



FRANKLIN TECHNOLOGY CENTER

A D U L T E D U C A T I O N

Dental Assistant

Information Guide and Application - 2019

August 19, 2019 - May 21, 2020

FRANKLIN TECHNOLOGY CENTER

Mills Anderson Justice Center, Suite 50

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Dental Assistant

900 Clock Hour Certificate Program

Monday - Thursday 5:30pm – 10:00 pm

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.

**** Instruction subject to change, as determined by FTC.**

Step 1 - Complete and return application

In order to be considered for the program, the first step in the process is completing the application, and paying the application fee. Once your application has been submitted, you will move to STEP 2.

Please do the following in STEP 1:

Read the information about the program.

Review program cost sheet (Important: The school reserves the right to adjust program tuition and fees prior to the start of the program.)

Complete the application form and sign.

Submit the application along with a non-refundable \$50.00 application fee to the FTC business office in the Mills Anderson Public Safety Center on MSSU campus.

STEP 2 - Contact Financial Aid Office

All applicants must contact the Financial Aid Office at 417-625-9865 or cherylbrown@joplinschools.org. Important: In addition to completion of the Financial Aid application you must ALSO complete the FTC program application and pay the \$50.00 application fee as listed in STEP 1.

STEP 3 - Submit the following:

Official High School transcript of 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. Immunization records including childhood, Hep B series or Titer and a current TB test is required of all students as recommended by the CDC for "Practice Standards for all Healthcare Professionals". For those without an immunization record, options will be discussed at personal interview appointment before acceptance into the program. 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 screening & background check will be required through Validity Screenings. Another drug screen test will be submitted without notice sometime during the school year. If the student fails a drug screening, it will be an automatic dismissal from the program.

Applicants for whom English is a second language may be required take the Test of English as a Foreign Language (TOEFL iBT) test. Non-English speaking applicants must meet the same general admission requirements as all other applicants. The TOEFL tests are offered only at selected sites and select dates in Missouri. Applicants are responsible for making their own arrangements for taking the TOEFL tests.

FRANKLIN TECHNOLOGY CENTER

Dental Assistant

Beginning date: August 19, 2019 ~ Ending Date: May 21, 2020

Non-Refundable Application Fee of \$50.00 is required prior to acceptance into program.

Tuition**: \$9,000.00

Supplies, Books, and Fees**: \$1,290.00

GRAND TOTAL: \$10,290.00

Revised 02/2018

Tuition Withdrawal Policy

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 **Fees, books, and supply fees will be assessed on usage*

Student withdraws from the 5th day through the 9th day of the pay period - 5% due

Student withdraws from the 10th day through the 15th day of the pay period - 10% due

Student withdraws from the 16th day through 21st day of the pay period - 20% due

Student withdraws from the 22nd day through the 30th day of the pay period - 40% due

Student withdraws after 30th day of 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.nslds.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 rear 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.

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 st & 2 nd degree Arson | <input type="checkbox"/> 1 st & 2 nd degree Robbery |
| <input type="checkbox"/> 1 st & 2 nd 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: _____