



Mid-Coast School of Technology
Adult Education

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FY-27

Dental Assisting Program

Classes meet 10 weeks on Fridays from 9 am - 4 pm

Schedule: September 25, 2026 – December 4, 2026

Course openings are limited - apply early!

Join Dr. Doug Laliberte and the Mid-Coast Dental Society for a 10-week accelerated Dental Assisting course. This all 'in-person' training includes 70 hours of both classroom and clinical. Designed to teach you all aspects of dental assisting in multiple dental settings, this course will also provide you with the skills to market yourself in a competitive field and will open doors to employment opportunities. All textbooks, exam preparation materials fees for the DANB RHS exam are covered in the class pricing (retests are offered at an additional course fee, however). As part of this course, you will also receive both OSHA and CPR/First Aid certification at no extra charge. Pre-requisite: High School diploma or equivalent.

Each applicant will be scheduled for:

- CASAS Reading test
- Interview with the instructor and program director (pending successful passing of entrance test)

Applicants must meet all admission criteria satisfactorily. Classes are limited to a maximum of 10 students.

Tuition is \$1,850 (subject to change) Payment options include funding agency sponsorship or students may elect to privately pay for the course.

DENTAL ASSISTING APPLICATION

Name: _____

Tel #1: _____

Address: _____

Tel #2: _____

(Must provide emergency alternate #)

Soc. Sec # _____

Town and Zip Code

Date of Birth _____

Email
address: _____

1. What is the highest grade that you have completed:

High School _____ GED/HiSET completion _____ College _____

Please list your college course of study (if applicable): _____

2. List all health-related courses that you successfully completed, i.e. (Biology, CPR, Medical Terminology). _____

3. Why do you want to be a Dental Assistant? _____

4. Please list any work you may have done in the healthcare field, both paid and unpaid.

5. Are you able to commit to a 10-week daytime training schedule? _____

6. Where did you hear about the Dental Assisting course offered at Mid-Coast School of Technology? _____

7. What do you feel is your greatest asset to an employer? _____

8. Please list your last two employers (include dates of employment, address and telephone numbers):

(1) _____ May call? _____

(2) _____ May call? _____

9. What do you see as the duties of a Dental Assistant? _____

10. Please describe the physical and mental requirements/duties of a Dental Assistant.

11. Do you have any conditions that require special accommodations? Yes or No

If yes, please describe. _____

12. Have you ever been convicted of any crime under the laws of the State of Maine?
Yes or No

13. Have you ever been charged with abuse, neglect or misappropriation of funds?
Yes or No

14. Have you ever appeared in court, paid any fine or been put on probation?
Yes or No

15. Have you ever been convicted of any crime under the laws of any other state?
Yes or No

If you answered yes to question 12, 13, 14, or 15, please attach court documents pertaining to each conviction (except for minor traffic violations).

APPLICANT'S AUTHORIZATION

I hereby state that the information submitted is true to the best of my knowledge.

I hereby acknowledge that I have received the Dental Assisting Program Admission Requirements form. I have read the criteria and understand that if I do not meet these requirements, I may not be allowed admission into the program.

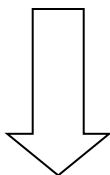
I hereby authorize the addressed individual company or other institutions to furnish the Adult Education Program with any information that they may have on record or otherwise concerning me.

I hereby release the addressed individual company or institutions and all individuals connected herewith, including Mid-Coast School of Technology Adult Education, from any liability for any damage whatsoever in furnishing such information.

Applicant's signature _____ **Date** _____

**MID-COAST SCHOOL OF TECHNOLOGY ADULT EDUCATION
DENTAL ASSISTING PROGRAM ADMISSION CRITERIA CHECKLIST**

All applicants accepted into the Dental Assisting program are required to submit the following criteria in a timely manner. Incomplete submissions may result in non-acceptance or removal from the program.



- **Completed and signed application**
- **Copy of High School Diploma, GED or HiSET completion certificate**
- **1 Letter of reference – preferably one from an employer**
- **Copy of immunization record (complete record must have: 2 MMRs (Measles, Mumps, Rubella), 2 Varicellas, (Chicken Pox), HEP B series, recent TB test,) Immunizations must be up to date or boosters administered to become up to date**
- **Copy of Driver's License or State ID**

SBI (State background check) will be conducted and it must show no history of theft, misappropriation of funds, abuse, or neglect in a health care setting; nor a prior criminal conviction within the last 10 years for which incarceration of 3 or more years was imposed, or 3 years or less was imposed for conviction of sexual misconduct, abuse, neglect, or exploitation in settings other than health care.

Participants in the course are expected to exhibit the following during the course and on the job:

- Good Personal Hygiene
- Dependable, reliable work habits
- Professional interpersonal behavior

Done on location:

Interview with Instructor and Program Director

Payment and online processing of State Background check (see permission slip that follows)

Entrance Exam – CASAS (score in **Reading: 239** or higher)

How to Complete the Required Background Check

To meet our program requirements, we will need to request a Maine State Bureau of Identification (SBI) check which costs \$21.00 (when done through MCST). Please note that the agencies funding you will pay for this. The request for the background check is accomplished through our Business Manager's office. Please fill out and turn in the attached "permission for background check" paperwork. **It is necessary to request additional SBI searches for each formal name used as an adult, including maiden name.**

Failure to complete background checks in a timely manner will result in non-acceptance to the program or dismissal if you have been provisionally accepted without this documentation.

Bobby Deetjen
Director, MCST



Heidi Nolan
Director, Adult Education

Permission for Background Check

To ensure the safety and protection of patients and residents that will be cared for in the hospital and nursing facility settings, DHHS mandates that a background check be performed on all students entering the Dental Assisting programs. Please fill out the required sections below and sign that you are giving Mid-Coast School of Technology permission to perform a background check.

Your complete name: _____

All previous last names you have had: _____

Date of birth: _____

I give MCST my permission to perform a background check.

Your signature: _____ **Date:** _____

Release of Social Security Numbers and Exchange of Information

Adult Education in Maine is required by Title II of the Workforce Innovation and Opportunity Act to report how many adult learners:

- Are employed after attending adult education
and/or
- Have entered college or a training program after attending adult education

Federal funds are used to pay for some of our classes including reading, writing, math, high school equivalency and high school diploma courses. Gathering employment and post-secondary education information is needed to receive the funding that pays for this part of adult education.

To get this information, this adult education program will use your Social Security Number to match adult education enrollment records with employment and post-secondary records with the agencies listed below.

- The Maine Department of Labor—to report how many adults from Maine Adult Education Programs are employed. The data match **does not identify you by name** or where you work.
- The National Student Clearinghouse—to report how many adults from Maine Adult Education Programs are enrolled in post-secondary institutions.

We are asking you to sign this form giving us permission to use your Social Security Number for a **data match** in order to obtain the information we need for federal reporting.

The information obtained by the Department of Education will be used for the sole purpose of data match reporting **and will not be shared with other individuals or agencies without your written permission**. All data used to conduct the data match will be purged from the Department of Labor system after the report is complete.

I give permission to use my Social Security Number:

- DATE _____
 - Signature _____
 - Print Name _____
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