

# Dental Assistant Program

**Information Guide and Application**

**August 2018**



**FRANKLIN TECHNOLOGY CENTER**  
A D U L T E D U C A T I O N

FRANKLIN TECHNOLOGY CENTER @ MSSU  
3950 E. Newman Road  
Joplin, MO 64801

Phone: (417) 659-4400

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E-mail: [paulawebb@joplinschools.org](mailto:paulawebb@joplinschools.org)

# Dental Assistant

Dental Assistant  
900 Clock Hour Certificate Program  
Program Coordinator: Paula Webb  
Monday - Thursday 5:30pm – 10:00 pm  
Phone: 417.659.5429  
[paulawebb@joplinschools.org](mailto:paulawebb@joplinschools.org)

## **Overview:**

The Dental Assistant Program will offer students the opportunity to obtain the training needed to assist the dentist in providing care for patients. Your training in dental terminology, chair side assisting procedures, radiology, infection control, and dental office computers will make you a valuable asset to any dental practice. Graduates have the opportunity to work for a private dental practice, a dental clinic, or as a lab technician, performing a variety of services.

## **Program Content:**

General Dentistry including;  
Infection control and OSHA guidelines \*  
Chair-side Assisting \*  
Dental Sciences  
Dental Terminology  
Dental Instruments\*  
Dental Materials\*  
Dental Radiology\*  
Computers in the Dental Office \*  
Clinical Rotations & Externships

\*These classes will have a laboratory and/or clinic time along with lecture.



**Important note:** Franklin Technology Center programs are based on clock hours and may not be transferable to other education facilities. Clinical Rotations and Externship is included in the program's 900 clock hours. Franklin Technology Center requires students to maintain a 90% attendance and an overall 70% grade course average during the program. Students are not certified/registered upon graduation from the program. Students must meet national testing organization entrance requirements and successfully complete their examination to become certified/registered through the American Medical Technologists (AMT), which offers the Registered Dental Assistant certification. Program graduates will have to have additional post graduate, on-the-job dental chair side work experience to meet current national dental assistant examination requirements for the DANB certification. Admittance into the program requires a GPA of 2.5 or higher, a clear background check & drug screening through VALIDITY & a TABE score of 9 or above.

**\*\*Tuition and Fees for 2018-19 are estimates only and are subject to change\*\***

# FRANKLIN TECHNOLOGY CENTER

## Dental Assistant

School Year **2018-19**

Beginning Date: August 2018

Ending Date: May 2019

Non-Refundable Application Fee of \$50.00 Required Prior to Acceptance Into Program

TUITION**		\$8,800.00
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SUPPLIES, BOOKS and FEES**	\$	1,305.00
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<b>GRAND TOTAL</b>	<b>\$</b>	<b>10,105.00</b>
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**\*\*Tuition and Fees for 2018-19 are estimates only and are subject to change\*\***

Revised **02/2018**

# Franklin Technology Center Dental Assistant Program

## Application Procedure

To be considered for acceptance into the Dental Assisting program, the applicant must:

Submit application with \$50.00 application fee to the Franklin Technology Center @ MSSU office, Suite 50 in the Mills Anderson Criminal Justice Building on the Missouri Southern State University campus.

- Read the enclosed information about the program.
- Review program cost sheet and keep a copy (Important: The school reserves the right to adjust program tuition and fees prior to the start of the program.
- Complete both sides of application form and sign.
- Return the application along with a non-refundable \$50.00 application fee to the FTC office located on the MSSU campus, 3950 East Newman Road, Joplin, MO 64801.

Please direct all correspondence and inquiries to:

Franklin Technology Center @ MSSU  
Dental Assistant Program  
3950 East Newman Road  
Joplin, MO 64801-1595  
Telephone: (417) 659-4400 Fax (417) 659-4408

### Contact Financial Aid Office

- All applicants must contact the financial aid department at 417.625.9865 or brown-c@mssu.edu

Submit the following:

- ***Official*** high school transcript or GED (must be sealed official transcript from high school, college or GED)
- Signed Consent for Criminal Background Check Form

A TABE Test will be required for acceptance into the program. This test stands for “Test for Adult Basic Education” which is a generalized test in English, Reading, Math and Science. Additional information regarding the TABE test will be sent after the application has been received by the program coordinator.

The selection process is based on GPA or equivalent GED scores, TABE test results, a personal interview with the instructors and criminal background results. Selection for the dental assisting program is limited to 20 students each fall. In the case that the number of selected applicants drops, alternate students may be selected. Prior to the beginning of the school year, a drug screen test will be submitted to all students selected for the program on a date to be announced by the instructors. If the student fails the drug screening, it will be an automatic dismissal from the program. Another drug screen test will be submitted without notice sometime during the school year. A failed drug screen is an automatic failure from the program.

# Franklin Technology Center

## Dental Assistant Program Application

Date received: \_\_\_\_\_  
Receipt # \_\_\_\_\_  
Agency: \_\_\_\_\_  
Counselor: \_\_\_\_\_  
Copy to Bookkeeper \_\_\_\_\_

### PERSONAL INFORMATION (please print clearly)

Name: \_\_\_\_\_ Maiden: \_\_\_\_\_  
(First) (M.I.) (Last)

Address \_\_\_\_\_  
(City) (State) (Zip)

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### EDUCATIONAL HISTORY

I graduated in \_\_\_\_\_ from \_\_\_\_\_, \_\_\_\_\_  
(MM/YY) (Name of School) (City) (State)

I completed my GED in \_\_\_\_\_ in the state of \_\_\_\_\_.  
(MM/YY)

Have you completed any college coursework? \_\_\_ Yes \_\_\_ No If yes, where? \_\_\_\_\_  
(Include state)

List any college degrees or vocational certificates held: \_\_\_\_\_

### EMPLOYMENT HISTORY (list your last two places of employment beginning with most recent)

1. Employer w/ address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date Employed: \_\_\_\_\_ Date of Termination \_\_\_\_\_

Reason for leaving (optional): \_\_\_\_\_

2. Employer w/ address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date Employed: \_\_\_\_\_ Date of Termination: \_\_\_\_\_

Reason for leaving (optional): \_\_\_\_\_

3. \_\_\_ I have not been employed outside the home.

### EMERGENCY CONTACT INFORMATION (List three people we may contact in case of emergency)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**CRIMINAL BACKGROUND CHECK:**

All applicants applying for FTC programs will be required to undergo a criminal background check through VALIDITY. Failure to accurately list information may result in denial of entrance into the program. Students that are accepted through false or incorrect information for the background check will be terminated from the educational program. Students with an insufficient or questionable background check or adults attending programs located in a building with minors will be required to have fingerprints taken and sent to the FBI for review. **Failure to have a clear background check will result in immediate dismissal from the program.**

**Have you ever been convicted as an adult offender of any crime?**     Yes     No

If yes, is your name on the Department of Social Services Disqualification List? (This list includes people who have pled guilty to any A or B felony violation of chapters 565,566,569 RSMo). The felonies covered in these chapters focus primarily on crimes against another person and are listed below. Please check which ones apply to you:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Voluntary Manslaughter                           | <input type="checkbox"/> 1 <sup>st</sup> & 2 <sup>nd</sup> degree Arson | <input type="checkbox"/> 1 <sup>st</sup> & 2 <sup>nd</sup> degree Robbery |
| <input type="checkbox"/> 1 <sup>st</sup> & 2 <sup>nd</sup> degree Assault | <input type="checkbox"/> Murder   | <input type="checkbox"/> Sexual Offender                                  |
| <input type="checkbox"/> Other (Specify) _____                            |   |   |

**LICENSURE:**

If the program you are applying for requires a licensure exam, you may be unable to receive a license if convicted of a criminal prosecution.

**Have you ever been denied a health license in this or any other state?**     Yes     No

**DRUG SCREENING:**

As part of the final steps in the selection process Dental Assistant applicants may be required to submit to a drug screening.

**PROGRAM INFORMATION:**

Have you ever previously applied for any Health Science program?     Yes     No  
Where? \_\_\_\_\_

Have you taken any entrance exam for a program?     Yes     No  
Which test have you taken?     HOBET     TABE

How did you hear about the Dental Assistant program?  
 Radio     School Sign     Friend     Other  
 TV     Brochure     Newspaper

THE SCHOOL DISTRICT OF JOPLIN DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, CREED, NATIONAL ORIGIN, ANCESTRY, SEX, DISABILITY OR VETERAN STATUS, NOR WITH ANY PROVISIONS FOR THE "AMERICANS WITH DISABILITIES ACT" OF THE APPLICANT (SECTION IV).

If accepted as a student, I give FTC/MSSU permission to release a copy of my school records to inquiries such as employment for educational purposes, according to the Family Educational and Privacy Act of 1974. In connection with my application with the school, I understand that a consumer report, which may contain public record information, is being requested. This report may include the following types of information: Names and dates of previous employers, credit information, etc. I further understand that such report may contain public record information concerning my credit, bankruptcy proceeding, and etc. from federal, state and other agencies that maintain such records.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information.  
I certify that the information provided on this application is correct to the best of my knowledge and that I am at least 17 years of age. **Falsification of any part of this application may be grounds for dismissal from FTC/MSSU.**

**NOTICE OF CONFIDENTIALITY:**

Franklin Technology Center receives funds under certain programs of the US Dept of Education and is required by law to collect social security numbers (SSN) from its students for the administration of those programs. We are also required by law to maintain certain documents in accordance with Missouri's records retention policies. We do not collect or share personal information for any purpose other than to respond to you and the governmental agencies requiring us to report such information.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Prior to acceptance into a Franklin Technology Center adult program, all applicants must demonstrate that they have earned a high school diploma or GED certificate. Proof requires an official transcript sent from the school or Department of Education directly to Franklin Technology Center. A copy of the diploma, transcript, or GED certificate does not qualify as an official transcript. Applicants should complete this form and mail it directly to the appropriate institution.

**GED/HIGH SCHOOL/COLLEGE  
OFFICIAL TRANSCRIPT  
REQUEST FORM**

**THE FOLLOWING INFORMATION MUST BE INCLUDED ON THE TRANSCRIPT:**

**GED Transcript:**

1. The state in which the GED was earned.
2. The month and year the GED was earned.
3. The scores received on all subject tests.
4. The official seal of the office issuing the transcript.

**HIGH SCHOOL AND COLLEGE Transcripts:**

1. The name of the institution and the city and state in which it is located.
2. The school seal and/or the official signature of the registrar mailing the transcript.
3. The month and year of entry into the institution.
4. The month and year of graduation from the institution.

My name on GED or school records \_\_\_\_\_

Date GED granted or graduated \_\_\_\_\_ Social Security Number \_\_\_\_\_

My present name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

**It is YOUR responsibility to request your transcript using this form.**  
(there may be a charge for this service)

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\* Attention School Official \*\*\*\*\*

**Mail the official transcript and this form directly to the address below:**

**Franklin Technology Center@ MSSU  
Dental Assistant Program  
3950 E. Newman Road  
Joplin, MO 64801-1595**



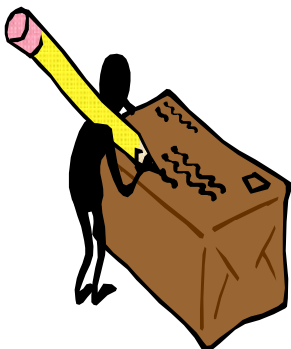
# The Next Step



1. Complete your FAFSA online at [fafsa.ed.gov](https://fafsa.ed.gov). Call the FTC Financial Aid Office at 417-625-9865 if you have questions on how to fill it out or if you don't have access to a computer.



2. In order to fill out your FAFSA, last year's federal tax return must be completed. If married, you must include spouse's information or if you answer all questions with a NO on Step 3 of the FAFSA, you are required to include parent's information on Step 4.



3. Once your FAFSA is submitted, wait 2-3 business days then call the FTC Financial Aid Office to set up an appointment to complete the financial aid process.





4. You will receive a Student Aid Report (SAR) from the US Department of Education in approximately 2 weeks. Verify that all information is correct.



5. Your FTC Award letter will be given to you at the beginning of the program.



6. Study hard and attend classes and you should receive your graduation certificate.

If a funding agency will be providing any monies toward your program costs we must have the following documentation on file before you can attend any program classes. It is the student's responsibility to work closely with their counselor to insure proper documentation has been received by the FTC bookkeeping or financial aid office.

1. Written letter on agency letterhead for \$50 application fee
2. Funding voucher, training agreement, etc. for any program costs

## WITHDRAWAL

### ***Tuition Withdrawal Policy***

#### **For All Students -**

A Title IV refund is completed on all financial aid recipients. The Title IV refund is calculated per payment period. If a student completes 60% of a payment period, a Title IV refund is not required.

**NOTE: Any Title IV financial aid returned by FTC to the Direct Loan(s) and/or the US Dept. of Ed for Pell Grants will be charged back to the students account and will be his/her responsibility.**

Institutional charges are due as follows: **Days = class days\***

Student withdraws during the first 4 days of the pay-period	2% due*
<b>*Fees, books, and supply fees will be assessed on usage</b>	
Student withdraws from the 5 <sup>th</sup> day through 9 <sup>th</sup> day of the pay-period	5% due
Student withdraws from the 10 <sup>th</sup> through 15 <sup>th</sup> day of the pay-period	10% due
Student withdraws from 16 <sup>th</sup> day through 21 <sup>th</sup> day of the pay-period	20% due
Student withdraws from 22 <sup>st</sup> day through 30 <sup>th</sup> day of the pay-period	40% due
Student withdraws after 30 <sup>th</sup> day of the pay-period	100% due

All costs including tuition, books, and supplies are considered institutional costs and are figured in the refund calculation. **\*Fees, books, and supply fees will be assessed on usage.**

All credit balances must be eliminated before a Title IV refund calculation can be performed.

All students completing a withdrawal form and received a Direct loan are required to complete an exit counseling session online at [www.nslsds.ed.gov](http://www.nslsds.ed.gov)

School will determine the student's withdrawal date as the last date the student ceased attendance.

All Title IV funds WILL BE RETURNED no later than 45 days after it determines the student withdrew.

**NOTE: If a student withdraws (a leave of absence is not included) from a program and wishes to re-enter at a later time, he/she will be responsible for any previous tuition, books, and fees owed and any additional and/or increased tuition, books, and fees of the year re-entered. If tuition has increased the student will be responsible for the additional costs. The re-entry request must be approved by the Program Coordinator and Director of FTC before a student can begin in the program.**

**If a student withdraws twice from any program at FTC, he/she will not be allowed to re-enter ANY FTC program**