



Workforce Investment Act Eligible Training Program

Provider Name: Community College of Rhode Island

Contract #: 5050-62

Address: 1762 Louisquisset Pike
Lincoln, RI 02865

Address if program is held at a another site: Clinical practice held at varied off-campus facilities,
mostly in RI, few in nearby MA

Program Name: Dental Assisting Program

Office use only: ONET CODE 31-9091

CONTACT INFORMATION

Program Contact Person: Donna Medas Patton Phone: 401-333-7220 Fax: 401-333-7146
Email: dmedaspatton@ccri.edu Website: www.ccri.edu/dental

Course Outline/Topics to be Covered

General Education Requirements:
BIOL 1070 Anatomy & Physiology
ENGL 1010 Composition I
PSYC 1030 Psychology of Personal Adjustment
COMM 1100 Oral Communication I
Major Requirements:
DAST 1010 Oral Biology I
DAST 1020 Preventive Dentistry
DAST 1030 Chairside Dental Assisting I (lecture & lab)
DAST 1040 Oral Biology II
DAST 1050 Chairside Dental Assisting II (lecture, lab & clinical)
DAST 1060 Dental Office Procedures
DAST 1225 Dental Materials Lecture

Required academic grade levels to enter program

Reading Grade Level ENGL 0890*
Math Grade Level MATH 0500*
English Proficiency ENGL 1005* ALL 3 BY TESTING OR COURSEWORK

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 Assistant 2) _____
- 3) _____ 4) _____

Is this program Pell grant eligible?

Yes No

You'll start by learning the basics of green purchasing. Next you'll cover corporate social responsibility, and carbon strategies

PROGRAM COSTS:

| TUITION INCLUDES: | These are expenses that MAY be reimbursed after successful completion of training. | Participant is responsible for : |
|--------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------|
| Tuition \$6,800.00 | Please indicate Yes, No or enter the amount | Prerequisites _____ |
| Fees \$1,347.00 | YES NO AMOUNT | Memberships _____ |
| Books \$1,330.00 | Books <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ | ADAA student membership \$45.00 |
| Licensing _____ | Licensing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ | _____ |
| Certificate fees \$40.00 | Tools <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ | Cost above tuition cap \$4,481.00 |
| Other, provide explanation _____ | Uniforms <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ | Expenses that MAY be reimbursed \$0.00 |
| Uniforms, CPR Course, \$424.00 | Travel <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ | _____ |
| Accuplacer \$40.00 | Miscellaneous <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ | Total \$4,526.00 |
| Total Tuition Cost \$9,981.00 | Total \$0.00 | |

Maximum ITA Responsibility (Max. \$5500)

\$5,500.00

PROGRAM LENGTH
Weeks and Hours and
Additional Information
15 week fall semester - exact hrs vary depending on sections registered for, M-F 8-12:15 and 3 afternoons 1-5; PLUS 15 week spring semester, M-Th 8-5, F 8-1; PLUS a 1 week intersession, M-F, 8-5. NOTE: College certificate is separate from Dental Assisting National Board, Inc. certification.

What type of certificate will be awarded and by whom?

Certificate in Dental Assisting through CCRI;
VA Approved; State Licensure Required