

Student Name:

FY:

Local Program Name: Dental Assisting

Student Type:

Schedule Type:

Cohort/Block Number:

Campus

					CTSO	Distance Education	HOURS:
Block/Instructor(PID):					HOSA		ADDITIONAL BREAK/INTERSSION DATES:
Class Schedule:	Day:	Monday	Tuesday	Wednesday	Thursday	Friday	Start Date: End Date:
	Hours:						
Weeks of Instruction	OCAS Code:	9311	CIP Code:	51.0601	CM Code:	HL0016002	SOC Code: 31-9091

COURSE #	ACAD & OHLAP		COURSES	THEORY	LAB	TOTAL	START DATE	END DATE	#DAYS	Grade	Notes
	OCAS										
			Foundations of Dental Assisting	105	157	262					
			Clinical Applications Dental Assisting	105	158	263					
TOTAL HOURS				210	315	525					
TOTAL COMPLETED HOURS				210	315	525					

Comments:		
In order to complete all hours of the academic program, students must complete additional ___ hours outside of the scheduled class time. Students will receive a written plan for these hours.		
B & I Certifications		
	Certification Name	Number
Primary:	Radiation Safety (Oklahoma Board of Dentistry)	N
Additional:	Dental Assistant	8614
	Dental Assisting Permit	N

SIGNATURES:

Student: _____

Instructor: _____

Coordinator: _____

Administrative: _____