

Dental Assisting 2021-2022



Cape May County Technical School

188 Crest Haven Road

Cape May Court House, NJ 08210

www.capemaytech.com

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Important Contact Information:

Kathleen Rickards, Adult Post-Secondary Programs

Email: krickards@capemaytech.com

Ph. 609-380-0243

Fax 609-465-4962

Cape May County Technical Schools Website: www.capemaytech.com

Cape May County Technical School District
188 Crest Haven Road
Cape May Court House, NJ 08210

Eligibility

- Must be at least 18 years of age by September 1, 2021
- Must possess a High School diploma or its equivalent from an approved/accredited high school. Foreign transcripts must be evaluated and translated.
- Must take and pass the pre-entrance CASAS exam

General Program Information

- Dental Assisting (10 month program); Monday – Friday 7:55am – 2:30pm, clinical hours are 6 hour day shifts
- Post-Secondary Level
Accredited by N.J. Department of Education, Office of Career Readiness
- Includes Academic-Clinical Experience
- Certified Teacher(s)
- Upon successful completion of the program the Student earns a diploma from Cape May County Technical Schools.

Dental Assisting

Student Registration Checklist

Step 1 Eligibility

- 18 years of age or older (by September 1, 2021)
- High School Diploma or its equivalent (special instructions regarding foreign credentials provided in packet)
- Register, take and pass the CASAS test
- Contact One Stop Career Center (if applicable, information enclosed)

Step 2 Conditional Acceptance:

- Data Sheet/Application (provided in packet)
- Affidavit of Residence for Cape May County (if applicable, in packet)
- Copy of HS Diploma or its equivalent
- Copy of Signed Social Security Card
- Copy of Permanent Residence Card/Naturalization No. (if applicable)
- Signed Tuition Contract (provided in packet)
- Criminal Background check form (provided in packet.) The background check is conducted by the District and included in tuition.

Step 3 Final Acceptance:

- Physical forms 5 pages (provided in packet) w/copy of the titers lab report
- Copy of signed CPR card (Note: CPR training must include Adult, Child & Infant CPR/AED)
- If out-of-county resident, out-of-county forms are complete.
- Tuition Deposit
- Criminal background check is clear.

Step 4 First week of School

- Handbook Review
- Signature pages (1st week handouts)

MILITARY SERVICE & DATES

WORK EXPERIENCE

Employed
Full-Time _____ Part-Time _____ or Unemployed _____

Employer / City / Phone	Employment Dates	Position
1. _____	_____	_____
2. _____	_____	_____

Do you plan to work while attending this program? Yes _____ No _____ Hrs/Week _____ Days/Week _____

PROFESSIONAL REFERENCES

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

SURVEY QUESTIONS:

Please complete the following information to allow us to provide information as requested to the Dept. of Education for Perkins Post Secondary State Funding or other state/federal departments for funding or statistical purposes.

Your assistance is appreciated, as it will help us to provide the most accurate statistical information, but disclosure is voluntary.

Did you have an IEP (Individual Education Plan) on file in High School? Yes _____ No _____

Do you have a documented disability? Yes _____ No _____

Are you a recent immigrant? Yes _____ No _____

Do you have a limited proficiency in English? Yes _____ No _____

Are you a displaced homemaker seeking employment training? Yes _____ No _____

Are you currently homeless? Yes _____ No _____

Are you a single parent? Yes _____ No _____

Economically Disadvantaged (receive special services or assistance)? Yes _____ No _____

Are you living with a military parent? Yes _____ No _____

Are you in or aged out of foster care? Yes _____ No _____

Household size? _____

I certified that the statements and data I provided in this application are true and correct.

Signature _____ Date _____



Affidavit of Residence

I, _____, hereby certify that I am currently a resident of Cape May County.

-Or-

I, _____, understand that as an out-of-county resident, registering in the program, I am responsible to pay the out-of-county tuition.***

***Out-of-county residents may be eligible for a chargeback from their county if their county does not offer the same program of study. A chargeback is when the county of residence covers the difference in tuition from the in-county tuition. It will be the responsibility of the student to contact their county for information. If their county requires documentation from our school district, we will provide that information.

I certify that all of the answers are correct and accurate.

Signature _____ Date _____

Cape May County Technical School District - Adult/Post-Secondary Applicant Health History
Medical History: (To be completed by student)

Name: _____ Name of Program Enrolled In: _____
Last First MI

Medical History

	YES	NO	If YES, describe or indicate condition:
Headaches, fainting spells or dizziness?	___	___	_____
Vision difficulties or eye trouble, color deficient	___	___	_____
Frequent respiratory symptoms?(colds, pneumonia, etc.)	___	___	_____
Asthma, reactive airway or other lung conditions?	___	___	_____
Do you have or ever been treated for tuberculosis	___	___	_____
Ear or hearing difficulties?	___	___	_____
Blood diseases, anemia?	___	___	_____
Diabetes?	___	___	_____
Hypertension or hypotension? (high or low blood pressure)	___	___	_____
Heart disease?	___	___	_____
Circulation problems? (Varicose veins, etc.)	___	___	_____
Hernia?	___	___	_____
Orthopedic conditions or back pain?	___	___	_____
Arthritis?	___	___	_____
Painful or swollen joints, muscles, bursitis, neuritis, etc.	___	___	_____
Muscular weakness or condition?	___	___	_____
Gastrointestinal disorder or condition?	___	___	_____
Jaundice or hepatitis?	___	___	_____
Genitourinary problems? (kidney stones, bladder problems)	___	___	_____
Neurological conditions? (seizures, etc.)	___	___	_____
Mental/Nervous conditions?	___	___	_____
Operations?	___	___	_____
Any other conditions?	___	___	_____
Do you use:			
Hearing aides	___	___	which ear(s) _____
Glasses	___	___	_____
Contact lenses	___	___	hard or soft? _____
Other adaptive devices	___	___	_____
Physical limitations the school should be aware of	___	___	_____
Are you under the care of a physician?	___	___	_____
Do you take any medications?	___	___	Name of medication(s): _____

I attest that the above information is true and accurate:

Student signature: _____ Date: _____

Information to be completed by Licensed Physician, Physician Assistant or Advanced Nurse Practitioner.

Student Name: _____ D.O.B. ____/____/____

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

	<u>Normal</u>	<u>Abnormal</u>	<u>Comments</u>
General Appearance	_____	_____	_____
Eyes Vision R 20/____ L 20/____	_____	_____	_____
Ears	_____	_____	_____
Throat/Mouth/Dental	_____	_____	_____
Nose/Sinuses	_____	_____	_____
Lungs/Chest	_____	_____	_____
Heart	_____	_____	_____
Vascular System	_____	_____	_____
Abdomen	_____	_____	_____
Upper Extremities	_____	_____	_____
Lower Extremities	_____	_____	_____
Spine	_____	_____	_____
Skin	_____	_____	_____
Neurological	_____	_____	_____
Psychiatric/Mental Illness	_____	_____	_____
Menses	_____	_____	_____

Current Medications: _____

Health History and Present Health Conditions: _____

Operations/Accidents/Injuries: _____

Tetanus/Diphtheria Toxoid (Required within last 10 years): ____/____/____ Type (circle one): Td or Tdap
*Health Care and Childcare Students: At least one **tdap** must be given in adulthood followed with 10 year td booster.*

Is applicant's health condition sufficient to endure the physical demands of the program specified on page two (2)?
 ___ Yes ___ No: Explain any limitations the applicant has: _____

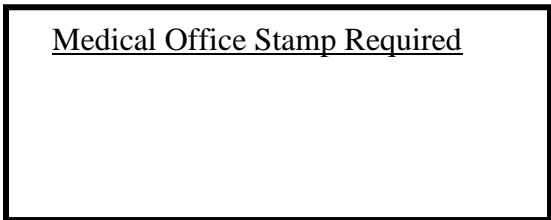
Is applicant mentally and emotionally in condition to participate in the program designated on page two (2)?
 ___ Yes ___ No: Explain: _____

Is applicant free from any evidence of infectious, contagious or communicable disease which could reasonably be expected to be transmitted during the course of rendering services in the specified program?
 ___ Yes ___ No: Explain: _____

Certification of Health Care Provider (This information is required)

Name: _____

Signature: _____ Date: ____/____/____



Cape May County Technical School
Adult/Post-Secondary Physical Examination – Health Care Students

Student Name _____ Date of Birth ____/____/____

Required Titters Lab Part 1: Applicant must attach a copy of titters lab reports. Childhood vaccination records are not required. You must verify immunity through a titters blood test.

Measles (Rubeola) IGg	<input type="checkbox"/> Immune <input type="checkbox"/> Equivocal/not immune
Mumps IGg	<input type="checkbox"/> Immune <input type="checkbox"/> Equivocal/not immune
Rubella IGg	<input type="checkbox"/> Immune <input type="checkbox"/> Equivocal/not immune
Varicella IGg	<input type="checkbox"/> Immune <input type="checkbox"/> Equivocal/not immune

Titters Lab Part 2- This section is ONLY REQUIRED if titters lab does not show immunity or have “equivocal” result.

	Vaccine given (date) **	Type/Manufacturer of Vaccine Rec'd **
Measles (Rubeola) IGg	____/____/____	Type:
Mumps IGg	____/____/____	Type:
Rubella IGg	____/____/____	Type
Varicella IGg	____/____/____	Type

Tuberculosis (TB) screening

Option 1- 2-Step PPd

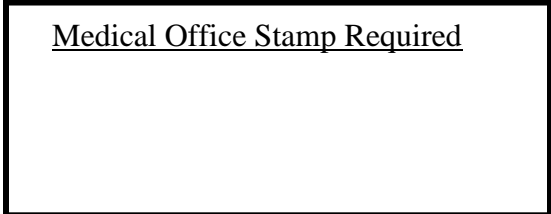
TB Skin Testing Date given: _____ Date Read: _____ Reading: _____mm Result is: Negative Positive	Booster (1-2 weeks after 1 st test) Date given: _____ Date Read: _____ Reading: _____mm Result is: Negative Positive
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Option 2- Interferon gamma release assay (IGRA) blood test
 _____Attached negative lab report

CHEST X-RAY IF POSITIVE or PAST POSITIVE MANTOUX: DATE:_____ RESULT: _____

Certification of Health Care Provider (This information is required)

Name: _____
 Signature: _____
 Date: ____/____/____



***Medical contraindications to vaccination, with the specific reason and type of vaccine that is medically contraindicated, must be written by physician, Certified PA or Certified Advance Practice nurse.*

Cape May County Technical School District
188 Crest Haven Road
Cape May Court House, New Jersey

Hepatitis B Vaccination

*Hepatitis B Vaccination Dates: #1 ___/___/___ #2 ___/___/___ #3 ___/___/___

*Hepatitis B - Post vaccination titer (if done): ___/___/___ Result: _____

** If student is applying for a Hepatitis B waiver the below waiver form must be completed.*

Waiver for Hepatitis B vaccination and post-vaccination titers

Hepatitis B Vaccination: OSHA Bloodborne Pathogens Standard 1910:1030, Title 29 of the Federal Register stipulates that Hepatitis B Vaccine must be made available to all persons occupationally exposed to blood or other potentially infectious materials. My physician and I have discussed the importance of vaccination against Hepatitis B but I am declining vaccinations.

Student Name

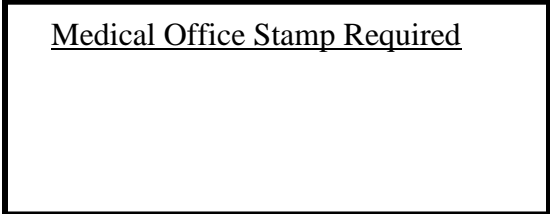
PRINT: _____ Signature: _____ Date: ___/___/___

Certification of Health Care Provider (This information is required)

Name: _____

Signature: _____

Date: ___/___/___



** If student is applying for a Hepatitis B vaccination or Hepatitis B waiver the attached waiver form must be completed.*

***Medical contraindications to vaccination, with the specific reason and type of vaccine that is medically contraindicated, must be written by physician, Certified PA or Certified Advance Practice nurse.*

Review: School Nurse Initials: _____ Date: _____ Approved for Clinical? YES NO

Cape May County Technical School
188 Cape May Court House, NJ 08210
Disclosure and Authorization Release Form

Applicant's Full Name: _____
Last First Middle Suffix (Sr., Jr.)

Phone # _____

Previous Name Used: _____
Last First Middle Suffix (Sr., Jr.)

Social Security Number: _____ - _____ - _____ **Date of Birth:** _____
(For Verification Only) Month Day Year

Current Address: _____
Street Address (Apt.)
City State Zip Code County

Previous Address: _____
Street Address (Apt.)
City State Zip Code County

By signing below I authorize Trionaid Associated, Inc. (TAI) and its agents to obtain a Consumer/Investigative Consumer Report on me as part of its pre-employment background investigation process for employment purposes. I understand that this report may include, but is not limited to records containing criminal, credit and driving history information, drug testing, work history and verification of academic and or professional credentials. If I am offered employment, I further authorize my employer to obtain additional consumer/investigative consumer reports on me for employment purposes at any time during my employment. I hereby release and discharge TAI, its affiliates, and its agents from any liabilities, expenses, losses, damages for this investigative process to include the accuracy or timeliness of information obtained from other sources.

I also acknowledge that my potential employer has provided me with a summary of my rights under the federal Fair Credit Reporting Act.

I certify that the information provided is true and complete. Any false statement on this form, the application, and/or on my resume shall be considered sufficient cause for termination at any time.

Signature: _____ **Date:** _____

Notice to California, Minnesota and Maine Residents only:

Upon request a free copy of the Consumer/ Investigative Consumer Report obtained as a result of this request will be provided.

Please initial: _____ **Yes I want a copy.** _____ **No I do not want a copy.**

New York Applicants: Under Article 25 Section 380-c (b) (2) of the New York General Business Law, you have the right, upon written request, to be informed of whether or not an investigative consumer report was requested.

Under Article 25 Section 380-g of the New York General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide to the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of criminal offences.

Please initial: _____ **I acknowledge receipt of Article 23-A of the New York Correction Law.**



188 Crest Haven Road, Cape May Court House, NJ 08210 (609) 380-0200 Fax: 609-465-4399

Nancy M. Hudanich, Superintendent
Nancy Wheeler Driscoll, Director of Curriculum & Instruction and Adult & Community Education

Student Name _____

**Dental Assisting Agreement
September 7, 2021 through June 15, 2022**

Tuition Payment Schedule

Due Date	Cape May County Tuition	Out-Of-County Tuition
August 1, 2021	\$875.00	\$1,125.00
September 1, 2021	\$775.00	\$1,025.00
October 1, 2021	\$775.00	\$1,025.00
November 1, 2021	\$775.00	\$1,025.00
December 1, 2021	\$775.00	\$1,025.00
January 1, 2022	\$775.00	\$1,025.00
February 1, 2022	\$775.00	\$1,025.00
March 1, 2022	\$775.00	\$1,025.00
Total Due	\$6,300.00	\$8,300.00

I understand that this agreement is not binding until three (3) business days after notification of acceptance.

I am responsible for all tuition costs as listed above, reduced by any financial support agencies might pay on behalf.

I understand and agree that tuition will be paid as prescribed in the tuition payment schedule. Personal checks, money orders and Mastercard, Visa and Discover debit/credit cards are accepted for tuition payment. Cash payments are not accepted.

The tuition stated above is guaranteed for the life of the contract. The tuition stated above is complete payment for program for which I am enrolled. There are no additional costs with the possible exception of field trips.

I understand that the total tuition and cost as outlined above includes emergency closings and holidays as posted in the Board of Education approved calendar, and agree that the above tuition will be paid in full according to the schedule.

In the event that I enter a training program and I withdraw or am dismissed prior to program completion, the Cape May County Technical School District will retain all tuition; and if a student is paying as per the tuition payment schedule, the student will be accountable for the tuition to be paid in full regardless of withdrawal date. If I have been granted a tuition sponsorship, I understand that if I withdrawal before completing the program I am responsible for the total balance of unpaid tuition, including balances remaining from the

Student Name _____

sponsoring agency. Students with outstanding tuition obligations will have their permanent record sealed until all obligations to the school are satisfied. In addition future requests for educational grants to any school may be denied due to tuition default and personal credit score may be affected.

Tuition may be refunded up to 100% if you officially drop prior to the first day of class; up to 90% (less distributed books/supply costs) of the tuition may be refunded if you officially drop during the first three days; up to 50% (less distributed books/supply costs) of the tuition may be refunded if you officially drop during days four through seven; and up to 25% (less distributed books/supply costs) of the tuition may be refunded if you officially drop during days eight through ten of class and you are obligated for the full tuition. Tuition will not be refunded if you drop after the tenth day of class and you are obligated for the full tuition. Note: books and supplies are not returnable and students are responsible for the cost once distributed regardless of the withdrawal date.

To be eligible for the above mentioned refunds, I understand that I must notify the Adult Education Office in writing of my intention to terminate attendance on or before time period applicable to the refund. The official date used will be receipt of the written notification by the Adult Education Office.

I certify that all the information provided by me as the applicant is true to the best of my knowledge.

I understand that applying for any financial assistance program does not relieve me of my tuition obligation to the school.

I, THE APPLICANT, HAVE READ THIS CONTRACT.

X _____ DATE _____

ACCEPTED BY CAPE MAY COUNTY TECHNICAL SCHOOL DISTRICT

SCHOOL OFFICIAL _____ DATE _____

The Technical School District in the County of Cape May is an equal opportunity vocational educational system. We do not discriminate on the basis of race, color, creed, age, handicap, national or ethnic origin, marital status, affectional or sexual orientation, gender religion, disability or socioeconomic status in the administration of employment, contract practices, educational policies, student enrollment and admission policies, scholarship, loans, grants and other school administered programs.

**Cape May County Commons
One Stop Offices
3801 U.S. 9
Rio Grande, NJ 08242**

Education and Training Grants

Cape May County's Workforce Development program offers eligible residents from any County education and training grants. These training grants can off-set part of your tuition and, in some programs all of your tuition. Education and training opportunity grants are available for in-demand jobs such as:

Cosmetology
Dental Assistant
Practical Nursing
Welding and more

The following are employment counselors from the Cape May County One Stop who can help you apply for the Education & Training Grant:

Alex Bruno
Alex.Bruno@dol.nj.gov
609-224-2027

Gwendolyn Jackson
Gwendolyn.Jackson@co.cape-may.nj.us
609-224-2023

Jocelyn McNear
Jocelyn.McNear@dol.nj.gov
609-224-2024

**ONE VERY IMPORTANT REQUIREMENT
OF OUR ADMISSION POLICY IS:**

You must submit an “OFFICIAL” U.S. High School Diploma and/or transcript of your grades or its equivalent to the Adult Post Secondary office upon being conditionally accepted into the program. If you have completed high school in another country it is required that your credentials be “officially translated and evaluated” then submitted to the Adult Post Secondary office.

Here are some possible sources:

WES/World Education Services, Inc.
PO Box 745, Old Chelsea Station
New York, NY 10113-0745
1-800-937-3895, ext. 316
www.wes.org

Globe Language Services
319 Broadway
New York, NY 10007
1-212-227-1994
www.globelanguage.com

DIRECTIONS TO THE CAPE MAY COUNTY TECHNICAL SCHOOLS

**Access is controlled and you will be required to enter via intercom security screening.

If traveling from the North: Take the Garden State Parkway South. Get off on Exit 11. Turn left onto Crest Haven Road. Stay on Crest Haven Road and follow all the way around until it brings you our school. Park in Lot C. Tozour Building only.

If traveling from the South: Take the Garden State Parkway North. Get off on Exit 11. Turn Right onto Crest Haven Road. Stay on Crest Haven Road and follow all the way around until it brings you to our school. Park in Lot C. Tozour Building only.

Note: If you are not familiar with the area, we suggest that you drive to the school prior to your test date. This will allow you to find the correct route for you and determine how much time you will need to arrive at the school on time.

Our address is
188 Crest Haven Road
Cape May Court House NJ 08210