



# Workforce Investment Act Eligible Training Program

Provider Name: Health Care Training Services, Inc.

Contract #: 4050-45

Address: 657 Quarry Street  
Fall River, MA 02723

Addresses if program is held at a another site:  
1. \_\_\_\_\_  
2. \_\_\_\_\_

Program Name: Dental Assistant

Office use only: ONET CODE 31-9091

### CONTACT INFORMATION

Program Contact Person: Doug Leigh

Phone: 508-672-6800

Email: dleigh@hctschool.com

Fax: 508-672-2866

Website: www.hctschool.com

### Course Outline/Topics to be Covered

This program consists of 600 hours (240 Didactic, 240 Clinical, and 120 Clinical Internship). This program prepares the student to serve as a dental assistant in a dentist's office. Dental assistants perform many tasks including: seating and dismissing patients, instrument transfer, preparing dental materials, processing of x-rays, appointment making, CPR, infection control, Career Prep, Ect.

### Required academic grade levels to enter program

Reading Grade Level H.S. Diploma or GED

Math Grade Level H.S. Diploma or GED

English Proficiency Able to speak and understand English

### Required to enter training program

- Physical  Yes  No
- Vaccinations  Yes  No
- Drug test  Yes  No
- BCI  Yes  No
- License  Yes  No
- Tools  Yes  No
- Experience  Yes  No
- Other : HS Diploma / GED Min Age 18

### MAY be required for employment

- Physical  Yes  No
- Vaccinations  Yes  No
- Drug test  Yes  No
- BCI  Yes  No
- Certification  Yes  No
- License  Yes  No
- Tools  Yes  No
- Experience  Yes  No
- Other :

### Participants will be qualified to seek employment in the following occupations:

- 1) Dental Assistant
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

### Is this program Pell grant eligible?

Yes  No

### PROGRAM COSTS:

#### TUITION INCLUDES:

Tuition	\$6,359.00
Fees	\$50.00
Books	\$141.00
Licensing	
Certificate fees	
Other, provide explanation	
Uniforms	\$150.00
<b>Total Tuition Cost</b>	<b>\$6,700.00</b>

#### These are expenses that MAY be reimbursed after successful completion of training.

Please indicate Yes, No or enter the amount

	YES	NO	AMOUNT
Books	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Licensing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Uniforms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Travel	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Miscellaneous	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Total</b>			<b>\$0.00</b>

#### Participant is responsible for :

Prerequisites	
Memberships	
Cost above tuition cap	<b>\$1,200.00</b>
Expenses that <u>MAY</u> be reimbursed	<b>\$0.00</b>
<b>Total</b>	<b>\$1,200.00</b>

### Maximum ITA Responsibility (Max. \$5500)

**\$5,500.00**

### PROGRAM LENGTH

Weeks and Hours and

### Additional Information

Mon-Fri from 8:30-3:00PM. New classes start every 4-5 months. Typically a student completes the program in approx. 5 months. Payment plans available on funds not covered under WIA grant.

### What type of certificate will be awarded and by whom?

Certificate from school, ICE and Radiology from DANB, CPR