**Stony Brook University**

**School of Dental Medicine Dental Assistant Program**

 **AY2020-2021 Application Process**

A complete application includes:

**Admissions Application**: Applicants are required to provide information about their educational and personal history. A personal essay indicated your interest and future goals in the field of dental assisting.

**Application Fee**: A non-refundable application fee of $50 is required upon submitting admissions application.

**Recommendation Letters**: Three letters of recommendation are required. The letters should be requested from various sources; examples may include Faculty, Employers, Supervisors, Health Care Professional, Volunteer, Member of an organization, or Family member.

**Official Transcripts**: An official high school transcript or G.E.D. is required. To expedite the review of the application, unofficial transcripts or copy of a diploma may be submitted until official transcripts arrive.

**Health Form**: A completed health form must be dated after June 15, 2020 and no later than August 15, 2020.

**Exclusion Screening**: All students are required to complete an exclusion screening prior to

August 15, 2020. (See attached exclusion information)

**Other Documents**: Stony Brook University Student Information Sheet (SIS): student registration form for Stony Brook Identification Number (SBU ID#).

**International Students**: Official transcripts and records must be submitted as documentation of academic work. If transcripts are in foreign language, a certified English translation is required in addition to the original documents.

The application for admission, together with all supporting documents, becomes the property of School of Dental Medicine, Dental Assistant Program once it is submitted. Documents will be used only to evaluate the applicant’s request for admission. Submitted documents will not be returned to the applicant or sent to other institutions. Applicants should make copies for their own records, as necessary.

**Educational Expenses & Payments**

All students, after registering for classes will be sent a billing statement for tuition, fees and other University charges. Billing packets include full instructions for payment deadlines and methods of payment, as well as information concerning the fees listed on the bill and the University refund policy. Students who wish to register after the cut-off date will be required to make payment or properly defer their entire bill in order to register.

Failure to satisfy their financial obligation in any given semester will prevent students from receiving transcripts, diplomas and certifications, as well as being blocked from registering for future semesters. Non-payment does not constitute official withdrawal, which must be done through the Dental Assistant Program. Also, failure to attend classes will not relieve students of their financial obligation or entitle them to a refund. The date of official withdrawal determines eligibility for any refunds in accordance with the University refund policy.

**Time Option Payment Plan (TOPP)**

The University offers a Time Option Payment Plan (TOPP). This program allows you to make monthly payments over a specified time period. For information, please contact the Office of Student Accounts at 631.632.2455. Enrollment forms for TOPP are sent with the student’s first billing statement and are also available on the University website.

**Private/Alternative Loans**

Please visit <http://www.stonybrook.edu/commcms/finaid/typesofaid/private_loans.html>

**Note: Dental Assistant Program does not qualify for Financial Aid.**

**Program Tuition, Expenses, & Refund Policy, AY 2020-2021**

The University and the School of Dental Medicine assess other, non-academic fees. These fees are subject to change based on University administrative action. Enclosures with fee bills for each billing period provide details of the specific arrangements concerning the time, location, and dates for the payment process through the Bursar Department.

Tuition and fees must be paid in full by the official deadline. Deposits made on acceptance of admission are credited to the student’s account. The program reserves the right to change tuition rates, fees, and other charges at its discretion when it is deemed advisable.

It is the policy of the program to withhold all certificates, official transcripts, and other official recognition of work completed from students who have any outstanding overdue debts to the school. No student may graduate from the program unless all financial obligations have been paid in full.

Tuition and Fees:

|  |  |  |
| --- | --- | --- |
| SDM Dental Assistant Program Fee  |   | $6,000.00  |
| Technology Fee per semester (subject to change) | 76.00  |   |
| Transportation Fee per semester (subject to change) | 43.00  |   |
| Academic Excellence Fee per semester (subject to change) | 56.00  |   |
| Term Total  | 174.00  |   |
| Academic Year (2 semesters)  |   |  349.00  |
| Total Dental Assistant Program Fee/Student  |   | $6,349.00  |

Students who withdraw from the University shall be liable for payment of tuition in accordance with the following schedule:

Withdrawals and Refunds:

 100% of the total tuition if withdrawal occurs in the first week;

 70% of the total tuition if withdrawal occurs in the second week;

 50% of the total tuition if withdrawal occurs in the third week;

 30% of the total tuition if withdrawal occurs in the fourth week;

 No refund will be made if withdrawal occurs during or after the fourth week of classes.

Other Expenses: Please note all additional expenses are subject to change.

|  |  |
| --- | --- |
| Non-Refundable Program Application Fee  |  50.00  |
| Required Program Books (subject to change) | 261.75  |
| American Dental Assistant Association Membership (includes student clinical liability insurance)  | 45.00  |
| CastleBranch Student Exclusion Screening (subject to change) | 135.00  |
| CastleBranch Student Compliance Tracker (subject to change) | 35.00 |

Student Supplies:

 Notebooks

Scrub uniforms & black leather sneakers

**Contact Us:**

For additional information, visit: [www.dentistry.stonybrookmedicine.edu/student/dentalassist](http://www.dentistry.stonybrookmedicine.edu/student/dentalassist)

For inquiries, email: daprogram@stonybrookmedicine.edu

Telephone: 631.632.6296

Fax: 632.632.3076

Mail application and all supporting documentation to:

 School of Dental Medicine

 Dental Assistant Program

 184A Sullivan Hall

 Stony Brook, New York 11794-8700

**Transportation**

**By Car**

The School of Dental Medicine can be approached from the Long Island Expressway (Route 495), by the Northern and Southern State Parkways, or by Routes 25, 25A, 27, 27A, or 347. These are east-west routes which feed into Nicolls Road. The University is nine miles north of the Expressway’s Exit 62N, and two miles north of Route 347.

**By Train**

The Long Island Railroad’s (LIRR) Port Jefferson Branch from Pennsylvania Station (Manhattan) and the LIRR spurs in Brooklyn and Queens provide service to Stony Brook. Travelers must change from electric to diesel trains at either Jamaica or Huntington to reach the Stony Brook station. Free buses run from the station to the Health Sciences Center on weekdays.

**Parking**

Parking permit required for North and South P-Lots. An express bus travels to and from the School of Dental Medicine every 20 minutes.

Stony Brook University

School of Dental Medicine

Dental Assistant Program

ADMISSIONS REQUIREMENT CHECK LIST

Information Session \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application Fee $50.00 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Money order payable to: Stony Brook University, IFR910156

Personal Essay \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official High School Transcript/GED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference Letters (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuition Policy Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Information Sheet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Form Submitted\*\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exclusion Screening\*\*\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*Program Requirement\*\*\*

\*\*Health Form must be completed before August 15, 2020 and submitted to CastleBranch.

 Instructions to follow

\*\*\*Exclusion Screening

Please complete the exclusion screening before the first day of classes using the following link: [https://portal.castlebranch.com/uv89](https://na01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fportal.castlebranch.com%2Fuv89&data=02%7C01%7CLisa.Borzumato%40stonybrookmedicine.edu%7C06bbe0848cbb491c5a5808d623067797%7Ceafa1b31b194425db36656c215b7760c%7C0%7C0%7C636734908026775226&sdata=VvBTX%2Bty8QnN2%2FgevsO8eMm6C4TEBZt56p4xBAhtIgQ%3D&reserved=0)