



ACADEMY
of MEDICAL PROFESSIONS



**100 McMorran Boulevard
Conference Room #408
Port Huron, MI 48060
1-866-516-8274 (toll free)
207-449-1242 (fax)**

DENTAL ASSISTING Certificate Program

This is a 10-week All-inclusive program designed to enable you to be job-ready in a career in Dental Assisting. According to the Labor Department, there should be more than 91,000 openings for dental assistants up to the year 2020. That amounts to more than **30% employment growth**, which is much faster than the average for all professions. The need for so many more dental assistants is easy to cipher: A large aging population intensifies the demand for quality healthcare and qualified practitioners. Our program is designed to teach all the aspects of obtaining employment in the field, helping you to prepare to take national dental exams, perfecting your resume and learning how to find employment in Dental Assisting. After completing our program, you will be provided the opportunity to sit for The Dental Assisting National Board, Inc. (DANB®), Radiation Health and Safety (RHS®) Exam. Should a student decide to intern in the field, we will work with the student to obtain those internships.

COURSE DESCRIPTION

The purpose of this course is to gain background knowledge and vocabulary for an entry level position in the clinical or administrative dental setting. Learning media provide specific insight into preclinical and clinical areas of dental assisting, reviewing chapter content and the application of content. Chapters include professional and legal aspects of dental assisting, anatomy and physiology, dental anatomy, infection control and hazardous materials, dental treatment, patient care, dental imaging, preventative dentistry, restorative dentistry, and specialized dentistry. Students will be given the building blocks for DANB RHS content certifications, and access to materials to prepare for this exam. Resume writing (including updated personal resume) and professional development are required for graduation.

During each week of our 10-week program we assist the student to build the confidence, skills, and knowledge to assist the dentist and be a valuable member of the dental healthcare team. Each week of the course covers a different area of dental practice, allowing students to grasp the material in manageable chunks. Media used for instruction include textbook, workbook, demonstration videos, slides and learning games.

DENTAL ASSISTANTS RESPONSIBILITIES MAY INCLUDE:

Working with Patients:

- Get patients comfortable and prepare them for the dentist's examination
- Sterilize and lay out dental instruments for the dentist's use
- Hand instruments to the dentist during an examination
- Taking Vital Signs
- Remove sutures
- Apply anesthetics to gums and anti-cavity agents to teeth

Managing the Office:

- Answer phones and set patient appointments
- Greet arriving patients and help process new client information
- Set up, manage and retrieve patient files
- Process in-office payments and issue invoices
- Ordering and receiving office supplies

Lab Work:

- Laboratory duties for which a dental assistant may be responsible include:
- Making plaster casts from teeth and mouth impressions
- Cleaning and polishing mouth guards, dentures, and other removable appliances
- Perform orthodontic measurements

EXAM FEES INCLUDED WITH THIS PROGRAM

(upon passing a DANB exam you will receive a certificate of knowledge-based competency)

- DANB RHS® Exam (Radiation Health and Safety)

ENTRANCE REQUIREMENTS

All applicants must be 18 years of age. A high school diploma or GED equivalent is also required.

ATTENDANCE POLICY

The attendance policy set forth by the Academy of Medical Professions is strictly enforced. Students are expected to attend 100% of all local lectures or scheduled webinar. Students whose attendance drops below 70% (not withstanding mitigating circumstances), may be dis-enrolled from the program. Missing a lecture or scheduled webinar must be preapproved by the instructor and must be made up to graduate. **OUR GOAL: NO STUDENT LEFT BEHIND**

STANDARDS OF PROGRESS

Students whose academic average drops below 70% will be placed on academic probation. We will work with the student to develop an action plan for success, to include specific goals and target dates. If the student is unsuccessful in meeting the goals and target dates of the action plan for success, the student will be subject to academic dismissal.

REFUND POLICY

1. You may terminate the Enrollment Agreement or training at any time. If you do so, you must inform **the school, not the instructor in writing**. Termination will become effective upon receipt of the written notice. Refund will be based on notification week corresponding with your course assignments/week associated with start date of the program.
2. If you terminate within three days of enrolling, provided you have not commenced training, you will receive a refund of the money paid to the school, minus \$450 for the course books and reference books, unless they are returned unused. **The \$300.00 application fee is nonrefundable**. If no unused books are returned, the total subtracted from the refund will be \$750.00. If all materials are returned, only the application fee will be subtracted.
3. If you terminate within the first 3 weeks, you will receive a prorated refund equal to the unused portion of monies received from your last day of attendance, or week corresponding with your course assignment, less the application fee of \$300.00 and the book fee of \$450.00 for course books. **If you terminate any time after week 3, there will be no refund. If you are paying a payment plan, the balance will be effective as of drop date, 30 days to pay in full or sent to collections.**

DANB, RHS and ICE are registered trademarks of The Dental Assisting National Board, Inc. (DANB). This course is not reviewed or endorsed by DANB. Please note that in Michigan, additional clinical coursework may be required to operate dental radiographic equipment. 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. The Academy of Medical Professions 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. Rev. 03/12/12

SCHOOL CALENDAR 2022

ONLINE RECORDED CLASSES

Students wishing to take the online courses by watching the recorded classes may start at **any time**. Live class schedule is listed below.

LIVE CLASS SCHEDULE VIA ZOOM

Mondays 6:00 to 8:00 PM

October 17, 2022



ACADEMY
of MEDICAL PROFESSIONS



Conference Room #408

100 McMorran Boulevard

Port Huron, MI 48060

1-866-516-8274 (toll free)

207-449-1242 (fax)

www.academyofmedicalprofessions.com

info@academyofmedicalprofessions.com

DENTAL ASSISTING COURSE ENROLLMENT AGREEMENT

(PLEASE PRINT, MAIL, EMAIL OR FAX REGISTRATION FORM TO ABOVE ADDRESS)

SS# _____

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Race: _____

PHONE NUMBER: _____ (H) _____ (C)

Ethnicity: _____

E-MAIL: _____

Gender: _____

I have earned a High School Diploma or Equivalent (GED, HiSET, etc.) (Initial here) _____

LOCATION ATTENDING

START DATE _____

OR

ONLINE

START DATE: _____

SINGLE PAYMENT METHOD

****Please make checks payable to the Academy of Medical Professions****

- \$500 Deposit is required for Payment Plan Options
- \$300.00 Non-refundable enrollment fee is already included in the price
- Voucher Payments: (I.E. Goodwill, Dept Of Labor, MyCAA, Etc.)

ONE TIME FULL PAYMENT

Self-Pay Voucher

\$2,900 Dental Assisting, All-inclusive program

Voucher Payments:

Name Of Organization Paying: _____

Point of Contact: _____

WHERE DID YOU HEAR ABOUT OUR COURSES? _____

IF FROM AN ADULT EDUCATION OR COLLEGE BROCHURE PLEASE LIST WHICH ONE:

PAYMENTS MADE BY CREDIT CARDS

CREDIT CARD # _____

EXPIRATION DATE: _____ SECURITY CODE: _____

NAME AS IT APPEARS ON CARD: _____

ADDRESS WHERE CARD IS SENT IF DIFFERENT FROM REGISTRATION FORM:

FULL PAYMENT \$ _____ Date you wish to have payment taken: _____

PAYMENT PLAN DOWN PAYMENT Amount \$500.00 Date to take out deposit from credit card: _____

PAYMENT PLANS

All payment plans do require a \$500 down payment which is deducted from the cost of tuition

If Choosing Payment Plan, please check the box below

_____ \$3,100: \$500 Down Payment/ \$325/month for 8 months.

SS# _____ DATE OF BIRTH: _____

_____ (initial) I agree to the payment plan chosen above

_____ (initial) I agree that if I have a payment plan, that I will keep it in good standing, and that if my account is sent to collections, I am responsible for the legal fees, late fees, and payment plan I have agreed to.

CONTRACT AGREEMENT

I, _____ hereby agree to the above-mentioned terms of the program. I have read and understand the REFUND POLICY and STANDARDS OF PROGRESS for this course and agree to its terms.

SIGNATURE: _____ DATE: _____