



SKILLTECH
creating a competitive advantage



A division of Center for Technology, Essex

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3 Educational Drive
Essex Jct., VT 05452

www.skilltech.org

DANB Review

This course is sponsored by SkillTech and VDAA and includes 7 continuing ed credits.

Course Description: This course is for traditional dental assistants who are interested in reviewing for the Dental Assisting National Board Examination. The course will be valuable for those who are already scheduled to take the DANB exam and would like to review the information, as well as those dental assistants who have delayed taking the exam because they were unsure of how to prepare. This seven hour course will cover all three areas of the exam: Radiation Health and Safety, Infection Control and General Chairside. Current Certified Dental Assistants will earn seven ceu's. Completing this course will also meet OSHA infection control annual continuing education requirement.

Eligibility Requirements: Student must be a graduate from an ADA accredited dental assisting program or have worked two years full time as a dental assistant or four years part time as a dental assistant. Student must be a high school graduate and have a current CPR certification at the time of taking the exam.

Research Books: A variety of research books will be on display. Students may purchase books through DANB.

DATE: Saturday, March 27, 2010
TIME: 9:00 a.m. – 5:00 p.m. (light lunch included)
COST: \$175.00 members, \$250.00 non-members
INSTRUCTOR: Paula Oliver, CDA/COPMA/CODA
Paula is the program director at Choffin School of Accredited Dental Assisting, Youngstown, Ohio
LOCATION: Center for Technology Dental Assisting Classroom, 3 Educational Dr., Essex Junction, VT 05452
QUESTIONS: Call Linda 802-879-5559

Maximum number of students is 25, first come, first serve.

Tuition is due at the time of registration. **NO REFUND AFTER MARCH 1, 2010.**

DANB Review

Mail Completed Form and Payment Information to SkillTech, 3 Educational Dr., Essex Jct., VT 05452

Name: _____ Home #: _____ Cell #: _____ Work # _____ SS # _____

Address: _____ Male Female
 Street Town State Zip

Check Enclosed (**made payable to CTE**) Use Purchase Order # _____ Date of Birth: ____/____/____

VISA Master Card Card Number: _____ Exp. Date: ____/____

Cardholder's Name: _____ Authorized Signature: _____

Cardholder's Statement Address: _____

Bill Employer _____
 Company Address Town State Zip