



ACADEMY
of MEDICAL PROFESSIONS

BRUNSWICK BUSINESS CENTER
18 Pleasant St, Ste 210, Brunswick, ME 04011

TOLL FREE (866) 516-8274

TEL (207) 721-0714

FAX (207) 449-1242

info@AcademyofMedicalProfessions.com

www.AcademyofMedicalProfessions.com

DENTAL ASSISTING

Certificate Program

This is a 10-week course 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 aspects of entry-level dental assisting 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®). Should a student decide to intern in the field, we will work with the student to obtain those internships.

DANB, RHS is registered trademarks of The Dental Assisting National Board, Inc. (DANB). This course is not reviewed or endorsed by DANB.

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
- Take and process X-rays
- 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

DENTAL ASSISTING COURSE DESCRIPTION

Gaining background knowledge and vocabulary for an entry level position in the clinical or administrative setting.

Lectures provide specific background into preclinical and clinical areas and ensure comprehension of content and materials to employment in a dental office.



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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, specialized dentistry.

TEXTBOOKS SUPPLIED FOR THIS PROGRAM:

- Essentials of Dental Assisting 5th Edition/Student Workbook
- Multimedia Procedures DVD
- Web site resources

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 webinars. Students whose attendance drops below 70% (notwithstanding mitigating circumstances), may be dis-enrolled from the program. Missing a lecture or scheduled webinar will require the student to watch the recorded version of the course prior to attending the next lecture. **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. If a student misses more than 3 live classes and does not watch the recorded lectures, or if an online student fails to provide weekly contact with the instructor via email for more than 3 weeks, the student will be subject to academic dismissal with no refund.

REFUND POLICY

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. If you terminate before you commence 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, unopened. **The \$300.00 application fee is nonrefundable.** If no unused books are returned, the total subtracted from the refund will be \$750.00. 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, 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.**

*****GI Bill recipients follow different guidelines. If you are a GI Bill student please contact our office for more details*****

SCHOOL CALENDAR

ONLINE CLASSES (Recorded lectures)

Students wishing to take the online courses by watching the recorded live classes may start at **any time.**

Our Partners

Maine Adult Education/Southern Maine Community College/Columbus State University/Harper College



DENTAL ASSISTING COURSE ENROLLMENT AGREEMENT
(PLEASE PRINT, MAIL, EMAIL OR FAX REGISTRATION FORM TO ABOVE ADDRESS)

NAME: _____

ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ (H)
_____ (C)

E-MAIL:

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, VA, Mycaa, Etc.)

ONE TIME FULL PAYMENT

Self-Pay Voucher
_____ _____ **\$2,400** 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: _____

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: _____

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: _____

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

Choose One program

\$2600

Choose One Type of Payment Plan

_____ \$500 Down Payment/ \$300/month until paid in full.

_____ \$500 Down Payment/ \$75/weekly until paid in full.

_____ \$500 Down Payment/150/biweekly until paid in full.

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