

TERMS & CONDITIONS

Dental Assistant Training Program

Tuition Refund Policy:

1. DuPage Dental Careers shall, when a student gives written notice of cancellation, provide a refund in the amount of at least the following:
 - a. When notice of cancellation is given before midnight of the fifth business day after the date of enrollment but prior to the first day of class, all application registration fees, tuition, and any other charges shall be refunded to the student
 - b. When notice of cancellation is given after midnight of the fifth business day following acceptance but prior to the close of business on the student's first day of class attendance, the school may retain no more than the application registration fee which may not exceed \$150 or 50% of the cost of tuition, whichever is less
2. Applicants not accepted by the school shall receive a refund of all tuition and fees paid within 30 calendar days after the determination of non-acceptance is made.
3. Deposits or down payments shall become part of the tuition.
4. The school shall mail a written acknowledgement of a student's cancellation or written withdrawal to the student within 15 calendar days of the postmark date of notification. Such written acknowledgement is not necessary if a refund has been mailed to the student within the 15 calendar days.
5. All student refunds shall be made by the school within 30 calendar days from the date of receipt of the student's cancellation.
6. A student may give notice of cancellation to the school in writing. The unexplained absence of a student from a school for more than 3 school Days shall constitute constructive notice of cancellation to the school. For purposes of cancellation the date shall be the last day of attendance.
7. A school shall refund all monies paid to it in any of the following circumstances:
 - a) the school did not provide the prospective student with a copy of the student's valid enrollment agreement and a current catalog or bulletin;
 - b) The school cancels or discontinues the course of instruction in which the student has enrolled; the school fails to conduct classes on days or times scheduled, detrimentally affecting the student.

Week Withdrawal Occurred	% of term enrolled	Institution Refund Policy	Federal Refund Policy
1	10%	100%	N/A
2	20%	80%	N/A
3	30%	60%	N/A
4	40%	40%	N/A
5	50%	20%	N/A
6	60%	0%	N/A
7	70%	0%	N/A
8	80%	0%	N/A
9	90%	0%	N/A
10	100%	0%	N/A

Grievance Policy

Complaints not satisfied with the supervisor, shall be submitted in writing to Dr. Kalpesh Shah at 405 E. Irving Park Rd Wood Dale IL 60191. Complaints not satisfied with Dr. Kalpesh Shah should be directed to Illinois Board of Higher Education, 1 N. Old State Capitol Plaza, Suite 333, Springfield, IL 62701 or at www.ibhe.org.

Privacy Policy

Dental Assistant Programs in Wood Dale, IL

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. **This Notice takes effect 9/23/2013 and will remain in effect until we replace it.**

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law, and to make new Notice provisions effective for all protected health information that we maintain. When we make a significant change in our privacy practices, we will change this Notice and post the new Notice clearly and prominently at our practice location, and we will provide copies of the new Notice upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use and disclose your health information for different purposes, including treatment, payment, and health care operations. For each of these categories, we have provided a description and an example. Some information, such as HIV-related information, genetic information, alcohol and/or substance abuse records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records.

Treatment

We may use and disclose your health information for your treatment. For example, we may disclose your health information to a specialist providing treatment to you.

Payment

We may use and disclose your health information to obtain reimbursement for the treatment and services you receive from us or another entity involved with your care. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third party. For example, we may send claims to your dental health plan containing certain health information.

Healthcare Operations

We may use and disclose your health information in connection with our healthcare operations. For example, healthcare operations include quality assessment and improvement activities, conducting training programs, and licensing activities.

Individuals Involved in Your Care or Payment for Your Care

We may disclose your health information to your family or friends or any other individual identified by you when they are involved in your care or in the payment for your care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

Disaster Relief

We may use or disclose your health information to assist in disaster relief efforts.

Required by Law

We may use or disclose your health information when we are required to do so by law.

Public Health Activities

We may disclose your health information for public health activities, including disclosures to:

- ✓ Prevent or control disease, injury or disability;
- ✓ Report child abuse or neglect;
- ✓ Report reactions to medications or problems with products or devices;
- ✓ Notify a person of a recall, repair, or replacement of products or devices;
- ✓ Notify a person who may have been exposed to a disease or condition; or
- ✓ Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

National Security

We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody the protected health information of an inmate or patient.

Secretary of HHS

We will disclose your health information to the Secretary of the U.S. Department of Health and Human Services when required to investigate or determine compliance with HIPAA.

Worker's Compensation. We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Law Enforcement

We may disclose your PHI for law enforcement purposes as permitted by HIPAA, as required by law, or in response to a subpoena or court order.

Health Oversight Activities

We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings

If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

Research

We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Coroners, Medical Examiners, and Funeral Directors

We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to enable them to carry out their duties.

Fundraising

We may contact you to provide you with information about our sponsored activities, including fundraising programs, as permitted by applicable law. If you do not wish to receive such information from us, you may opt out of receiving the communications.

Other Uses and Disclosures of PHI

Your authorization is required, with a few exceptions, for disclosure of psychotherapy notes, use or disclosure of PHI for marketing, and for the sale of PHI. We will also obtain your written authorization before using or disclosing your PHI for purposes other than those provided for in this Notice (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

Your Health Information Rights Access

You have the right to look at or get copies of your health information, with limited exceptions. You must make the request in writing. You may obtain a form to request access by using the contact information listed at the end of this Notice. You may also request access by sending us a letter to the address at the end of this Notice. If you request information that we maintain on paper, we may provide photocopies. If you request information that we maintain electronically, you have the right to an electronic copy. We will use the form and format you request if readily producible. We will charge you a reasonable cost-based fee for the cost of supplies and labor of copying, and for postage if you want copies mailed to you. Contact us using the information listed at the end of this Notice for an explanation of our fee structure.

If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.

Disclosure Accounting

With the exception of certain disclosures, you have the right to receive an accounting of disclosures of your health information in accordance with applicable laws and regulations. To request an accounting of disclosures of your health information, you must submit your request in writing to the Privacy Official. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to the additional requests.

Right to Request a Restriction

You have the right to request additional restrictions on our use or disclosure of your PHI by submitting a written request to the Privacy Official. Your written request must include (1) what information you want to limit, (2) whether you want to limit our use, disclosure or both, and (3) to whom you want the limits to apply. We are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, and the information pertains solely to a health care item or service for which you, or a person on your behalf (other than the health plan), has paid our practice in full.

Alternative Communication

You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested we may contact you using the information we have.

Amendment

You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. If we agree to your request, we will amend your record(s) and notify you of such. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.

Right to Notification of a Breach

You will receive notifications of breaches of your unsecured protected health information as required by law.

Electronic Notice

You may receive a paper copy of this Notice upon request, even if you have agreed to receive this Notice electronically on our Web site or by electronic mail (e-mail).

Questions and Complaints:

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or if you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Dental School Admissions

By enrolling to DuPage Dental Careers – Dental School Admissions Program, I agree to the terms of this Agreement:

1. Services

DuPage Dental Careers shall provide consulting, and editing Services to clients with respect to matters related to pre-college admissions advising, college admissions other type of educational consulting Services specific to the dental field. DuPage Dental Careers will provide the specific Services purchased by client (collectively, the “Services”).

2. Time and Availability

DuPage Dental Careers shall have discretion in selecting the dates and times it performs such tutoring, consulting, editing Services giving due regard to the client’s needs. If DuPage Dental Careers client requires more Services at any time, DuPage Dental Careers is not obligated to undertake such work.

3. Compensation

Payment is due upon the completion of intervals agreed upon by the client upon signing up for Services. Fees are subject to change.

4. Confidentiality

All communications between DuPage Dental Careers and client are strictly confidential. All advice given to client is for his or her exclusive use only and shall not be shared with anyone else under any circumstances.

5. Exclusion from Services

DuPage Dental Careers’ provision of the Services to/for me is limited to the exact Services purchased. DuPage Dental Careers shall owe me no duty of ongoing Services in this or other matters. DuPage Dental Careers’ duties to me under this agreement will end when the retainer time has been used up and/or Services completed according to an agreed duration and/or frequency. After that time, DuPage Dental Careers’ Services with me pursuant to this Agreement will cease. Any future Services are not a part of this engagement and will be covered by a separate agreement.

6. Termination of Services

Either of us can terminate this relationship at any time for any reason by giving written or verbal notice to the other party. Upon termination by either party for any reason, I agree and acknowledge that no portion of any fee that I have paid to DuPage Dental Careers shall be refunded to me.

7. My Responsibilities

I agree that I will cooperate with DuPage Dental Careers in its delivery of the Services and will provide it with truthful responses to all questions that I am asked pursuant to this Agreement. I further agree to immediately notify DuPage Dental Careers if anything occurs that changes the answers I have previously supplied or could impact the delivery of the Services. If I decide not to utilize purchased Services in the concurrent application/academic cycle for which Services were purchased, all unused Services can be carried over once to the next annual application/academic cycle if, and only if, I communicate this to DuPage Dental Careers, in writing, within six months of the original purchase date.

8. Recording of Sessions

I acknowledge that DuPage Dental Careers has the right to record sessions as part of its Services and that I may listen to any such recordings with the express permission of DuPage Dental Careers. I agree that I shall not distribute any such recordings of session or otherwise use same for any purpose, except as agreed to by DuPage Dental Careers. I further agree that I shall not record any sessions under any circumstances.

10. Cancellations for Tutoring/Test-Preparation/Consulting/Mock Interview/Brainstorming Sessions

Cancellation for consulting sessions, brainstorming session and mock interview appointments must be made at least 24 hours prior to the scheduled appointment time. Otherwise the client is charged in full.

11. Editing Services

I acknowledge that I will submit a sufficient first draft of materials for editing of specified length (contact us for details). Personal statement rough drafts submitted for editing may be a maximum length as specified by DuPage Dental Careers. DuPage Dental Careers will not generate my materials for me. Editing Services include revisions of the originally submitted documents only. New documents or essays cannot be substituted for subsequent revisions. If all revisions purchased are not used, no refunds or transfer of funds towards a different service will be issued. Documents edited by DuPage Dental Careers cannot be published without permission in writing by DuPage Dental Careers.

12. Submission of Application Materials

DuPage Dental Careers will not submit any application materials on my behalf nor will they log in to my web based application. DuPage Dental Careers is permitted to use comments made by clients on the DuPage Dental Careers website and in DuPage Dental Careers materials as testimonials without my express permission as long as DuPage Dental Careers posts those comments without my name or identifying information. None of the academic institutions or third parties referenced in DuPage Dental Careers' materials are associated with nor endorse DuPage Dental Careers.

13. No Guarantee

I acknowledge there is no guarantee, implied or otherwise, that the Services provided by DuPage Dental Careers will improve my chances for admission to Dental School or College, nor will they improve my grade point average, increase my academic ranking/standing, raise any test score (standardized or otherwise), or improve my personal or academic record in any way. DuPage Dental Careers will provide the specific Services purchased by client.

Care Beyond Borders – International Internship Program

Program terms & conditions

These Terms and Conditions apply to all participants in the Program. By paying the Program Fee or the Deposit, you are entering into the Agreement.

We have tried to make this Agreement easier to read and understand by adding headings to the various sections.

These headings have been inserted for convenience only and do not affect the legal construction or interpretation of this Agreement.

Definitions within this agreement

“You” or “your” means the participant.

“We”, “us” or “our” means DuPage Dental Careers.

Agreement means the contractually binding agreement made between us and you that is made up of the application form and the terms and conditions set out in this document.

Commencement Date means the date, agreed upon with you in advance; that the Program begins.

Deposit means the part of the Program Fee that must be paid by you in order to secure your place on the Program prior to payment of the balance of the Program Fee, such balance being payable in accordance with clause 3 below.

Participant means a participant on the Program and Participants means all and any Participant.

Placement Deadline means the date 21 days prior to the Commencement Date.

Placement Deadline means the date 21 days prior to the Commencement Date.

Program means any language course and/or internship offered by DuPage Dental Careers.

Preference Area means your first and second choice of career field, as written in your acceptance email.

Program Fee means the sum of the Deposit and the remaining balance, payable by you to us in accordance with Section 3 below

Our undertakings

In return for receipt of the Program fee, we will undertake the following:

- (a) To provide you with a language course and/or internship;
- (b) To provide furnished accommodation that meets the following minimum standards:
- (c) To provide you with a transfer, at a time agreed between us, from the closest international airport to your accommodation on your arrival, prior to your commencement on the Program
- (d) To provide contact details of local staff in case of any difficulties or problems experienced and to facilitate emergency support if necessary;

- (e) To provide an induction and welcome talk upon your arrival.
- (f) To provide you with visa assistance where necessary.
- (g) To provide you with information and tools to enhance your professional development.
- (h) To organize social events, for you and the other participants, at your destination.

For the avoidance of doubt, we will only be responsible for and are only bound to provide the services and matters set out in Section 1 above.

Suitability of participants

We retain all rights to reject the application of any person we deem unsuitable for our Program, at our own discretion.

Deposit and program fee

Your Initial Deposit (“Initial Deposit”) is 250 United States Dollar (abbreviated as USD or \$) regardless of destination.

We do not store credit card details nor do we share customer details with any 3rd parties.

Request to cancel, vary participation on the program and refunds

If you wish to withdraw from the program at any time, then this must be done via a written request. For the avoidance of doubt, such a written request can be made by email.

The Deposit and all subsequent Program Fees paid are not refundable if you withdraw from the Program for any reason other than DuPage Dental Careers’ failure to place you by the Placement Deadline in your Preference Area. This includes withdrawal for medical, personal, family, academic, financial, and all other reasons

The Deposit, and all subsequent Program Fees paid, are not refundable if DuPage Dental Careers determines, in its sole discretion, that you did not fully co-operate in the placement process at any time before the Placement Deadline, as further detailed under section 3(b) above.

If you withdraw from the Program for any reason after being placed in an internship role, DuPage Dental Careers will be entitled to 100% of your Initial Deposit and either 100% of the subsequent payment(s) you made after the Deposit or 50% of the Program Fee, whichever is greater. If the withdrawal takes place less than 21 days before the Commencement Date, DuPage Dental Careers will be entitled to 100% of your Initial Deposit and 100% of the Program Fee.

In the event that, for any reason at all, you decide to discontinue your place on the Program after it has started but before it is due to end, no refund will be given.

If, for whatever reason, we have to cancel your participation in the Program, prior to your commencement date, a full refund of the Program Fee (for the avoidance of doubt this includes the Deposit) will be given to you. A full refund will be issued only if the cancellation is for reasons which are in no way whatsoever attributable to you. No compensation can be given for any other costs incurred in relation to the Program.

In the event that you are refused an appropriate visa or suitable alternative by the Local Authorities, a full refund of the Program Fee and the Deposit will be paid if; (1) you filled out all and any visa forms

correctly, and (2) completed all steps in the required visa process correctly and on time. No compensation can be given for cancellation of flights or any other costs whatsoever incurred by you. No refund of Deposit and/or Program Fee will be offered if your tardiness in completing the necessary visa requirements leads to start dates being delayed and your internship being cancelled.

All refunds are paid via bank transfer.

We do not withhold any processing fee or service charge from refunds. However, the refund amount you receive may be less than you expected, due to fees or charges imposed by your bank or by other intermediary financial institutions. We have no control over this and cannot cover or reimburse these fees.

All refunds and reimbursements will be processed within 14 days.

Website and promotional material

(a) The content and information displayed on our website and other promotional material is believed to be valid and correct but we will not be held liable and do not take responsibility for any misinformation or ambiguities in the content. Prices are subject to change without notice and you will be liable for additional amounts owed due to price changes unless your deposit has already been submitted.

(b) We reserve the right to take your photograph, or video footage of you, for use in our promotional material. We do not make any payments to individuals in respect of such use. We may (but are not obliged to) reproduce the photographs (or part of them) in our promotional material including, without limitation, posters, advertisements, printed publications, on our website and social media website pages. Copyright in the photographs will belong to DuPage Dental Careers. Photographic data is personal data for the purposes of the Data Protection Act 1998 and therefore we will not use the images taken without your consent and we will not use your image, or any other information you provide, for any other purpose. By agreeing to these terms and conditions, you consent for your photographic data to be used for our promotional purposes.

The format of the program

We reserve the right to change our suppliers and the format of our Program as and when necessary, however we will endeavor to provide as similar a program as possible at all times.

Liability for losses and program changes

We cannot accept any responsibility or liability for loss of or damage to your passport or any other personal property at any part of the visa process, during transit or during registration with the Local authorities.

We cannot accept any responsibility or liability for Program changes or Program cancellations under any of the following circumstances; war or threat of war; terrorism or threat of terrorism; fire; sickness; environmental or climate concerns; acts of government or local authority; or, any other event or circumstance which amounts to a “force majeure” and in such cases no refund or compensation for any loss will be given to you unless otherwise decided at our sole discretion.

Your responsibility

(a) It is your responsibility to be aware of any national holidays or other events that may change the nature of the Program. While most companies operate a 9-5 working policy, some may have different requirements and we cannot be held responsible for this.

(b) International flights are not included in the cost of any of our Programs. It is your sole responsibility to arrange flights and insurance and to select providers based on your own decisions and experiences. We cannot be held responsible for any action, negligence or event relating to the purchase or operation of flight tickets or flights. We will also not be responsible for any costs or refunds due to changes or delays in flights.

Experiencing problems

(a) DuPage Dental Careers wants you to enjoy a worry-free program. Should you experience any problems while participating in our Program, you must immediately inform us in writing (by email or post), with a clear explanation of the problem. In such an event, we will discuss the problem with you and will discuss ways in which the problem can be solved. We are not responsible for any conversations or anything that is said unless it is recorded in the written form either by email or by letter.

(b) You agree to discuss any problems in your placement with our staff prior to discussion with your internship provider. If the assigned internship provider wishes to terminate your placement prior to the end of the stated time for any reason (for example as a result of your inadequate or unhelpful participation or prolonged or repeated absence from work), you understand that no refund of fees will be given in this situation and we are under no obligation to provide another placement. In such a case, you will be required to leave the provided accommodation within two days of being informed by us.

(c) If you wish to terminate your placement prior to the end of the time stated in the contract for any reason you must provide us with written notice, clearly stating the reasons for such a decision. You agree that no refund of the Program Fee or any other fees will be made in this situation, that no other placement will be offered and that you will be required to leave the provided accommodation within two days of being informed by us.

(d) DuPage Dental Careers cannot be held responsible for any complaints arising from issues outside of the specifications made in Section (1)(b), this includes, without limitation, relations with other inhabitants of the apartment/home-stay, relations with your neighbors, and relations with other colleagues or managers in your place of internship.

Safety

(a) We, our affiliate agencies, suppliers and members of staff cannot be held responsible for any case of injury, accident, claim, theft, damage, sickness, cancellation or loss, in relation to our/their services.

(b) You are responsible for your own safety during the trip and neither we, nor the assigned internship provider, take responsibility nor can be held liable for any accident, sickness, loss, damage, expense or hazard encountered throughout the Program.

(c) You will be held responsible and liable for any damages to the assigned internship provider during your placement. It is your sole responsibility to ensure you purchase personal liability insurance prior to the Commencement Date.

Complying with rules, local laws and acting responsibly

(a) If you do not comply with the rules of the internship provider, the rules of our Program, or the laws of the destination to which you go, then we may release you from the Program. In these cases, no refund will be given and you will be required to leave the provided accommodation within two days of being informed by us. This includes cases in which the internship provider asks you to leave your role due to underperformance or misconduct.

(b) You will take full responsibility for your conduct at all times during the Program. You will not act irresponsibly nor will you break the law of the country to which you go. You will not put yourself or others in dangerous situations. If you do any of the above you will be responsible for the consequences.

(c) We reserve the right to expel, at our sole discretion, any Participant from the Program for reasons including but not limited to: breaking the law; bullying or harassment of other Participants; anti-social or unreasonable behavior or unfit conduct towards other group members, our representatives, our suppliers'/affiliate agencies' representatives or the assigned internship provider or excessive absence from work. Whether a Participant has acted in any of the ways set out above will be determined by us in our sole discretion. In such instances, we retain the right to immediately remove the Participant from his or her accommodation and cancel their participation in the Program, with no refund issued.

Third party behavior or actions

(a) We take no responsibility and are not liable for any third party behavior or actions including but not limited to that of the host internship provider and accommodation provider. We take no responsibility and are not liable for any accidents that take place at any third party locations including but not limited to the premises of the host internship provider and the designated accommodation. It is your responsibility to ensure you purchase personal liability insurance prior to the Commencement Date.

(b) We reserve the right to make charges for any missing or damaged items or for any additional cleaning or repair charges to accommodation that may be incurred during the Program. You agree to pay these charges in full to us within 14 days of finishing the Program.

Guests prohibited

(a) You are not allowed to have guests to stay in homestay accommodation. In the event that guests stay in home stay accommodation without consent from the homeowner, you may be required to leave the provided accommodation within 48 hours of being informed by us.

Insurance

(a) You are responsible for ensuring that you have purchased full, comprehensive insurance prior to departure, which will cover you for the duration of your participation in the Program, and which includes but is not limited to travel, health, medical and accident insurance.

(b) Even if you have insurance coverage through another party, such as your university or your visa sponsor, you are responsible for ensuring that the coverage is sufficient. If you have any doubts or questions about your insurance, please contact us.

(c) You must bring all relevant insurance documents with you to the country in which you are placed.

Non-disclosure agreements

(a) In instances where the assigned internship provider demands it, you agree to sign a Non Disclosure Agreement with the assigned internship provider. Regardless of whether or not the assigned internship provider requires a written Non Disclosure Agreement, you agree to respect and keep confidential the intellectual property of the assigned internship provider.

Workload

(a) We are not responsible for the workload provided by the internship provider whether it is of a high intensity or low intensity. In such situations, you should discuss the problem with us and we will endeavor to resolve the issue accordingly.

Notifications you must make

You must inform us if you have an infectious disease, mental illness, or a criminal record, as any of these may complicate your visa application or immigration status in your destination country.

The Participant is responsible for informing DuPage Dental Careers of any medical conditions (physical or psychological) or religious restrictions which may influence the Participant's ability to complete the Program (work in their internship or attend any events or activities), prior to paying a Deposit. For medical conditions and religious restrictions which have been disclosed, it is DuPage Dental Careers' responsibility to inform the Participant whether they can continue with the Program prior to commencement – if this is not possible then a full refund of the Deposit will be given.

Maximum liability

Our maximum liability is limited to the Program Fee.

Host organizations

(a) Participants' information will be shared with our host organizations when we are sourcing an internship for Participants.

Equal opportunity

DuPage Dental Careers respects all applicable laws, rules, and regulations governing equal opportunity, immigration, and non-discrimination in all of the jurisdictions where we operate.

There are wide variations between countries in the laws requiring accessibility for people with disabilities, and in the availability of certain health services and products. Also, immigration & visa rules in some countries make distinctions based on categories such as age or national origin. Because of this, DuPage Dental Careers must ask program applicants and participants for information which may be covered by non-discrimination regulations in some jurisdictions, including: nationality, date of birth, health requirements, and disabilities.

When DuPage Dental Careers requests this information, it is solely to ensure compliance with applicable regulations and to ensure that the participant will enjoy appropriate access and accommodation in the destination. DuPage Dental Careers conducts these discussions with sensitivity and confidentiality.