

MyCAA Education & Training Plan (ETP)

Texas A&M University Texarkana (TAMUT)
Extended Education and Community Development
7101 University Ave | Texarkana, TX 75503
903-334-6709
<http://www.tamut.edu/EECD/>

Student Information:

Student Name: _____

School Issued Student ID: N/A _____

Program Name: Dental Assisting Certificate Program with Clinical Externship C.23.2 _____

Program Type: Certificate _____

Program Duration: 6 Months _____

Scheduled Start Date: _____

Estimated Completion Date: _____

Course Delivery Format Online _____

Program Overview:

The program prepares students for entry-level positions as a chair-side dental assistant. This course covers the history of dentistry, introduction to the dental office, the legal aspects of dentistry, introduction to oral anatomy, dental operator, introduction to tooth structure (primary and permanent teeth), the oral cavity, and other areas. The purpose of this program is to familiarize students with all areas of administrative and clinical dental assisting focusing on the responsibilities required to function as an assistant in a dental practice.

Certification/Licensure Eligibility upon Program Completion:

Dental assistants & aides should have or be pursuing a high school diploma or GED.

- Although there are no state approval or state requirements associated with this program, in some states, DANB-RHS certification is required to work in dental radiography.
- There are several Dental Assistant National Certification exams that are available to students who successfully complete this program:
- Dental Assisting National Board (DANB) Radiation Health and Safety (RHS) exam, and the DANB Infection Control Exam (ICE).

Tuition Cost:

\$3,950

Course Breakdown:

Course/Program Code	Course/Program Title	Course Credits (if applicable)
TAMUT-DA 03	Dental Assisting Certificate Program with Clinical Externship	750 Contact Hours/ 75 CEU's

School Official Certification:

By my signature below, I certify the above information is true, accurate, complete, and being submitted on behalf of the institution named in this document.

Signature/Title of Authorized School Official

Date

School Official Printed First and Last Name

School Official E-mail and Phone Number