



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: **DENTAL ASSISTANT**

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

CONTACT INFORMATION

Program Contact Person: Awilda Matos

Phone: 401-270-1110

Email: awildamatos@drexidentaltraining.com

Fax: _____

Website: www.drexidentaltraining.com

Course Outline/Topics to be Covered

Program Cost
\$5,700.00

PROGRAM LENGTH:
5 months
25 hours per week
Total Hours 560 which includes 160 of externship

Mon-Fri from 8:30-2:00PM.
Classes start every 4 months.

Certificate from school
ICE from DANB
Radiology Dental
CPR

In this course you will learn:
Chair side assistance
X-rays
Taking impression for dentures and partials
Pouring Models
Temporary Crowns
Sterilizing Instruments as well as rooms
Development x-rays; manual and machine
and much more.

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) General Dentists
- 2) Dental Specialists
- 3) _____
- 4) _____

Is this program Pell grant eligible?

Yes

No

PROGRAM COSTS:

TUITION INCLUDES:

Tuition	\$5,400.00
Fees	_____
Books	_____
Licensing	_____
Certificate fees	\$100.00
Other, provide explanation	_____
Uniforms	_____

Total Tuition Cost \$5,500.00

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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	\$200.00
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 type="checkbox"/> No	_____

Total \$200.00

Participant is responsible for :

Prerequisites	_____
Memberships	_____
_____	_____
_____	_____
_____	_____
Cost above tuition cap	\$0.00

Expenses that **MAY** be reimbursed

Total \$0.00

Maximum ITA Responsibility (Max. \$5500)

\$5,500.00

PROGRAM LENGTH

Weeks and Hours
and

Additional Information

5 months, 25 hours per week which includes 160 Hours externship

What type of certificate will be awarded and by whom?

Certificate from school, ICE from DANB, Radiology Dental, CPR