other loan and the student has full responsibility for managing the loan and its repayment.

## AGREEMENT IS BINDING:

This agreement will be binding only when it has been fully completed, signed, and dated by the student and an authorized representative of the school prior to the time instruction begins.

## CHANGES IN THE AGREEMENT:

Any changes in the agreement will not be binding on either the student or the school unless such changes are acknowledged in writing by an authorized representative of the school and by the student or the student's parent or guardian if he/she is a minor.

**This school is licensed under Chapter 28C.10 RCW.**

*Inquiries or complaints regarding this private vocational school may be made to:*

Workforce Training and Education Coordinating Board

128 – 10th Avenue SW, Olympia, Washington 98501

Phone: 360-709-4600

E-Mail: [wtecb@wtb.wa.gov](mailto:wtecb@wtb.wa.gov)

Web: [wtb.wa.gov](http://wtb.wa.gov)

# Application

Applicant name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Hispanic:  Yes  No

Race (Check one):

White / Caucasian

Black/ African American

American Indian or Alaska Native

Asian

Hawaiian Native or other Pacific Islander

Multi-racial

Other

Disability:  Yes  No

Highest Grade Completed:

Less than high school graduation

High School Graduate Graduation Date \_\_\_\_\_

GED Date GED Attained \_\_\_\_\_

Some Post H.S., no degree or certificate  Certificate ( <6 years)

Associate Degree (Year: \_\_\_\_\_)  Bachelor Degree or Above (Year: \_\_\_\_\_)

Name and Address of Last School Attended \_\_\_\_\_

Referred By: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date Signed

**NOTICE TO BUYER:** Do not sign this agreement before you read it or if it contains any blank spaces. This is a legal instrument. All pages of this contract are binding. Read both sides of all pages before signing. You are entitled to an exact copy of the agreement, school catalog, and any other papers you may sign and are required to sign a statement acknowledging receipt of those.

**CANCELLATION OF CONTRACT:** If you have not started training, you may cancel this contract by submitting written notice of such cancellation to the school at its address shown on the contract. The notice must be postmarked no later than midnight of the fifth business day (excluding Sundays and holidays) following your signing this contract or the written notice may be personally or otherwise delivered to the school within that time. In event of dispute over timely notice, the burden to prove service rests on the sender.

**UNFAIR BUSINESS PRACTICES:** It is an unfair business practice for the school to sell, discount, or otherwise transfer this contract or promissory note without the signed written consent of the student or his/her financial sponsors if he/she is a minor and a written statement notifying all parties that the cancellation and refund policy continues to apply.

**CERTIFICATIONS:** I certify that I read and understand the cancellation and refund policy and the complaint procedure; I received a copy of the school catalog; and I am entitled to an exact copy of this Enrollment Agreement, school catalog, and any other papers I sign.

**Student**

\_\_\_\_\_

Print Name

\_\_\_\_\_

Applicant Signature

Date Signed

**Parent or Guardian (If student is under 18)**

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

Date Signed

As the authorized representative of the school, I hereby agree to the conditions set forth herein:

**Authorized School Representative: (If student is under 18)**

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

Date Signed

# Acknowledgement

Washington law requires the following information to be supplied to each student enrolling in a private vocational school licensed under RCW 28C.10. One copy of this notice bearing original signatures must be attached by the school as an addendum to that individual's enrollment agreement and a copy must be provided to the enrollee by the school.

## Acknowledgement by Enrollee

1. I understand and accept that any contract for training I enter into with the above named school contains legally binding obligations and responsibilities.
2. I understand and accept that repayment obligations will be placed upon me by any loans or other financing arrangements I enter into as a means to pay for my training.
3. I understand that any enrollment contract I enter into will not be binding or take effect for at least five days, excluding Sundays and holidays, following the last date such a contract is signed by the school and myself, provided that I have not entered classes sooner.

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Print Name

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Applicant Signature

---

Date Signed

## Acknowledgement by School

Prior to being enrolled in this school, the applicant whose name and signature appears below has been made aware of the legal obligations he/she takes on by entering into a contract for training. Those discussions included cautions by the school about acquiring an excessive debt burden that might become difficult to repay given employment opportunities and average starting salaries in his/her chosen occupation.

---

Print Name

---

Applicant Signature

---

Date Signed

## Notice of Privacy Practices

HIPAA is an acronym for “Health Insurance Portability and Accountability Act.” HIPAA was enacted to ensure the privacy and confidential handling of medical and dental information for all patients in the U.S. It applies to medical and dental health providers.

HIPAA requires that all persons who collect medical and dental information either directly or indirectly be notified of their rights to privacy and receive a “Notice of Privacy Practices.”

As a student at River City School of Dental Assisting, I am aware that I may view directly or indirectly personal information about a patient or another student. I agree to not disclose, share or remove any information from the office.

Any student who does not abide by these HIPAA privacy policies will be immediately terminated from class.

I have read and understand this Notice of Privacy Practices.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

River City School of Dental Assisting, L.L.C.  
Located at the office of Kid Smile:  
721 N. Pines Rd., Suite 101  
Spokane Valley, WA 99206



# River City School Catalog

Volume 11, Published Sept. 2023

**Owner:** Debby Halstead

**Location:** Kid Smile 721 N. Pines Rd., Suite 101, Spokane Valley, WA 99206

**Phone:** 509-768-8188

## **Instructors and Qualifications:**

### **Head Instructor & Owner:**

Debby Halstead

Registered Dental Assistant & front office experience for over 34 years

23 years as a dental assisting school instructor

CPR certified

### **Assistant Instructor:**

Corrine Smith

Registered Dental Assistant with 19 years experience

19 years as a dental assisting school instructor

CPR certified

**Licensure:** This school is licensed under Chapter 28C.10 RCW. Inquiries or complaints regarding this private vocational school may be made to:

### **Workforce Training and Education Coordinating Board**

128 – 10th Avenue Southwest

Olympia, Washington 98504

360-709-4600

[wtecb@wtb.wa.gov](mailto:wtecb@wtb.wa.gov)

*River City School of Dental Assisting is a private vocational school licensed by the State of Washington Workforce Training and Educational Board. It is our objective to offer the best possible education in the shortest possible time consistent with proper educational procedures. We strive to prepare individuals with the knowledge and technical proficiency that will allow them to become immediately employable in a dental office upon graduation. The dental community recognizes the need for well-trained, efficient chair-side dental assistants. River City School of Dental Assisting will help prepare interested persons in becoming part of the dental profession.*

## **School Calendar**

The following holidays will be observed and classes will not be held. New Years Day, Independence Day, Memorial Day, Labor Day, Thanksgiving, Christmas. Holidays are not counted as part of the contracted time schedule. Any holiday that falls on Saturday or Sunday will not be a scheduled class session.

## **Class Schedules**

Classes are scheduled for ten consecutive Saturdays from the hours of 8:00am to 5:00pm with an hour for lunch. The morning session consists of chapter review, lecture, demonstration, and group discussions. The afternoon session is hands-on learning & practice, clinical and laboratory, sterilization, etc.

## **Facilities**

River City School of Dental Assisting features a well lighted facility with a reception area and an area for classroom. Training equipment includes digital x-rays, developers, large laboratory with state of the art equipment in 5 operatories. The school has a break room for students with a refrigerator, table, and chairs. Both male and female lavatories are available. There is parking available in a well lighted parking lot. This is an accessible facility with handicapped ramps and lavatories. The maximum class size is 10 and the student/teacher ratio is 10 to 2.

## **Entrance Requirements**

Students must possess a High School Diploma or a General Education Development (GED) Diploma. Students will be required to wear a long sleeve uniform top w/ pants, white shoes, and safety glasses. We will discuss these specifics at the first class.

River City School of Dental Assisting does not discriminate against students or potential students on the basis of race, creed, color, national origin, veteran or military status, sex, sexual orientation or the presence of any sensory mental or physical disability or the use of a trained guide dog or service animal by a person with a disability.

## **Attendance Requirements**

River City School of Dental Assisting School records the daily attendance of each student. Records are available for student review. Absenteeism for more than 20 percent of the total program constitutes cause for dismissal. A student who has greater than 20 percent absences will have his or her case reviewed by the school director with the likelihood of being dropped from the program. Students who realize that their absences will extend beyond 20 percent of the program may request official leave of absences.

## **Leave of Absence**

Students may be granted a leave of absence upon request. The following guidelines must be used:

1. The request for a leave of absence must be submitted to the school in writing.
2. The request must have the date that the student will begin the leave and the expected date of return to classes.
3. Should a leave request take the student beyond the contracted completion date, the student may be subject to re-entry under an amended contract. If the student does not reenter within the contracted schedule and does not arrange for a contract amendment, then his or her contract will be terminated. The student may be entitled to a refund in accordance with the school's refund policy.

## **Religious Accommodation**

River City School will make good faith efforts to provide reasonable religious accommodations to students who have sincerely held religious practices or beliefs that conflict with a scheduled course/program requirement. Students should make the request, in writing, directly to the instructor with as much notice as possible. Students are responsible for obtaining materials and information provided during any class missed. The student shall work with the instructor to determine a schedule for making up missed work, such as rescheduling a make-up exam, allowing extra credit for missed class work, or allowing flexibility for made up assignments.

## **Make-up Work**

Lessons and/or assignments missed due to absences must be made-up within five business days of returning to school. Students should meet with their instructors or fellow student to get missed assignments. When applicable, should the student request to wait until the missed lesson is offered in another class, the student needs to be aware that this may change their completion date. The student will need permission from the school director for a change in completion date. This may result in a contract amendment.

## **Tardiness**

Developing good work ethics is an important part of the training at River City School of Dental Assisting School. Students arriving late for class are interrupting the instructor and other students. The following recording system will be used for tardiness.

- 1 to 15 minutes late will be counted as 15 minutes late
- 16 to 30 minutes late will be counted as 30 minutes late
- 31 to 60 minutes late will be counted as 1 hour late

## **Code of Conduct**

The following conduct is unacceptable and will not be tolerated:

1. All forms of bias including race, ethnicity, gender, disability, national origin, and creed as demonstrated through verbal and/or written communication and/or physical acts.
2. Sexual harassment including creating a hostile environment and coercing an individual to perform sexual favors in return for something.
3. All types of proven dishonesty, including cheating, plagiarism, knowingly furnishing false information to the institution, forgery, and alteration or use of institution documents with intent to defraud.
4. Intentional disruption or obstruction of teaching, administration, disciplinary proceedings, public meetings and programs, or other school activities.
5. Theft or damage to the school premises or damage to the property of a member of the school community on the school premises.
6. Violation of the law on school premises. This includes, but is not limited to, the use of alcoholic beverages or controlled dangerous substances.

## **Conditions for Dismissal**

Students may be dismissed from the school for the following reasons:

1. Not adhering to the school's rules, regulations, policies, and code of conduct
2. Missing more than 20 percent of instruction time
3. Not maintaining the minimum grade point average of 70%
4. Not meeting financial responsibilities to the school

The school director will notify the student in writing should it become necessary to dismiss the student. The dismissal letter will contain the date and the reason for dismissal. It is the responsibility of the dismissed student to notify the appropriate lending institution if the student has a student loan or is receiving financial aid. Prepaid tuition will be refunded according to the school's refund policy.

## **Re-entry Policy**

Students dismissed from the school who request re-entry must put the request in writing to the school director. In cases where the student was dismissed for excessive absences (greater than 20 percent) or financial concerns, it may be possible to re-enter within the same school term. In cases where the student was dismissed due to failure to maintain the minimum grade point average, it may be possible for the student to receive private tutoring and then reenter the school.

In cases where the student was dismissed due to unacceptable conduct, the student may have to meet with the director before re-entering the school. The decision of the director is final and the student will receive a letter within five business days stating the decision.

## **Student Complaint/Appeal Process**

Students who have a complaint or who would like to appeal a dismissal must request in writing an appointment for an interview with the school director. The written request should include the following information:

1. Student's full name and current address
2. A statement of the concern including dates, times, instructors, and if applicable, other students involved
3. Date of complaint letter and signature of the student
4. Three dates in which the student would be available for a meeting with the school director. These dates should be within 10 business days of the complaint.

The school director will notify the student in writing of the appointment date in which the concerns or appeal will be addressed. Every effort will be made to bring an amicable closure to the concern. Should it be necessary, a panel of instructors will hear the concerns and will be asked to assist in bringing a resolution to concerns and/or appeals. The student will be notified in writing within five business days of the outcome of the meetings. Should the contract be canceled by either the student or the school the last date of attendance will be used as the date to calculate any refund in accordance with the school's refund policy. Nothing in this policy prevents the student from contacting the Workforce Board (the state licensing agency) 360-709-4600 at any time with a concern or a complaint.

## **Grading System**

Grades will be a percentage of the 100 point possible in the 7 categories: 70 percent or better to pass.

1. Midterm Exam
2. Written Radiology Exam
3. Practical Radiology
4. Instrument Identification
5. Final Written Exam
6. Practical exam for amalgam & composite procedures
7. Practical exam for crown preps & extraction procedures

## **Incomplete Grades**

Incomplete grades are given when a student is unable to complete a course because of illness or other serious problems. An incomplete grade may also be given when students don't turn in work or don't take tests. If a student does not make arrangement to take missed tests, a failure grade will be given. A student who misses a final test must contact the instructor within twenty-four hours of the test to arrange for a make-up examination.

## **Probation For Below Average Grades**

Students who fail to maintain the minimum grade point average of 70 percent required for graduation will need to enter a probation period. The student will be scheduled for in-school instructor-led assistance. Students unable to increase their grade point averages may be dismissed from the program. Refunds will be given in accordance with the school's refund policy.

## **Student Evaluation Techniques**

A test may be administered after each lesson to determine the amount of learning that has taken place. Test scores that are below 70 percent are an indication that the necessary skills for entry into employment were not acquired. Students should make arrangements for additional practice, independent study, or tutoring. Other methods of evaluation may include oral quizzes, skill development tests, hands-on skill evaluation, and individual and group projects. Students will be given a Certificate of Completion to those students who have maintained a 70% grade point and have a satisfactory attendance record and are in good standing financially with the School at the time of graduation.

## **Withdrawing from School**

Students must prepare a written notification and submit it to the school director. This document must contain the student's name, address, and date. All financial obligations on the part of the school and the student will be calculated using the last recorded date of attendance.

## **Student Records**

Student records will be maintained by the school for 50 years (Note: 50 years is mandatory) or until the school closes. If the school closes, records may be forwarded to the Workforce Training and Education Coordinating Board. Upon graduation, each student will be given a copy of his or her transcript. These records should be maintained indefinitely by the student. Students may request copies by writing the school. Student records are available for review by the student at any time.

## **Externship Policy**

Externships will be the responsibility of the student. It is highly recommended to continue the learning process. River City School of Dental Assisting will be happy to provide the names of Dental Offices who are willing to accept students.

## **Placement Assistance**

River City School of Dental Assisting does not offer placement assistance however, we are happy to inform students of opportunities as they become available.

## **Program Offered at River City School of Dental Assisting**

**Workbook:** Essentials of Dental Assisting (Sixth Edition) By Debbie S. Robinson & Doni L. Bird, authors

**Week 1:** Introduction to Dentistry, Dental Assisting, Anatomy & Physiology. NOTE: Chapter 3, pages 20-40 will not be required.  
(Chapters 1,2,4)  
Clock Hours: 4 Lecture, 4 Lab

**Week 2:** Disease Transmission, Hazard Management, Disinfections & Sterilization, clinical Dentistry, Moisture control  
(Chapters 5-10)  
Clock Hours: 4 Lecture, 4 Lab

**Week 3:** Dental Patient, Dental Examination  
(Chapters 11-12)  
Clock Hours: 3 Lecture, 5 Lab

**Week 4:** Medical Emergencies, Pain and Anxiety Control, Radiation Safety, Dental Radiology.  
(Chapters 13-16)  
Clock Hours: 3 Lecture, 5 Lab

**Week 5:** Preventative Care, Coronal Polishing, Instruments, Amalgam Fillings, Mid Term Exam  
(Chapters 17-19)  
Clock Hours: 3 Lecture, 5 Lab

**Week 6:** Restorative Materials and Procedures, Cements, Composite Fillings.  
(Chapters 20-21)  
Clock Hours: 3 Lecture, 5 Lab

**Week 7:** Impressions, Prosthodontics, Periodontics, Endodontics, Oral Surgery, Pediatric Dentistry, Orthodontics.  
(Chapters 22-28)  
Clock Hours: 4 Lecture, 4 Lab

**Week 8:** Job Search, Written Radiology Exam  
(Chapters 29-30)  
Clock Hours: 2 Lecture, 6 Lab

**Week 9:** Course Review, Practical Testing #1 on amalgam or composite fillings, Radiology Exam on a patient.  
Final Instrument Test  
(Chapters 01-28)  
Clock Hours: 1 Lecture, 7 Lab

**Week 10:** Final Written Exam, Practical Test #2 on crown preps or extractions, Radiology exams, and Graduation  
Clock Hours: 1 Lecture, 7 Lab