

DENTAL ASSISTING PROGRAM

What Do Dental Assistants Do?

A DAY IN THE LIFE

Dental Assistants are the smiles behind the masks; they greet and seat patients, take and record vital signs, and ready the treatment area. They keep patients comfortable during dental care, are a skilled set of hands that dentists depend on for each dental procedure, and so much more.

Dental Assistants may:

- Torganize, clean, and maintain equipment.
- Transfer instruments and mix dental materials.
- Take impressions and expose dental x-rays.
- Make study models and whitening trays.
- 🕅 Suction, prepare anesthetics, apply fluoride.
- Assist with selecting tooth shades for fillings, crowns, or dentures.
- Toordinate treatment and appointments.

CAREER OUTLOOK

Employment of dental assistants is projected to grow 8 percent from 2021 to 2031, faster than the average for all occupations. ¹

In 2021, half of all Professional Dental Assistants earned between \$29,580 and \$59,540 per year.¹

CERTIFICATE PROGRAM • WITH RHS NATIONAL COMPETENCY

All Inclusive - Tuition Includes:

- Textbook, workbook, and color instrument guide
- RHS Exam Prep Materials including DALE Foundation RHS Practice Exam
- Resume Building, Job Search, and Interview Skills
- Optional 1-day Lab for hands-on skills
- DANB® RHS National Exam Fees

Class Calendar

Option 1: Live Online Instruction

- Meets Online Monday evenings for 12 Weeks.
- 6:00 PM to 8:00 PM

Monday, September 18, 2023 Monday, February 5, 2024 Monday, June 10, 2024

Option 2: Self-Paced

- Start Anytime
- Watch recorded lessons.
- Dedicated instructor support

1 Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, Dental Assistants, at <u>https://www.bls.gov/ooh/healthcar e/dental-assistants.htm</u> (visited May 29, 2023).





DENTAL ASSISTING PROGRAM - WHAT YOU WILL LEARN:

- Professional and legal aspects of dental assisting
- Anatomy and physiology
- Dental anatomy and charting using practice management software.
- Infection control and hazardous materials
- Moisture control and instrument transfer
- Dental equipment, instruments, and materials
- Dental Procedures for preventive, restorative, and specialized dentistry
- Dental Imaging (Intraoral and Extraoral)

DENTAL ASSISTING PROGRAM DESCRIPTION

• ALL INCLUSIVE, 12 WEEKS.

This course is taught by a dentist and is designed to train you for an entry-level career in dental assisting, and to prepare you to sit for the DANB® RHS (Radiation Health and Safety) Exam. During each week you will 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. Includes optional 1-Day Lab. **\$3,200**

ENTRANCE REQUIREMENTS

All applicants must be 18 years of age. A high school diploma or GED equivalent is also required by program completion. Basic computer skills required.

Learn Your Way

Classes are held once a week for 2 hours via Zoom and are recorded; meets for 12 weeks. You may choose to attend the course Live via Zoom or Self-Pace by watching the recorded classes; both program options have instructor support. The attendance policy set forth by the Academy of Medical Professions is strictly enforced. Students attending Live Classes are expected to attend 100% of all scheduled meetings; missing a scheduled meeting will require the student to watch the recorded version of the meeting prior to attending the next lecture.

Self-Paced students are expected to watch recorded lectures and communicate weekly with the Academy or their assigned instructor. Students whose attendance drops below 70% (not withstanding mitigating circumstances), may be dis-enrolled from the program.

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 or success, the student will be subject to academic dismissal with no refund.

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. The refund will be based on notification week corresponding with your course assignments or week associated with start date of the program.

2. If you terminate before you commence training, you will receive a refund of the money paid to the school, minus \$500 for the course books, unless they are returned unused, unopened. The \$300.00 application fee is nonrefundable. If no unused books are returned, the total subtracted from the refund will be \$800.00.

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 assignments, less the application fee of \$300.00 and the book fee of \$500.00. If you terminate any time after week 3, there will be no refund. If you are on a payment plan, the balance will be effective as of drop date, 30 days to pay in full or sent to collections.



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DENTAL ASSISTING PROGRAM ENROLLMENT AGREEMENT

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

NAME:		55# _
		DATE OF BIRTH:
ADDRESS:		Gender (choose from
PHONE NUMBER:	(H)	(C)
E-MAIL:		
I have earned a High School Di	ploma or Equivalent (GED, H	iSET, etc.) (Initial here)
	TODAY'S DATE	
	START DATE:	
SING	LE PAYMENT METHO	<u>)</u>
• \$500 • \$300.00 Non-r	ayable to the Academy of Me Deposit is required for Payment I refundable enrollment fee is alread yments: (I.E. Goodwill, Dept Of L	Plan Options (see next page) ly included in the price
ONE TIME FULL PAYMENT Self-Pay Voucher		
\$3,200 D	ental Assisting, All-inclusive J	program
Voucher Payments:		
Name Of Organization Paying: _		
Point of Contact:		-
WHERE DID YOU HEAR ABOUT	Γ OUR COURSES?	
IF FROM AN ADULT EDUCATIO	ON OR COLLEGE BROCHU	RE PLEASE LIST WHICH ONE:

*All applicants must sign the contract agreement on the next page regardless of payment method.

PAYMENTS MADE BY CREDIT CARDS

CREDIT CARD #

EXPIRATION DATE: _____SECURITY CODE: _____

NAME AS IT APPEARS ON CARD: _____

BILLING ADDRESS IF DIFFERENT FROM REGISTRATION FORM:

FULL PAYMENT §

Date you wish to have Full or Monthly 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

_____\$3,425: \$500 Down Payment/ \$325/month for 9 months.

_____ (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: _____