



# DENTAL ASSISTING PROGRAM

## ABOUT THE PROGRAM

### CLASS DETAILS

- Every fall and spring semester
- Monday, Tuesday, Wednesday, and Thursday evening (6-9pm)
- 150 hours of classroom instruction, lab, and clinicals
- Schedules for your clinical will be made by your instructor
- Classes held at NEMCC Booneville Campus - Childers Hall
- 16 hours of clinical time required (instructor will determine location)

### COST

- \$700 Fee (includes tuition, books, and PPE)
- Payments may be made by check, money order, credit or debit card

### SELECTION CRITERIA (First come, first served basis)

- Prerequisite - ACT (18) or CRC (Score a minimum of Gold on each of the 3 parts)
- Prerequisite - American Heart Association/Red Cross "Basic Life Support" CPR (BLS)
- Completed Packet with full fee payment to reserve class slot
- 12 Students Maximum

### ATTENDANCE

- The fourth absence will result in dismissal from the class
- No clinical absence allowed

### OTHER INFORMATION

- One uniform (red scrubs top/bottom) and athletic shoes required
- Tablet or laptop required
- Must provide a black pen and notebook
- Student is responsible for transportation to/from clinical site
- Potential employment with dental offices may be offered

## FOR MORE INFORMATION



**NORTHEAST**  
MISSISSIPPI COMMUNITY COLLEGE  
CONTINUING EDUCATION



[continuinged@nemcc.edu](mailto:continuinged@nemcc.edu)



662-720-7296

In compliance with Title VI of the Civil Rights Act of 1964; Title IX, Educational Amendments of 1972 of the Higher Education Act; and, Section 504 of the Rehabilitation Act of 1973, as amended, the Board of Trustees of Northeast Mississippi Community College has adopted this policy assuring that no one shall, on the grounds of race, color, age, national origin, or sex, be excluded from participating in, be denied the benefits of, or otherwise be subjected to discrimination in any program or activity of the College. Northeast Mississippi Community College adheres to the principle of equal educational and employment opportunity without regard to race, sex, age, color, creed, or national origin. This policy includes the qualified handicapped and extends to all programs and activities supported by the College. The Section 504 Coordinator is Leigh Ann Stewart, Wright Hall (662)720-7192 and the Title IX Coordinator is Liz Calvery, (662) 720-7443.





# NORTHEAST

MISSISSIPPI COMMUNITY COLLEGE

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## CONTINUING EDUCATION

### Dental Assisting Trainee APPLICATION

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ County of Residence \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Text – Yes ( ) No ( ) Emergency Contact Name \_\_\_\_\_ Telephone# \_\_\_\_\_

**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 \_\_\_\_\_



# DENTAL ASSISTANT TRAINING

## PROGRAM STUDENT REQUIREMENTS CHECKLIST

(Keep for your records)

### Items to be submitted before acceptance:

- \_\_\_\_\_ Fees (payable with Check, Money Order or Debit/Credit Card)
- \_\_\_\_\_ Proof of High School Diploma or G.E.D
- \_\_\_\_\_ Copy of picture ID
- \_\_\_\_\_ American Heart Association/Red Cross "Basic Life Support" (BLS) CPR Card
- \_\_\_\_\_ Proof of ACT (18) or Career Readiness Certificate (CRC) Gold
- \_\_\_\_\_ Notarized Criminal Background Affidavit (Page 4&5) *Please read instructions on Page 4.*
- \_\_\_\_\_ General Physical Examination (We do not provide a form)
- \_\_\_\_\_ Drug Screen (Ask your health care provider for a 5 or 10-panel in-house urine screen.)
- \_\_\_\_\_ Vaccination Records (Shot Records) of the following:
  - ☐ Hepatitis B Series (3 Injections) or Titer Test if previously completed
  - ☐ Proof of MMR (2 injections or proof of Measles immunity)
  - ☐ TB Skin Test (Must have been tested in the prior 6 months before starting program)

If you have any questions/concerns, please feel free to visit us in Holliday Hall, Room 303 on the Booneville Campus, call us at (662) 720-7296, or email at [continuinged@nemcc.edu](mailto:continuinged@nemcc.edu)

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## CONTINUING EDUCATION

Continuing Education

Workforce Training

### 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.**



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MISSISSIPPI COMMUNITY COLLEGE

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## CONTINUING EDUCATION

### 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.

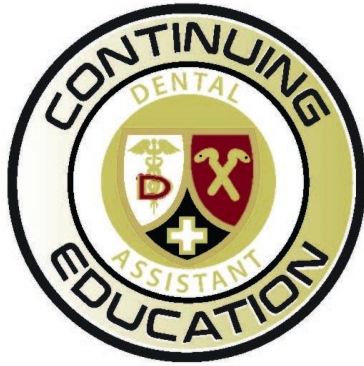
\_\_\_\_\_  
Name of Affiant (printed)

\_\_\_\_\_  
Signature of Affiant

SWORN TO AND SUBSCRIBED BEFORE ME, this the \_\_\_\_day of \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary of Public

\_\_\_\_\_  
My Commission Expires



**DENTAL  
ASSISTING  
PROGRAM**

<b>Tuition</b>	<b>\$700.00</b>
<b>Vaccinations</b>	<b>\$125.00</b>
<b>Physical &amp; Drug Test</b>	<b>\$45.00</b>
<b>Scrubs (Red)</b>	<b>\$36.00</b>
<b>Radiology License</b>	<b><u>\$60.00</u></b>
	<b>\$966.00</b>

\*Estimated Medical and Clothing Cost