

DENTAL ASSISTING PROGRAM

ABOUT THE PROGRAM

CLASS DETAILS

- Every fall and spring semester
- Monday and Tuesday 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
- 10 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



 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 Calverly, (662) 720-7445.



NORTHEAST
MISSISSIPPI COMMUNITY COLLEGE

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)

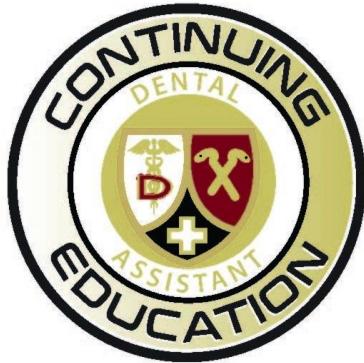
Items to be submitted before acceptance:

- _____ 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**
- _____ 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 continuing@nemcc.edu

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**DENTAL
ASSISTING
PROGRAM**

Tuition	\$700.00
Vaccinations	\$125.00
Physical & Drug	\$45.00
Test Scrubs (Red)	\$36.00
Radiology License	\$60.00
Fingerprinting	<u>\$55.00</u>
	\$1,026.00

*Estimated Medical and Clothing Cost