



# Dental Assisting

The Dental Assisting program prepares students to become members of the dental health care team. The course includes theory with demonstrations and classroom instruction. Students receive supervised experience performing procedures using study models, mannequins, and other simulated methods. Students receive three months of supervised experience in the clinical setting performing procedures on dental patients in a dental office.

The Dental Assisting program is accredited by the Commission on Dental Accreditation which allows graduates to be eligible to sit for the Dental Assisting National Board exam.

Program/Location	Length	Days	Time
Day Program/ Knoxville Campus	12 Months	Monday-Friday	8:00am—2:30 pm

## Typical Job Opportunities

- Chairside Dental Assistant
- Expanded Functions Dental Assistant
- Surgical Dental Assistant
- Business Office Personnel in Dental Office

## Diploma & Required Clock Hours

Dental Assistant—1,296

**Total Placement Rate 2016 = 83%**

## Course Outline:

- Orientation to Dentistry
- Anatomy and Physiology
- Dental Morphology and Histology
- Head and Neck Anatomy
- Chairside Dental Assisting
- Medical/Dental Terminology
- Microbiology and Infection Control
- Professional Development
- Monitoring Nitrous Oxide
- Dental Materials I
- Dental Materials II
- Oral Surgery
- Endodontics
- Orthodontics

- Periodontics
- Oral Pathology
- Prosthodontics
- Radiology
- Coronal Polishing
- Dental Sealants
- Pharmacology
- Medical Emergencies
- Ethics and Jurisprudence
- Practice Management
- Nutrition and Prevention
- Psychology and Communication
- Clinical Externship

## **How to Apply to the Dental Assisting Program At TCAT Knoxville**

**Packet must be complete and include each of the below items to be submitted.**

1. Complete **TCAT Knoxville Application for Enrollment** (Form is attached)
2. Complete the **Free Application For Federal Student Aid (FAFSA)** online – the website is [www.fafsa.ed.gov](http://www.fafsa.ed.gov) and our school code is 004025. Bring in documentation such as confirmation email showing your FAFSA has been submitted
3. **Immunization Record** (Form is attached)
4. Take and pass the **HESI Exam** . Exam is over Math, Reading Comprehension and Critical Thinking the cost is \$40.00.
5. Provide an official sealed copy of one of the following **Transcripts**: High School Equivalency (HSE) diploma transcript with scores or your high school transcript verifying your regular High School Diploma (a special education diploma will not qualify.)  
***IMPORTANT: If you have foreign transcripts you will need to provide an English translated version of your transcript and have your education evaluated through the National Association of Credential Evaluation Services. Please visit their website at [www.naces.org](http://www.naces.org) for more information.***
6. Provide current CPR card certification from American Heart Association **BLS for Providers CPR** which covers basic life support in infant, child, adult, choking and AED.

***Student must be 18 years of age by the start of class.***



## Dental Assisting

### Book, Tool, and Supply List

1st Trimester			
Tuition	Cost		Total
Tuition*	\$1,139.00		
Technology Access Fee*	\$ 67.00		
Student Activity Fee*	\$ 10.00		
<b>TOTAL</b>			<b>\$1,216.00</b>

Book	ISBN	Cost	Required	
Dental Typodont Teeth Model	no isbn	\$ 136.00	x	
OSHA & CDC Guidelines, 4th edition	9780840001160	\$ 59.00	x	
Modern Dental Assisting Textbook, 11th	9781455774517	\$ 124.00	x	
Modern Dental Assisting Student Workbook	9781455774548	\$ 50.00	x	
Dental Instrument A Pocket Guide 5th	9780323185943	\$ 50.00	x	
<b>TOTAL</b>				<b>\$419.00</b>

Supplies	Needed By	Cost	Required	
<b>3 Cherokee Scrub Pants (Lamberts Prices choose from selected Styles below)</b>	First day of class	\$ 69.00	x	
<i>MENS: Pewter color Unisex Drawstring Cargo Pant #4100, \$14.00</i>				
<i>WOMENS: Pewter color Pull on pant #4001/P/T, \$23.00</i>				
<b>3 Cherokee Scrub Tops (Lamberts Prices choose from selection below)</b>	First day of class	\$ 81.00	x	
<i>MENS: Pewter color V-Neck Tunic #4777, \$14.00</i>				
<i>MENS: Pewter color V-Neck Top #4876, \$18.00</i>				
<i>WOMENS: Pewter color Round Neck Top #4761, \$27.00</i>				
<i>WOMENS: Pewter color V-Neck Top #4700, \$23.00</i>				
<i>WOMENS: Pewter color Novelty V-Neck Top #4746, \$27.00</i>				
<i>WOMENS: Pewter color Round Neck Top #4824, \$27.00</i>				
<b>Warm-up (Lamberts Prices)</b>	First day of class	\$ 27.00	x	
<i>MENS: Pewter color Snap Front Warm-up #4350, \$19.00</i>				
<i>WOMENS: Pewter color Snap Front Warm-up #4350, \$27.00</i>				
White Shoes (see instructor for requirements)	First day of class	\$ 50.00	x	
1st and 2nd Hepatitis B Vaccine Series	First day of class	\$ 120.00	x	
<b>TOTAL</b>				<b>\$347.00</b>

All Costs are Estimated and Subject to Change Without Notice Revised: 8/2/2016

\*Denotes costs that can be covered by TN Promise and TN Reconnect

## 2nd Trimester

Tuition	Cost	Total
Tuition*	\$1,139.00	
Technology Access Fee*	\$ 67.00	
Student Activity Fee*	\$ 10.00	
<b>TOTAL</b>		<b>\$1,216.00</b>

Books	ISBN	Cost	Required
Dental Materials for Dental Ass & Hyg, 2nd edition	9781437708554	\$ 76.00	x
Dental Radiography, 4th (with CD)	9781437711622	\$ 87.00	x
Review Questions and Answers for Dental Assisting, 1st with CD (i	9780323052849	\$ 47.00	x
Box of X-Ray Film ( <i>Purchase at Bookstore only</i> )	No ISBN	\$ 56.00	x
*OPTIONAL Stedman's Medical Dictionary for Dental Professional	9781608311460	\$ 60.00	
<b>TOTAL</b>			<b>\$326.00</b>

Supplies	Needed By	Cost	Required
3rd Hepatitis B Vaccine	First day of class	\$ 60.00	x
<b>TOTAL</b>			<b>\$60.00</b>

## 3rd Trimester

Tuition	Cost	Total
Tuition*	\$1,139.00	
Technology Access Fee*	\$ 67.00	
Student Activity Fee*	\$ 10.00	
<b>TOTAL</b>		<b>\$1,216.00</b>

Books and Exam Vouchers	ISBN	Cost	Required
Practice Management for Dental Team		\$ 86.00	x
Student Workbook Practice Management for Dental Team, 7th		\$ 34.00	x
<b>TOTAL</b>			<b>\$120.00</b>

Miscellaneous Cost	Cost	Required
Dental Assisting National Board	\$ 375.00	x
Criminal Background Check	\$ 48.00	x
Registration for State of Tennessee	\$ 85.00	x
Graduation Supplies	\$ 40.00	x
<b>TOTAL</b>		<b>\$ 548.00</b>

<b>TOTAL PROGRAM COST</b>	<b>\$5,468.00</b>
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All Costs are Estimated and Subject to Change Without Notice Revised: 8/2/2016

\*Denotes costs that can be covered by TN Promise and TN Reconnect

# TCAT - Knoxville Certification of Immunization Measles, Mumps, and Rubella (MMR)

Student's name: \_\_\_\_\_ Program of Enrollment: \_\_\_\_\_

## **PART I (TO BE COMPLETED BY STUDENT)**

Proof of MMR immunization is not required for the following reason:

- I graduated from a Tennessee public or private high school in 1999 or after. (transcript attached)
- I attended a Tennessee public or private high school in 2001 or after. (transcript attached)
- I was born prior to January 1, 1957. (copy of photo ID or birth certificate attached)
- I am active duty or former military personnel. (copy of DD214 or active military ID attached)

*IF THE ABOVE IS CHECKED, PLEASE SIGN BELOW.*

## **PART II (TO BE COMPLETED BY STUDENT)**

Proof of MMR immunization is not required for the following reason:

- I refuse immunization because of religious doctrine. (Reason affirmed under the penalties of perjury. Please attach statement.)

*IF THE ABOVE IS CHECKED, PLEASE SIGN BELOW.*

## **PART III—MMR (TO BE COMPLETED BY PHYSICIAN)**

Please circle the number that applies to this patient:

1. Patient has received two doses of measles vaccination since the age of 12 months:

Month/year \_\_\_\_\_ Month/year \_\_\_\_\_

2. Vaccination is medically contraindicated because of pregnancy, allergy to vaccine, etc. (Please list reasons.)

3. Patient had disease, as confirmed by medical record:

Month/year \_\_\_\_\_

4. Patient is immune to disease, as confirmed by laboratory.

Comment \_\_\_\_\_

**ATTEST**

**(Must be signed by an M.D. or D.O.)**

Name of physician (Please print) \_\_\_\_\_

Office telephone \_\_\_\_\_

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

# TCAT - Knoxville Certification of Immunization Varicella (Chicken Pox)

Student's name: \_\_\_\_\_ Program of Enrollment: \_\_\_\_\_

## **PART I (TO BE COMPLETED BY STUDENT)**

Proof of varicella (chicken pox) immunization is not required for the following reason:

- I attended a Tennessee public high school between 1999 and May 2016. **(Must provide proof of second varicella vaccine dose from your physician office.)** (transcript attached)
- I was born prior to January 1, 1980. (copy of photo ID or birth certificate attached)
- I am active duty or former military personnel. (copy of DD214 attached)

*IF THE ABOVE IS CHECKED, PLEASE SIGN BELOW.*

## **PART II (TO BE COMPLETED BY STUDENT)**

Proof of varicella (chicken pox) immunization is not required for the following reason:

- I refuse immunization because of religious doctrine. (Reason affirmed under the penalties of perjury. Please attach statement.)

*IF THE ABOVE IS CHECKED, PLEASE SIGN BELOW.*

## **PART III—VARICELLA (TO BE COMPLETED BY PHYSICIAN)**

Please circle the number that applies to this patient:

1. Patient has received two doses of varicella (chicken pox) vaccination since the age of 12 months:  
Month/year \_\_\_\_\_ Month/year \_\_\_\_\_
2. Vaccination is medically contraindicated because of pregnancy, allergy to vaccine, etc. (Please list reasons.)  
\_\_\_\_\_
3. Patient had disease, as confirmed by medical record:  
Month/year \_\_\_\_\_
4. Patient is immune to disease, as confirmed by laboratory.  
Comment \_\_\_\_\_

**ATTEST**

**(Must be signed by an M.D. or D.O.)**

Name of physician (Please print) \_\_\_\_\_

Office telephone \_\_\_\_\_

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

Student's signature \_\_\_\_\_ Date \_\_\_\_\_





## Application for Enrollment

*The information is for Office use only:*

### ADMISSIONS REQUIREMENTS

- FAFSA       I will not be filing financial aid. I will be paying for my education. Students Initials: \_\_\_\_\_
- Immunizations       Education Transcripts

### SPECIAL ADMISSIONS REQUIREMENTS

#### Cosmetology:

- Photo     Proof of Age     Copy of SS Card     RT/LT Handed     Manicuring Only

#### Dental Assisting, Medical Assisting, and Surgical Technology

HESI required scores: Math 70 and Reading 70

- HESI |ACT Scores: \_\_\_\_\_ Math \_\_\_\_\_ Reading \_\_\_\_\_ Critical Thinking (Date: \_\_\_\_\_)
- CPR Documentation (BLS for Healthcare Providers)

#### Practical Nursing:

HESI required scores: Math 70 and Reading 70

- Notarized Declaration of Citizenship     Copy of ID Used to Declare Citizenship
- CPR Documentation (BLS for Healthcare Providers)
- HESI |ACT Scores: \_\_\_\_\_ Math \_\_\_\_\_ Reading \_\_\_\_\_ Critical Thinking (Date: \_\_\_\_\_)

#### Truck Driving:

- MVR       DOT Physical       Valid Driver's License
- U.S. Citizenship / Residency

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_