



ACADEMY
of MEDICAL PROFESSIONS

DENTAL ASSISTING PROGRAM

CERTIFICATE PROGRAM



WITH DANB®
RHS NATIONAL
COMPETENCY

What Do Dental Assistants Do?

A DAY IN THE LIFE

Dental Assistants are the smiles behind the masks; they greet and seat patients, take and record vital signs, and ready the treatment area. They keep patients comfortable during dental care, are a skilled set of hands that dentists depend on for each dental procedure, and so much more.

Dental Assistants may:

-  Organize, clean, and maintain equipment.
-  Transfer instruments and mix dental materials.
-  Take impressions and expose dental x-rays.
-  Make study models and whitening trays.
-  Suction, prepare anesthetics, apply fluoride.
-  Assist with selecting tooth shades for fillings, crowns, or dentures.
-  Coordinate treatment and appointments.

CAREER OUTLOOK

Employment of dental assistants is projected to grow 8% from 2023 to 2032, faster than the average for all occupations. The median annual wage for dental assistants was \$47,300 in May 2024.¹

¹ Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, Dental Assistants, at <https://www.bls.gov/ooh/healthcare/dental-assistants.htm> (visited July 15, 2025).

All Inclusive - Tuition Includes:

-  Textbook, workbook, and color instrument guide
-  RHS Exam Prep Materials including DALE Foundation RHS Practice Exam
-  Resume Building, Job Search, and Interview Skills
-  Optional 1-day Lab for hands-on skills
-  DANB® RHS National Exam Fee

Class Calendar

Option 1: Live Online Instruction

- Meets Online Monday evenings for 12 Weeks.
- 6:00 PM to 8:00 PM

Monday, September 15, 2025

Monday, February 2, 2026

Monday, June 5, 2026

Option 2: Self-Paced

- Start Anytime
- Watch recorded lessons.
- Dedicated instructor support



DENTAL ASSISTING PROGRAM - WHAT YOU WILL LEARN:

- Professional and legal aspects of dental assisting
- Anatomy and physiology
- Dental anatomy and charting using practice management software.
- Infection control and hazardous materials
- Moisture control and instrument transfer
- Dental equipment, instruments, and materials
- Dental Procedures for preventive, restorative, and specialized dentistry
- Dental Imaging (Intraoral and Extraoral)

DENTAL ASSISTING PROGRAM DESCRIPTION

- ALL INCLUSIVE, 12 WEEKS.

This course is taught by a dentist and is designed to train you for an entry-level career in dental assisting, and to prepare you to sit for the DANB® RHS (Radiation Health and Safety) Exam. During each week you will build the confidence, skills, and knowledge to assist the dentist and be a valuable member of the dental healthcare team. Each week of the course covers a different area of dental practice, allowing students to grasp the material in manageable chunks. Includes optional 1-Day Lab. **\$3,200**

ENTRANCE REQUIREMENTS

All applicants must be 18 years of age. A high school diploma or GED equivalent is also required by program completion. Basic computer skills required.

Learn Your Way

Classes are held once a week for 2 hours via Zoom and are recorded; meets for 12 weeks. You may choose to attend the course Live via Zoom or Self-Pace by watching the recorded classes; both program options have instructor support.

ATTENDANCE POLICY

The attendance policy set forth by the Academy of Medical Professions is strictly enforced. Students attending Live Classes are expected to attend 100% of all scheduled meetings; missing a scheduled meeting will require the student to watch the recorded version of the meeting prior to attending the next lecture.

Self-Paced students are expected to watch recorded lectures and communicate weekly with the Academy or their assigned instructor. Students whose attendance drops below 70% (not withstanding mitigating circumstances), may be dis-enrolled from the program.

STANDARDS OF PROGRESS

Students whose academic average drops below 70% will be placed on academic probation. We will work with the student to develop an action plan for success, to include specific goals and target dates. If the student is unsuccessful in meeting the goals and target dates of the action plan or success, the student will be subject to academic dismissal with no refund.

REFUND POLICY

1. You may terminate the Enrollment Agreement or training at any time. If you do so, you must inform the school, not the instructor, in writing. Termination will become effective upon receipt of the written notice. The refund will be based on notification week corresponding with your course assignments or week associated with start date of the program.

2. If you terminate before you commence training, you will receive a refund of the money paid to the school, minus \$500 for the course books, unless they are returned unused, unopened. The \$300.00 application fee is nonrefundable. If no unused books are returned, the total subtracted from the refund will be \$800.00.

3. If you terminate within the first 3 weeks, you will receive a prorated refund equal to the unused portion of monies received from your last day of attendance, or week corresponding with your course assignments, less the application fee of \$300.00 and the book fee of \$500.00. If you terminate any time after week 3, there will be no refund. If you are on a payment plan, the balance will be effective as of drop date, 30 days to pay in full or sent to collections.



ACADEMY
of MEDICAL PROFESSIONS

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Brunswick, ME 04011
207-449-1242 (fax)

info@academyofmedicalprofessions.com

DENTAL ASSISTING PROGRAM ENROLLMENT AGREEMENT

(PLEASE PRINT, MAIL, EMAIL OR FAX REGISTRATION FORM TO ABOVE ADDRESS)

SS#

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____(H) _____(C)

E-MAIL: _____

I have earned a High School Diploma or Equivalent (GED, HiSET, etc.) (Initial here) _____

TODAY'S DATE _____

START DATE: _____

SINGLE PAYMENT METHOD

****Please make checks payable to the Academy of Medical Professions****

- \$500 Deposit is required for Payment Plan Options (see next page)
- \$300.00 Non-refundable enrollment fee is already included in the price
- Voucher Payments: (I.E. Goodwill, Dept Of Labor, MyCAA, Etc.)

ONE TIME FULL PAYMENT

Self-Pay Voucher

_____ \$3,200 Dental Assisting, All-inclusive program

Voucher Payments:

Name Of Organization Paying: _____

Point of Contact: _____

WHERE DID YOU HEAR ABOUT OUR COURSES? _____

IF FROM AN ADULT EDUCATION OR COLLEGE BROCHURE PLEASE LIST WHICH ONE:

***All applicants must sign the contract agreement on the next page regardless of payment method.**

PAYMENTS MADE BY CREDIT CARDS

CREDIT CARD # _____

EXPIRATION DATE: _____ SECURITY CODE: _____

NAME AS IT APPEARS ON CARD: _____

BILLING ADDRESS IF DIFFERENT FROM REGISTRATION FORM:

FULL PAYMENT \$ _____

Date you wish to have Full **or** Monthly payment taken: _____

PAYMENT PLAN DOWN PAYMENT Amount \$500.00 Date to take out deposit from credit card: _____

PAYMENT PLANS

All payment plans do require a \$500 down payment which is deducted from the cost of tuition. Finance charge is included.

If Choosing Payment Plan, please check the box below

_____ \$3,425: \$500 Down Payment/ \$325/month for 9 months.

_____ (initial) I agree to the payment plan chosen above

_____ (initial) I agree that if I have a payment plan, that I will keep it in good standing, and that if my account is sent to collections, I am responsible for the legal fees, late fees, and payment plan I have agreed to.

ADDITIONAL INFORMATION

1. **Choose One:** _____ Textbooks shipped to me. **OR** _____ eBooks with Read Aloud feature.

2. _____ I have current or previous healthcare/dental office experience in a patient-facing role and would like to be considered for a full-tuition scholarship: By initialing this box I give consent for my information to be shared with Maine JobLink for this purpose.

CONTRACT AGREEMENT

I, _____ hereby agree to the above mentioned terms of the program, including the ATTENDANCE and STANDARDS OF PROGRESS policies. I agree to the payment plan chosen above and I have read and understand the REFUND POLICY for this course and agree to its terms. I agree that if I have a payment plan, that I will keep it in good standing, and that if my account is sent to collections, I am responsible for the legal fees, late fees, and payment plan I have agreed to:

SIGNATURE: _____ DATE: _____