CONSIDER A NEW CAREER AS A DENTAL ASSISTANT!

Do you have an interest in serving patients, using technical/medical and administrative skills? Do you want to be an important part of a dental team? Train to become a Dental Assistant, which could be a first step on a pathway to becoming a Certified Dental Assistant or Dental Hygienist.

DENTAL ASSISTING PROGRAM

The 80 hour Dental Assisting Program prepares students for entry level positions in one of the fastest growing health care positions - Dental Assisting. The purpose of this course is to familiarize the student with all areas of pre-clinical dental assisting and provide training in the professional skills required to function as an assistant in the dental practice. This course, which includes lectures and labs, covers key areas and topics. Administrative aspects include introduction to the dental office; the legal aspects of dentistry; policies and guidelines. Clinical aspects include introduction to oral anatomy; dental operatory; dental equipment; introduction to tooth structure; primary and permanent teeth; the oral cavity and related structures; proper patient positioning; dental hand-pieces; sterilization; and other areas. In addition to the opportunity to gain an entry-level administrative job, this course is ideal for students interested in pursuing a future formal Dental Hygienist program.

An optional 40 hour clinical externship rotation is available for no additional fee. To be eligible for the clinical rotation, students must successfully complete the 80 hour program, provide a resume, and may be required to complete a drug screening, background check* and/or medical exam and proof of immunization. Textbook and materials are included. Background check and drug screening are additional cost. Students are also required to purchase scrubs.

CE1 265 C1 Meets: Monday and Wednesday, 6:00pm-9:30pm, and two Saturdays (6/22 and 7/20) 9:00am-2:30pm.
June 3 – August 14, 2019. Bring lunch on Saturdays.
No class on July 1 and 3.
Clinical Externship: 40 hours (optional) to begin after August 14 course completion.
Fee: $1,350

*Applicants will be responsible to complete a background check. Once registered, a student will be provided information on completing the background check. Students are required to pay the cost of the background check. If you have been convicted of a felony, you should contact the Center for Workforce Development prior to registering for this program. A felony conviction may prevent you from participating in a clinical rotation/externship portion of the program. All cases will be reviewed on an individual basis. If it is determined that a student is not eligible to go into a clinical setting, the student may be allowed to continue with only the classroom portion of the program and may not meet requirements to sit for a certifying exam. The refund policy will be adhered to regardless of a student’s eligibility for the clinical rotation/externship of any program.

CERTIFICATION

The Dental Assistant National Board offers a three-part Certified Dental Assistant (CDA) exam. Students who complete this program may take two of DANB’s Certified Dental Assistant exams: Radiation Health and Safety (RHS) and Infection Control (ICE). Students must have a HS diploma or equivalent (or diploma earned outside the U.S., consult http://www.op.nysed.gov/prof/dent/dentcdalic.htm), a current government-issued photo ID, and disclosure of a Social Security number and any felony conviction in the last five years to take DANB exams.

In order to complete the NYS Professional Dental Assisting exam and apply for licensing in New York State, students must gain 200 hours of relevant work experience and complete an accredited course (24 credit hours) through a NY State Education Office of Professions approved program. See www.op.nysed.gov/prof/dent/denasst.htm for further information.

With 3,500 hours of experience and CPR and Basic Life Support (BLS), the applicant can sit for the DANB General Chairside exam and earn DANB CDA certification.

The cost of certification exams is not included.
REGISTRATION FORM

Please answer all questions on this form and send it together with your check, money order, or credit card information to:

OFFICE OF WORKFORCE DEVELOPMENT & LIFELONG LEARNING
Nassau Community College
One Education Drive
Garden City, New York 11530-6793

Make check payable to: Nassau Community College
OR fax the form with credit card information to:
516.828.3507

Last Name ____________________________________________ Complete First Name ____________________________________________
Address ____________________________________________
City __________________________ Zip __________
Home Phone: ( ) __________________________
Cell Phone: ( ) __________________________
Work Phone: ( ) __________________________

*Birthdate: mm/dd/yyyy __ __/ __ __/ __ __ __ __ Have you ever taken any courses at NCC? □ Yes □ No
*required*

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NCC ID #: __________________________
e-mail: __________________________

COURSE SELECTION

<table>
<thead>
<tr>
<th>CED #</th>
<th>SECTION</th>
<th>COURSE TITLE</th>
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<th>FEE</th>
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<tr>
<td>1265</td>
<td>C1</td>
<td>Dental Assisting Program</td>
<td>M/W/Sat</td>
<td>$1,350</td>
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</tbody>
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Total Amount: $1,350

Non-Credit Refund Policy: Tuition is refundable when a course is canceled by the College. Tuition is refundable to the student whose written request for withdrawal has been received by the Office of Workforce Development & Lifelong Learning prior to the beginning of the class. A 50% refund of tuition may be made to the student who has applied in writing to the Office of Workforce Development & Lifelong Learning prior to the second session of the class. NO REFUNDS WILL BE MADE AFTER THE SECOND CLASS MEETING OF ANY CLASS. Please be advised that if a refund is due it will take approximately 2-3 weeks to be processed.

CREDIT CARD PAYMENT INSTRUCTIONS:
I authorize the use of my credit card for full payment of the amount of my course registration as indicated on this non-credit registration application.

Students with overdue tuition and fees may be referred to a collection agency and will incur additional liabilities of up to 33% to cover all associated collection cost processes.

Step 1: Print Cardholder’s name
(as it appears on the credit card).

Step 2: Provide Cardholder’s signature:

Step 3: Please read: I certify that there is sufficient credit amount on the card listed below to cover the fee charges shown on the accompanying Registration Form. Otherwise, I understand the lack of approval by my credit card company will result in cancellation of this registration for non-payment.

Step 4: Card Information:
PLEASE Check ONE: □ VISA □ Mastercard □ Discover □ American Express
Card Number: __________________________________ Date of Expiration: __ __/ __ __ __ __