Dental Assisting Program

Dental Assistant

The Dental Assisting Program is a 200 Hour program that meets Monday, Tuesday, Wednesday, and Thursday evenings. The class time is 6:00pm – 9:00pm.
Dental Assisting Training Program
Class Information – Spring 2018
(Keep for your records)

CLASS SCHEDULE
- January - May 2018 - Monday, Tuesday, Wednesday & Thursday evenings; 6:00 pm- 9:30 pm
- 200 hours classroom instruction, lab, and clinical
- Schedules for your clinical will be made by your instructor

COST
- $500.00 Fee includes: Tuition, Book, PPE (Safety Glasses, Gloves, Mask), & Healthcare Provider CPR Certification (Student responsible for card cost).
  ★★ Payment type: Check – Money Order – Debit/Credit Card

CONTACT
- NEMCC Office of Continuing Education (662) 720-7296, continugined@nemcc.edu

SELECTION CRITERIA First Come, First Served Basis with Alternates
- Prerequisite – Completion of Service Skills Certification (Offered 6 weeks before the program begins. M-TH 5 pm to 9 pm, 302 Holliday Hall. Preregistration is required through Continuing Ed.)
- Prerequisite – ACT (16) or CRC (Score a minimum of SILVER on each of the three (3) parts)
- Completed packet including ALL shot records and BLS CPR (Refer to Page 2 Checklist) with FULL payment of fee to reserve class slot
- 10 Students - Maximum

CLASS LOCATIONS
- Childers Hall, Booneville Campus

CLINICAL LOCATIONS
- 16 Hours of clinical time (instructor will determine location)

CLASS ATTENDANCE
- The sixth absence will result in dismissal from the class.
- NO Clinical absence allowed

OTHER INFORMATION
- One uniform (red scrubs top & bottom) & athletic shoes) required
- Black Pen and Notebook
- Student responsible for transportation to/from clinical site
- Potential employment with Dental Offices
DENTAL ASSISTANT TRAINING

PROGRAM STUDENT REQUIREMENTS CHECKLIST

(Keep for your records)

Items to be submitted before acceptance:

_______ Fees ($500.00 payable with Check, Money Order or Debit/Credit Card)
_______ Completed Trainee Application (Page 3)
_______ Proof of High School Diploma or G.E.D
_______ Copy of ID
_______ American Heart Association “Basic Life Support “CPR (BLS)
_______ Proof of ACT or Career Readiness Certificate (CRC) Silver (BEFORE DA Program Begins)
_______ Notarized Criminal Background Affidavit
_______ Physical Examination and Drug Test
_______ Vaccination Records (Shot Records) of the following:

☐ Hepatitis B Series (3 Injections) or Titer Test if previously completed
☐ TB Skin Test (Current- within 12 months)
☐ Proof of MMR (Measles Immunity)

(Note: The vaccine is contraindicated with pregnancy or conception within 3 months of immunization.)

 a. Documentation of having received two (2) live Measles Containing Vaccinations after first birthday
 b. Documentation of physician diagnosed measles
 c. Laboratory evidence of measles immunity
    Birth before 1957 (Copy of Driver’s License)

If you have any questions/concerns, please feel free to contact us in Holliday Hall room 303 or call us at (662) 720-7296.
# Dental Assisting Trainee APPLICATION

<table>
<thead>
<tr>
<th>First Name ____________________________</th>
<th>MI _____ Last Name__________________________</th>
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</thead>
<tbody>
<tr>
<td>Mailing Address ________________________</td>
<td>City ____________________________</td>
</tr>
<tr>
<td>State _______ Zip _______________</td>
<td>E-mail ____________________________________</td>
</tr>
<tr>
<td>Social Security # <strong><strong><strong>-</strong>__-</strong></strong>___</td>
<td>County of Residence __________________________</td>
</tr>
<tr>
<td>Date of Birth <em><strong><strong>/</strong></strong></em>/_______</td>
<td>Telephone (______) __________________________</td>
</tr>
<tr>
<td>Text – Yes ( ) No ( )</td>
<td>Emergency Contact Name ______________________</td>
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</tbody>
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| Racial/Ethnic Group (Please choose only one): |
| ☐ White/Caucasian | ☐ Black/African American | ☐ American Indian/Alaska Native |
| ☐ Hispanic/Latino | ☐ Hawaiian Native/Pacific Islander | ☐ Asian | ☐ More than one Race |

| Level of Education (Please choose only one): |
| ☐ Less than High School | ☐ High School Diploma / GED | ☐ Some College without Degree |
| ☐ Associate Degree | ☐ Bachelor Degree | ☐ Graduate / Professional Degree |

| Employment Status/Type: |
| ☐ Employed | ☐ Unemployed | ☐ Retired |
| ☐ Full-time | ☐ Part-time | ☐ Seasonal | ☐ Temporary |

| Current or most recent employer: | ____________________________ |

| Gender: | ☐ Male | ☐ Female | Age: ______ |

| Enrollment Status: |
| ☐ Part-Time (less than 12 credit hours in fall or spring; less than 6 in the summer) |
| ☐ Full-Time (12 or more credit hours in the fall or spring, 6 in the summer) |
| ☐ Degree Program | ☐ Certificate Program |

| Please check all that apply: |
| ☐ Veteran | ☐ Disabled | ☐ Pell Grant Eligible | ☐ TAA Eligible |

| Signature ____________________________ | Date __________________________ |

WWW.NEMCC.EDU/CONTINUING EDUCATION
Healthcare Criminal History

Background Affidavit
(Keep for your records)

The NEMCC Dental Assisting Program and the State of Mississippi requires that all students validate no history of: “conviction of or pled guilty to or nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, any sex offence listed in Section 45-33-23(g), child abuse, arson, grand larceny, burglary, gratification of lust, aggravated assault, or felonious abuse and/or battery of a vulnerable adult or that any such conviction or plea was reversed on appeal or a pardon was granted for the conviction or plea.” (Mississippi Code of 1972, Section 43-11-13).

Students are required to sign and have notarized the enclosed affidavit provided that there are no offences as listed in the above underlined paragraph. (If you are unsure or unclear as to your legal history, please contact a legal advisor or appropriate law enforcement officials to obtain personal information.

Should a student be unable to sign the affidavit, he/she must comply with the State Board of Health fingerprinting procedure at his/her own expense. Please contact NEMCC immediately for information regarding this process. Falsification of the affidavit may result in expulsion from the Dental Assisting program.

Admission to the program is incomplete until the affidavit is returned and/or other criminal background check required is satisfactory.
HealthCare Criminal History

Background Affidavit

State of Mississippi, County of ________________

Before me, a Notary Public in and for the County and State aforesaid, and personally appeared the undersigned ____________________________, who, after being by me first duly sworn did state upon his/her oath as follows:

That the affiant is currently a student in the Dental Assisting Program at Northeast Mississippi Community College.

That the affiant has not been convicted of or pleaded guilty or nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offence listed in Section 45-33-23(f) Mississippi Code of 1972, child abuse, arson, grand larceny, burglary, gratification of lust, aggravated assault, or felonious abuse and/or battery of a vulnerable adult.

That the affiant has not been convicted of or pleaded guilty or nolo contendere to other crimes which his/her employer (1) has determined to be of a nature and/or frequency as to be disqualifying for employment; (2) has adopted such as part of its written policies; and (3) has fully disclosed of such to the affiant prior to his/her requirement during his/her employment, in addition to this affidavit.

Further, the affiant sayeth not.

________________________________________  __________________________________
Name of Affiant (printed)                     Signature of Affiant

________________________________________
SWORN TO AND SUBSCRIBED BEFORE ME, this the ___day of _______

________________________________________  __________________________________
Signature of Notary of Public                  My Commission Expires