

# MyCAA Education & Training Plan (ETP)

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Delaware State University  
Testing Services and Programs  
1200 N. DuPont Highway  
Dover, DE 19901  
<https://www.desu.edu/academics/mycaa>

## Student Information:

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Student Name: \_\_\_\_\_

School Issued Student ID: N/A

Program Name: Dental Assisting Certificate Program with Clinical Externship C.2.2

Program Type: Certificate

Program Duration: 6 Months

Scheduled Start Date: \_\_\_\_\_

Estimated Completion Date: \_\_\_\_\_

Course Delivery Format Online

## Program Overview:

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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:

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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:

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\$3,950

**Course Breakdown:**

<b>Course/Program Code</b>	<b>Course/Program Title</b>	<b>Course Credits (if applicable)</b>
DESU-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**