

FIRST COAST TECHNICAL COLLEGE DENTAL ASSISTING PROGRAM

Dear Prospective Student:

COURSE DESCRIPTION

FCTC's Dental Assisting Program prepares students for certification and employment as a Certified Dental Assistant. Certification carries with it the prestige of a broad general knowledge and the ability to apply it properly. FCTC is accredited by the Council on Occupational Education; and is approved by the Florida Department of Health.

The course is made up of classroom and practical instruction in the student clinic. Students are required to arrange their own transportation to and from class and/or clinical areas and dentist offices.

As of July 1, 2009 any felony drug conviction or Medicaid/Medicare fraud will prohibit the eligibility of license, certification or registry in Florida for 15 (fifteen) years after the end of the probation period. For further information please contact Florida Department of Health, Division of Medical Quality Assurance, 4052 Bald Cypress Way, Tallahassee, FL 32399 (850-245-4125).

COURSE CURRICULUM

The dental assisting program covers chair side assisting, laboratory procedures, and business operations. These areas include, but are not limited to, theoretical instruction and clinical experience in:

- | | | |
|------------------|------------------------------|----------------|
| * Dental anatomy | * Pharmacology | *Ethics |
| * Physiology | * Radiology | *Jurisprudence |
| * Oral histology | * Dental materials/equipment | |
| * Microbiology | * Infection control | |

This course is scheduled each year with approximately 12 months of classroom time. This course is 1230 hours in length. Students are expected to be present for each scheduled class and/or clinical experience throughout the entire program.

HSC0003	90 hrs	Basic Health Care Worker
DEA0708	570 hrs	Dental Assistant I
DEA0712	570 hrs	Dental Assistant II

In order to be eligible for this course you will need to meet the following prerequisites and complete the following steps:

1. Schedule date and time to attend FCTC orientation and take Test of Adult Basic Education \$20.00

TABE scores are valid for two years from the date of administration. If you do not have recent TABE scores on record with First Coast Technical College, please register for test in registration.

2. Complete and submit application including all required documentation. \$10.00

Note: All fees are nonrefundable/nontransferable and subject to change.

APPLICATIONS MUST BE COMPLETE and SUBMITTED IN PERSON.

PLEASE DO NOT MAIL YOUR APPLICATION!

**Completed applications should be submitted to Health Occupations Office,
Administrative Assistant in Building D, Room 103.**

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

ADMISSION REQUIREMENTS

1. Be at least 18 years of age.
2. Have a high school diploma or GED.
3. Have a TABE score of 10th grade in reading, math and language.
4. Pass a Pre-Check Background screening regarding arrest and conviction to determine eligibility for state licensing. *To be completed after you are enrolled.*
5. Proof of a physical examination and immunizations, results will determine ability to perform necessary components of dental assisting. *To be completed after you are enrolled.*
6. Proof of a negative Tuberculin test. *To be completed after you are enrolled.*
7. Drug screen testing. *To be completed after you are enrolled.*

Once you have submitted your completed application you are then eligible to register, pay tuition and begin class at the next enrollment date. New class enrollment begins August and January. Your application is good for two (2) years from application submission date. After two years your application will expire and you will have to reapply.

Mandatory drug testing and background check are required at the student's expense. These screenings must be completed within two (2) weeks following state date of class.

AUXILIARY AID

This school provides auxiliary aids and services for persons with disabilities. If you need assistance during the course of your study, please contact a counselor in Building "A".

FINANCIAL AID

You should consider applying for financial aid. Application processing takes approximately four to six weeks. It is your responsibility to contact the financial aid office at our toll free numbers: Palatka: (386) 326-9000, St. Augustine: (904) 547-3511. More information about initial expenses will be shared at the orientation.

ESTIMATED COURSE FEES AND SUPPLIES

Additional Fees

Application Fee	\$ 10.00	Registration/TABE Fee	\$ 20.00
Background Check	\$ 50.00	Uniforms and Shoes	\$ 160.00
Books	\$ 700.00	Student Fees	\$ 190.00

COURSE NUMBER	COURSE NAME	ESTIMATED COST
HSC0003	Basic Health Care Worker	\$300.00
DEA0708	Dental Assistant I	\$1760.00
DEA0712	Dental Assistant II	\$1760.00

ESTIMATED TOTAL COST OF PROGRAM: \$ 4950.00

NOTE: Costs are provided to assist you with a personal cost budget, and are approximate prices, which may vary at any time. Sales Tax is not included in estimates. If an agency is paying for your books or clothing, you must present approved voucher and payment receipt to receive items.

*****ALL PRICES SUBJECT TO CHANGE*****

CHECKLIST FOR APPLICANT

Prior to submitting application, make one COPY of each item below and ATTACH to application.

FCTC is unable to make copies of the required documentation.

- () TABE scores of 10.0 in Reading, Language, and in Math; or AA/AS Degree or higher with official transcripts attached in a sealed envelope.
- () High School Diploma with official transcript or GED Certificate
- () Birth Certificate or Naturalization Certificate
- () Passport or Permanent Resident Card (if not US citizen) *or*
- () Florida Driver's License/ Official Identification Card
- () Submit Completed Application in person to Health Occupations Office, Administrative Assistant in Building D, Room 103.

FIRST COAST TECHNICAL COLLEGE
2980 COLLINS AVENUE
ST. AUGUSTINE FL 32084-1919
(904) 824-4401

NOTE: A \$10 non-refundable/non-transferable application fee \$10.00 must accompany this form.

Application Fee \$10.00
RCPT.# _____
DATE: _____

DENTAL ASSISTING PROGRAM APPLICATION

Name: _____
Last First Middle Maiden

Social Security #: _____ Date of Birth: _____ Place of Birth _____

Mailing Address: _____
Street Apt/Unit Number City State Zip

Telephone: Home: _____ Work: _____ Cell: _____

Emergency contact: _____ Phone Number: _____

Relationship of the contact person to you: _____

Circle Highest Grade Completed: 9 10 11 12 College: 1 2 3 4 yrs Graduate Level

Prior Medical Training: { } Yes { } No If yes, please provide name of school, city and state

Type of Program: _____ Dates of Attendance: _____

Reason for Leaving Program: _____

List any schools attended, years attended and courses taken since high school not included above:

_____	_____
_____	_____
_____	_____

I verify that all information contained in this application is true and correct. I authorize the First Coast Technical College to contact former educational institutes on this application, and further authorize these educational institutes to release information to officials of First Coast Technical College concerning my performance and progress while enrolled in their program(s).

Signature of Applicant

Date

FIRST COAST TECHNICAL COLLEGE

Health Occupations Department
2980 Collins Avenue
St. Augustine, FL 32084-1919

TRANSCRIPT REQUEST

PLEASE RETURN THIS FORM WITH TRANSCRIPT

TO: Admissions Office

_____ Zip _____

Please print clearly the name and address of the school.

I was last enrolled at your institution during the _____ school year.

Last Name First Name Middle Name Previous Name

Social Security Number

Date of Birth

Please forward a copy of my **official transcript**/proof of high school graduation to the above school for the Dental Assisting Program.

If you have any questions, you can contact me at:

Address _____

City _____ State _____ Zip _____

Telephone # _____

Signature

Date

**INSTRUCTIONS FOR OBTAINING YOUR BACKGROUND CHECK
FOR DENTAL ASSISTING PROGRAM**

First Coast Technical College

The hospitals associated with our clinical education program require background checks on incoming students to ensure the safety of the patients treated by students in the program. You will be required to order your background check in sufficient time for it to be reviewed by the hospital prior to starting your clinical rotation. A background check typically takes 3 normal business days to complete.

The background checks are conducted by PreCheck, Inc., a firm specializing in background checks for healthcare workers. Your order must be placed online through StudentCheck.

Go to www.PreCheck.com and click on the StudentCheck link and then click the Student button.

Complete all required fields and hit Continue to enter your payment information. The payment of \$48.50 (plus state tax for students living in Texas) can be made securely online with a credit or debit card. You can also pay by money order, but that will delay processing your background check until the money order is received by mail at the PreCheck office. For your records, you will be provided a receipt and confirmation page of your background check order placed through PreCheck, Inc.

PreCheck will not use your information for any other purposes other than a background check. Your credit will not be investigated, and your name will not be given out to any businesses.

If you need assistance, please contact PreCheck at StudentCheck@PreCheck.com.

FREQUENTLY ASKED QUESTIONS:

- How long does the report take to complete? Most reports are completed within 3 business weekdays.
- Do I get a copy of the report? No. Only the hospitals or school in the program have access to the reports. However, you can order a copy of your report for an additional fee at the time you place your order.
- Does PreCheck need every street address where I have lived over the past 7 years? No. Just the city and state.
- I have been advised that I am being denied entry into the program because of information on my report and that I should contact PreCheck. Where should I call? Call PreCheck's Adverse Action hotline at 800-203-1654. Adverse Action is the procedure established by the Fair Credit Reporting Act that allows you to see the report and to dispute anything reported.
- I have a criminal record. What should I do? Disclose the crime on your application.

**NOTE: THIS FORM IS TO BE PROCESSED AFTER
YOU HAVE BEEN ENROLLED IN THE
DENTAL ASSISTING PROGRAM AT FIRST COAST TECHNICAL COLLEGE**