



Workforce Investment Act Eligible Training Program

Provider Name: D-Rex Dental Training

Contract #: 4050-17

Address: 160 Burnside Street
Cranston, RI 02910

Address if program is held at a another site:

Program Name: **ADMINISTRATIVE DENTAL ASSISTANT**

Office use only: ONET CODE **31-9091**

CONTACT INFORMATION

Program Contact Person: Awilda Matos Phone: 401-270-1110 Fax: _____
Email: awildamatos@drexidentaltraining.com Website: www.drexidentaltraining.com

Course Outline/Topics to be Covered

Over the course of this 10 week program, students will be trained in all aspects of the dental secretarial field.

Our dental program provides hands-on skills and knowledge in the business aspects of the dental office including practice management. Each student will have their own computer and printer with the latest programming available to learn the applications, Dentrix and Eaglesoft, which are used in over 90% of dental offices today. Our instructors have many years of experience in the dental office and dental insurance industry and are able to teach students the actuality of running a dental office efficiently and accurately.

Required academic grade levels to enter program

Reading Grade Level 6th grade
Math Grade Level 6th grade
English Proficiency 6th grade

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 :

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 Offices 2) Dental Specialists
3) _____ 4) _____

Is this program Pell grant eligible?

Yes No

PROGRAM COSTS:

TUITION INCLUDES:

Tuition \$3,000.00
Fees _____
Books \$175.00
Licensing _____
Certificate fees \$100.00
Other, provide explanation _____

Total Tuition Cost \$3,275.00

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 checked="" type="checkbox"/> No		_____
Licensing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		_____
Tools	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		_____
Uniforms	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		_____
Travel	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		_____
Miscellan	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		_____

Total \$0.00

Participant is responsible for :

Prerequisites _____
Memberships _____

Cost above tuition cap **\$0.00**

Expenses that **MAY** be reimbursed **\$0.00**

Total \$0.00

Maximum ITA Responsibility (Max. \$5500)

\$3,275.00

PROGRAM LENGTH

Weeks and Hours and

Additional Information

10 weeks, 25 hours per week which includes 2 weeks externship

What type of certificate will be awarded and by whom?

CPR and Microsoft