


# ADAPT

## Advanced Dental Assisting Program Track

 University at Buffalo  
Continuing Dental Education &  
Educational Opportunity Center  
327 Squire Hall  
Buffalo, NY 14214-8006

Application Date: \_\_\_\_\_

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_ YEAR OF GRADUATION: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DANB CERT #: \_\_\_\_\_ \* *Attach copy of current certificate*

DRIVERS LICENSE #: \_\_\_\_\_ \* *Attach copy of drivers license*

- |               |  |
|---------------|--|
| ___ Module 1  | Communication and Behavioral Concepts                              |
| ___ Module 2  | Legal and Ethical Aspects, Terminology, Recordkeeping and Charting |
| ___ Module 3  | Oral Pathology   |
| ___ Module 4  | Body Functions and Structures                                      |
| ___ Module 5  | Prevention, Nutrition and Patient Education                        |
| ___ Module 6  | Histology and Embryology   |
|               |  |
| ___ Module 7  | Rubber Dam/Matrix Bands and Wedge                                  |
| ___ Module 8  | Dental Radiology   |
| ___ Module 9  | Vital signs/Study Models   |
| ___ Module 10 | Temporary Coverage/Lab   |
| ___ Module 11 | Orthodontics   |
| ___ Module 12 | Removing suture material, periodontal dressing, applying agents    |
| ___ Module 13 | Dental Restorations (required as of 9/07)                          |

Please allow 2-3 weeks  
for registration. Your  
password and username  
will arrive by e-mail.

### ADAPT On line Tuition:

- \_\_\_ \$1595 paid in full prior to beginning program (enclose check or complete credit information below)  
Payment plan available: \$825 Modules 1-6, \$825 Modules 7-13

Credit card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder signature and billing address: \_\_\_\_\_

### DENTIST PRECEPTOR AGREEMENT: *Please type or print.*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

Registrant will have the opportunity to complete homework assignments and in-office clinical exercises and procedures, including use of necessary equipment and materials. If a specific clinical activity is not routinely offered in my practice, (ie. Orthodontics) that requirement can be fulfilled at another site.

Dentist/Preceptor

Signature: \_\_\_\_\_ Date: \_\_\_\_\_