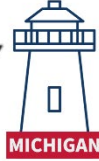




ACADEMY
of MEDICAL PROFESSIONS










DENTAL ASSISTING PROGRAM

DENTAL ASSISTING PROGRAM

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:

-  Organize, 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 tooth shades for fillings, crowns, or dentures.
-  Coordinate 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

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

CERTIFICATE PROGRAM

• WITH RHS NATIONAL COMPETENCY EXAM

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**

PROGRAM 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

DENTAL ASSISTING PROGRAM

ALL INCLUSIVE, 12 WEEKS

This 12-week 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.

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/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 paying a payment plan, the balance will be effective as of drop date, 30 days to pay in full or sent to collections.

ATTENDANCE POLICY

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 disenrolled from the program.

STANDARDS OF PROGRESS

Students whose academic average drops below 70% will be placed on academic probation. We will work with the students 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.

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.

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



ACADEMY
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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

\$3,200 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

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