



JEFFERSON CITY

PUBLIC SCHOOLS

■ 605 Union ■ Jefferson City ■ Missouri ■ 65101 ■

Office of the
Coordinator

Dental Assisting
Telephone: (573) 659-3111
Fax: (573) 659-3154

BASIC SKILLS MASTERY EXAMINATION & REVIEW
and EXPANDED FUNCTION COURSES
AUGUST 2011 – APRIL 2012

Enclosed is the new schedule for the Basic Skills Mastery Examination & Review and the Expanded Function Courses for dental assistant training. These courses will be held at the following location:

Nichols Career Center
605 Union Street, Room 264
Jefferson City, MO 65101

ENROLLMENT IS LIMITED. Registration forms will be processed in the order in which they are **postmarked.**

A \$25.00 non-refundable registration fee must accompany each registration form. This registration fee amount is included in the Total Course Cost.

Confirmation letters will be sent upon receipt of the registration form. Course study materials will be sent approximately 4 weeks prior to the course date for the courses specified on the schedule.

If you have any questions, please call us at (573) 659-3112.

NICHOLS CAREER CENTER
BASIC SKILLS AND EXPANDED FUNCTION SCHEDULE
AUGUST 2011 – APRIL 2012
(A new schedule will automatically be mailed mid-June of each year)
CHECK-IN TIME IS 8:00 A.M. FOR EACH COURSE
Course hours are 8:00 a.m. to approximately 5:00 p.m. each day.

Basic Skills Mastery Examination and Review (Maximum of 20)

Review Fee: \$65.00

Examination Fee: \$45.00

Total Course Fee: \$110.00

(includes the \$25.00 non-refundable registration fee)

Saturday only, August 6, 2011

Saturday only, August 20, 2011

Saturday only, January 7, 2012

Saturday only, January 21, 2012

**** Direct Restorative I & II (Maximum of 20)**

Course Fee: \$375.00

(includes the \$25.00 non-refundable registration fee)

Saturday & Sunday, September 10 & 11, 2011

Saturday & Sunday, October 1 & 2, 2011

Saturday & Sunday, February 4 & 5, 2012

Saturday & Sunday, March 3 & 4, 2012

Description: Placing and carving Class I, V, & VI Amalgam; Placing Class I, V, & VI Composite;
Sizing stainless steel crowns; Palliative care for minor dental emergencies

**** Prosthodontics (Maximum of 20)**

Course Fee: \$350.00

(includes the \$25.00 non-refundable registration fee)

Saturday & Sunday, November 5 & 6, 2011

Saturday & Sunday, March 24 & 25, 2012

Description: Placing retraction cord in preparation for fixed prosthodontic impressions;
Impressions for fabrication of fixed and removable prosthesis; Extra oral adjustment of fixed and
removable prosthesis; Placement of temporary softliners and tissue conditioners; Extra oral adjustment
of fixed prosthesis; Final cementation of fixed prosthesis

Orthodontics (Maximum of 20)

Course Fee: \$325.00

(includes the \$25.00 non-refundable registration fee)

Saturday only, December 3, 2011

Saturday only, April 21, 2012

Description: Preliminary bending of arch wires; Placements, cementation, bonding and removal of
orthodontic bands and bonds; Palliative care for minor orthodontic emergencies

**** Study materials will be sent prior to the course date**

Printed: 5/25/11

FOR OFFICE USE ONLY:

Payment Amount: \$ _____ Payment Type: CC or Check # _____ Date paid: ____/____/____ Bal. due: \$ _____
Payment Amount: \$ _____ Payment Type: CC or Check# _____ Date paid: ____/____/____ Bal. due: \$ _____

**BASIC SKILLS MASTERY EXAMINATION & REVIEW COURSE
REGISTRATION FORM**

NAME (as you would like it printed on your certificate)	
SOCIAL SECURITY NUMBER (Required)	
EMPLOYER'S NAME	
WORK ADDRESS (Mailing)	
(City, State and ZIP code)	
DAYTIME PHONE NUMBER	
Alternate Contact (cell or home)	
COURSE NAME	BASIC SKILLS MASTERY EXAMINATION & REVIEW
COURSE DATE	
COST (includes \$25 registration fee)	Review \$65.00 – Examination \$45.00 Total fee for review & exam = \$110.00

NOTES:

1. The registration form may be duplicated as many times as necessary.
2. Please use a separate enrollment form for each individual and for each course.
3. If not paying in full, a registration fee of \$25.00 (non-refundable) must accompany each registration form. This fee will be applied toward the total course fee.
4. Send registration form and payment to:
**NICHOLS CAREER CENTER
DENTAL ASSISTING - EF
605 UNION STREET
JEFFERSON CITY MO 65101**

CREDIT CARD INFORMATION IF MAILING FORM ONLY

DO NOT FAX CREDIT CARD INFO, FAX THE FORM AND CALL WITH CREDIT CARD PAYMENT

Name as it appears on the card (PLEASE PRINT): _____

Billing Address: _____ DAY PHONE: (____) _____

_____ CELL PHONE: (____) _____

Mastercard _____ VISA _____ Card Number: _____ - _____ - _____ Exp. Date ____/____/____

FOR OFFICE USE ONLY:

Payment Amount: \$ _____ Payment Type: CC or Check # _____ Date paid: ____/____/____ Bal. due: \$ _____
Payment Amount: \$ _____ Payment Type: CC or Check# _____ Date paid: ____/____/____ Bal. due: \$ _____
Basic Skills Certificate _____ or CDA Certificate _____ or COA Certificate _____

EXPANDED FUNCTION COURSE REGISTRATION FORM

NAME (as you would like it printed on your certificate)	
SOCIAL SECURITY NUMBER (Required)	
EMPLOYER'S NAME	
WORK ADDRESS (Mailing)	
(City, State and ZIP code)	
DAYTIME PHONE NUMBER	
Alternate Contact (cell or home)	
COURSE NAME	
COURSE DATE	
COST (includes \$25 registration fee)	
Do you have Basic Skills Certificate or CDA? A copy of one of these MUST be sent with this registration form.	CIRCLE ONE: BSME or CDA or COA

NOTES:

1. The registration form may be duplicated as many times as necessary.
2. Please use a separate enrollment form for each individual and for each course.
3. If not paying in full, a registration fee of \$25.00 (non-refundable) must accompany each registration form. This fee will be applied toward the total course fee.
4. A copy of your Certified Dental Assistant Certificate (CDA), Certified Orthodontic Assistant Certificate (COA), or Basic Skills Mastery Examination Certificate (BSME) MUST ACCOMPANY EACH COURSE REGISTRATION FORM even if you have attended other Expanded Function training at Nichols Career Center.
5. Send registration form and payment to:
NICHOLS CAREER CENTER
DENTAL ASSISTING - EF
605 UNION STREET
JEFFERSON CITY MO 65101

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_____ CELL PHONE: (____) _____ - _____

Mastercard _____ VISA _____ Card Number: _____ - _____ - _____ Exp. Date ____/____/____

Phone: (573) 659-3112

Fax: (573) 659-3154

**DO NOT MAKE RESERVATIONS UNTIL YOU HAVE RECEIVED CONFIRMATION
THAT YOU ARE IN THE COURSE YOU REGISTERED FOR.**

HOTELS CLOSE TO NICHOLS CAREER CENTER

WITHIN ONE MILE:

HOLIDAY INN EXPRESS
1716 JEFFERSON STREET
(573) 634-4040 or 1-800-HOLIDAY

BEST WESTERN CAPITAL INN
1937 CHRISTY DRIVE
(573) 635-4175

DAYS INN
2100 JEFFERSON STREET
(573) 761-3600

TRUMAN HOTEL
1510 JEFFERSON STREET
(573) 635-7171

WITHIN TWO MILES:

CAPITAL PLAZA HOTEL & CONVENTION CENTER
415 WEST MCCARTY STREET
(573) 635-1234

WITHIN FIVE MILES:

CANDLEWOOD SUITES
3514 AMAZONAS DRIVE
(573) 634-8822

FAIRFIELD INN
3621 WEST TRUMAN BLVD
(573) 761-0400

Mention classes at Nichols Career Center and you may receive special pricing.