## Dental Assisting

Program \# H170106 CIP\# 510601
Day Program- 1230 hours / 40 weeks


## Dental Assisting continued

| License, Exam and Other Fees |  | Total |  |
| :---: | :---: | :---: | :---: |
| Student ID |  |  | 20.00 |
| Parking |  |  | 60.00 |
| Liability Insurance |  |  | 13.00 |
| Accident Insurance |  |  | 14.00 |
| CPR Certification and Card |  |  | 45.00 |
| Additional Expenses to be Purchased by Student: |  |  |  |
| Drug Screening |  |  | 60.00 |
| Physical Exam and Immunizations |  |  | 350.00 |
| Dental Assistant Certification (RDA) optional, but enrcouraged |  |  | 135.00 |
| Cap and Gown |  |  | 69.00 |
|  | Total License, Exam and Other Fees | \$ | 766.00 |
| Total Cost |  | \$ | 6,596.08 |

