Washtenaw Community College
Dental Assisting (CFDAC) – Pathway I (Campus)
Fall 2016 Entry (2016-17 Academic Year)
Application Deadline: May 15, 2016 (or until all accepted and/or alternate seats are filled)

PROGRAM APPLICATION AND REQUIREMENTS CHECKLIST

WCC Student ID: _______________________ Date: ______________

Last Name: _____________________ First Name: ___________________ Middle Name: __________________

*Street Address: ___________________________________________________________ Apt: _____________

City: ________________ State: _______ Zip: ____________ County: ___________________

Home Phone: (____)________________ Cell Phone: (____)________________ Work Phone: (____)________________

WCC Email/netID: __________________ Other Email: __________________

*The contact information provided above MUST match WCC’s records. You can confirm and/or change your contact information at any time by logging into your WCC Gateway account and clicking on MyWCC and then Personal Information. Your address MUST match your current “Basic” address on record. (Your “Mailing” address is NOT sufficient for residency verification.)

Program Description
This program prepares students for entry-level dental assisting positions in a variety of settings such as private dental offices, dental schools, the military, and dental insurance offices. The curriculum includes the required dental radiography courses that allow graduates to expose dental radiographs in the State of Michigan. The program also prepares students for the Dental Assisting National Board (DANB) examination, which leads to the nationally recognized status of a Certified Dental Assistant (CDA). As a CDA, graduates assist in the treatment of patients. Graduates of the program are also prepared to take the Michigan State Board of Dentistry examination, which gives recognition as a Registered Dental Assistant (RDA). As a RDA in the State of Michigan, graduates can perform specific intra-oral functions generally performed by a dentist. The program is accredited by the American Dental Association Commission on Dental Accreditation, 211 East Chicago Avenue, Chicago, Illinois 60611.

Students may enroll in this program in one of two pathways. Pathway I is the format for the student who is not employed in a dental office. Pathway II (ADAEP) is the advanced standing option for the dental assistant with two or more years of experience as a dental assistant who has passed all three portions of the Dental Assisting National Board (DANB) CDA examination. These pathways are described in detail at http://health.wccnet.edu/dentalassisting/certification/.

Important Information
The requirements below are based on the academic year stated on the top of this document. Prerequisite and program requirements along with WCC’s point system and scales are reviewed annually and subject to change. Students are expected to meet the prerequisite and program requirements of the catalog term for the semester in which they first begin the program.

Admission Process
WCC has a competitive admission process. Applicants are required to meet all admission criteria and will be ranked based on a point system. The best qualified applicants will be selected for admission to the program. Student residency will be a weighted factor in the process. Details regarding WCC’s Admission to High Demand Programs policy including priority levels can be found on WCC’s website at http://www.wccnet.edu/trustees/policies/2005/. Details regarding WCC’s point scales that are used to calculate points can be found on WCC’s Health Care Home page at http://health.wccnet.edu.

Applying to the Program
Each year, approximately 24 students are accepted to the program for a Fall semester start. A formal application to the program is required after the student has been accepted to the school. Completed applications can be submitted anytime during the application window. Students are encouraged to complete required support courses prior to beginning the program.
In the event that there are more accepted and/or alternate candidate seats available than completed applications received at the end of the initial application deadline, the application will remain open until all seats in the program are filled. At this time, students who do not meet all admission requirements but who anticipate meeting all requirements by the end of the Spring/Summer 2016 semester are encouraged to submit their incomplete application to be considered for a seat on a conditional basis. As soon as all seats are filled, the application will be closed and applications will no longer be considered for the current admission cycle. In this case, students will be considered for an accepted and/or alternate candidate seat based on the date the student’s application was received by the Health and Second Tier Admissions Office. If multiple applications are submitted in a day, applicants will be chosen based on a lottery for their position.

Transcripts
If any prerequisite and/or support courses were completed at another accredited college/university or high school, sealed official transcripts must be submitted with your application. If submitting foreign college/university transcripts, they must be evaluated by ECE or WES before they can be submitted and evaluated for transfer credit. Foreign high school transcripts will not be used for validation of requirement courses. For information regarding the submission of your official college/university transcripts and/or for requesting an official evaluation, please review the Procedure to Request Evaluation of Other College Transcripts by clicking on Transfer Credit and Credit for Other Prior Learning on WCC’s website at www.wccnet.edu/transfer.

Course Clarification
All defined courses plus substitutions that are approved by the department prior to the application deadline will be used to meet prerequisite and/or support course requirements. If a course is not clearly stated on your transcript and/or the course cannot be determined an equivalent based on the course description, you must provide a course syllabus for further review by the application deadline. If two (2) or more transfer courses are completed to meet the equivalent of one (1) of WCC's required prerequisite or support courses, students must meet the minimum grade requirement in each course. Grades will not be averaged. WCC is not responsible for your application being delayed due to lack of clarification or approval of a substitution.

Required Checklist
All of the requirements below must be successfully completed before submitting an application to the program. All prerequisite courses must be successfully completed with grades posted to your transcript and all required forms and supporting documentation needs to be submitted with your application.

___ 1. Admission to WCC
An admission application to the school can be submitted on WCC’s website at www.wccnet.edu/apply.

___ 2. Attendance at Mandatory Information Session
Students must attend an information session before applying to the program. Appointments can be scheduled by contacting Jodi Neuman in the Dental Assisting Department at (734) 973-3332 or jneuman@wccnet.edu.

___ 3. Program Prerequisite Courses

___ a. ACS 1035 (Introduction to Online Learning)
   - Prereqs: Current WCC students or students newly transferring to WCC must have a 2.0 or higher GPA, Academic Reading and Writing Levels of 6 (college level), and a withdrawal rate of less than 50 percent from WCC credit courses.
   - Date Course Completed: ___________________

ACS 1035 is required as part of the prerequisite requirements to the program even if you have already met WCC’s “Distance Learning Eligible” requirement which allows you to enroll in other online courses at WCC.

___ b. HSC 101 (Healthcare Terminology) or HSC 124 (Medical Terminology) with a minimum grade of C+/2.3
   - Level I Prereqs (HSC 101 & 124): Academic Reading and Writing Levels of 6
   - Course Completed: ___________________ School: ___________________
4. **Academic Reading Level of 6 (College Level)**
   Levels are established based on test scores, course completion, or exemptions based on prior college.
   - The following course/scores place you at level 6: ASC 108 w/grade C/2.0, ACT Reading = 19, SAT Critical Reading = 460, or COMPASS Reading = 82.

5. **Academic Writing Level of 6 (College Level)**
   Levels are established based on test scores, course completion, or exemptions based on prior college.
   - The following course/scores place you at level 6: ENG 091 w/grade C/2.0, ACT English or English/Writing = 20, SAT Writing = 480, or COMPASS Writing = 81.

6. **Minimum Cumulative College GPA of 2.3 at WCC** (if 6 or more college credits completed at WCC) or **Cumulative College GPA of 2.3 from all colleges/universities* attended** (if 6 or more college credits completed, but less than 6 college credits completed at WCC) or **Cumulative High School GPA of 2.3 from all high schools* attended** (if less than 6 college credits completed)

   *The total cumulative GPA of all schools attended will be included in the calculation if the student has less than 6 college credits at WCC.

7. **Verification of High School Diploma, GED, or Higher Degree**
   - Must include GED, High School Equivalency Certificate, high school diploma, high school transcript with posted graduation date, or transcripts showing higher degree received.

   Washtenaw Technical Middle College (WTMC) students are not eligible to enroll in this program until after graduation.

8. **18 Years of Age by October 31st (of the year the student starts the program)**
   Students must be 18 years old prior to starting DEN 108 (Dental Radiography).
   - Must include a copy of your Driver’s License, State ID Card, Passport, or Birth Certificate.

9. **Program Application and Requirements Checklist** (this form)

10. **Communication Acknowledgement Form**

11. **Additional Information Form**

12. **Policy on Student Competencies Form**

13. **Information Release Authorization Form**

14. **Residency Verification**
   For more information on WCC’s policies and procedures regarding residency or to learn of additional documentation that can be submitted to verify residency, please visit WCC’s website at [www.wccnet.edu/residency](http://www.wccnet.edu/residency).
   - Must include a copy of the front and back of your Driver’s License or State ID Card.

**Optional Checklist**

The items below are not required to apply to the program. However, by successfully completing and/or meeting these items by the application deadline, you can earn additional points which could give you a more competitive edge.

1. **Support Courses**
   Please indicate the course(s) you have completed below.
1. ENG 111 (Composition I)* or BMG 207 (Business Communication) with a minimum grade of C/2.0
   - Level I Prereqs (ENG 111 & BMG 207): Academic Reading and Writing Levels of 6
   ___ Course Completed: ___________________ School: _______________________________________
   *Students pursing an Associate’s degree should take ENG 111.

2. Employment Experience, Community Service/Volunteer Experience, and High School Health Science Technology Programs
   Students will only be awarded points for one (1) of the items below (sections a, b, or c). Points will not be awarded for experience that is required to meet prerequisite or program requirements. All experience is evaluated by the department after the application deadline. Details regarding the number of points awarded for the amount of experience can be found on WCC’s Health Care Home page at http://health.wccnet.edu.
   a. Employment Experience
      Students must have direct patient care work experience in a hospital or health care facility/agency within 8 years of the application deadline.
      ___ Submit completed Employment and Community Service/Volunteer Experience Form or veterans must submit Form DD-214
   b. Community Service/Volunteer Experience
      Students must have direct patient care community service or volunteer experience in a hospital or health care facility/agency within 8 years of the application deadline.
      ___ Submit completed Employment and Community Service/Volunteer Experience Form and attach any necessary documentation
   c. High School Health Science Technology Programs
      Students must show successful completion of a high school health science technology program (minimum of 1 year) with a minimum grade of C/2.0*
      ___ Submit official high school transcripts
      *Articulation credit is only accepted with a grade of B/3.0 or better.

3. Veteran Status
   Students must verify status.
   ___ Submit form DD-214

4. Associate Degree or Higher Degree from an Accredited U.S. College or University
   ___ Degree Completed: ___________________ School: _______________________________________

5. Alternate Candidate Status
   Students who made alternate candidate status and did not make admission to the program based on a previous application will be awarded additional points. Students will only be awarded points for this status under WCC’s competitive admission process and not the old waitlist process.
   ___ Previous Alternate Candidate Semester(s): _______________________________________________

Entrance Requirements
1. Mandatory attendance at the new student orientation session upon acceptance into the program. Students who do not make admission but are given alternate candidate status will be required to attend orientation to be eligible to move to accepted status if a seat becomes available.
2. A second criminal background check may be conducted as well as drug testing prior to starting the program.
3. The requirements below must be submitted at the mandatory orientation. Detailed information including any required forms will be provided in the student’s official acceptance letter. Students who do not make admission but are given alternate candidate status will be provided with this same information and must meet the same requirements to be eligible to move to accepted status if a seat becomes available.
   a. Submit a completed Report of Medical History form (physical examination by licensed physician)
   b. Submit proof of a negative TB skin test
   c. Submit proof of Hepatitis B vaccine
   d. Submit proof of a titer (you may be asked to update vaccines)
   e. Submit proof of a current Flu vaccine (suggested but not required)
   f. Submit proof of current health insurance (health insurance must remain active throughout the entire program)
   g. Submit a current certification in BLS/CPR with First Aid for the professional
      i. Certification must be from AHA (American Heart Association) or American Red Cross only. No other organizations will be accepted.
      ii. Students can obtain CPR/AED/First Aid certification by completing HSC 131 (CPR/AED for the Professional Rescuer and First Aid) at WCC or obtain CPR training via CPR4Michigan.

4. Students who fail to comply or meet the above requirements will forfeit their seat in the program.

Continuing Eligibility Requirements
1. Additional criminal background checks may be conducted at any time during the program. Students may be required to have drug testing as well as additional criminal background checks and/or fingerprinting prior to the start of a clinical sequence as requested by specific clinical facilities. Failure to receive an acceptable drug test and/or criminal background/fingerprinting check at any time, will result in dismissal from the program.
2. Students must complete any other health requirements as designated by the clinical sites.
3. All Dental Assisting (DEN) and support courses to the program must be completed with a minimum grade of C/2.0.
4. Students who are dismissed from the program may not be eligible to reapply to the program.

Students with questions or concerns regarding WCC’s competitive admission process or applying to the program should contact the Health and Second Tier Admissions Office.

Program applications can be mailed to the address below or submitted to Student Connection located on the 2nd floor of the Student Center Building (SC 203).

Health and Second Tier Admissions Office
Washtenaw Community College
4800 E Huron River Dr
Ann Arbor, MI 48105

I have successfully completed all required checklist items and I have included all documentation needed to verify these requirements.

Printed Name: ________________________________  Student ID: __________________________

Signature: ________________________________  Date: __________________________
WCC sends **all communications** regarding a student's Health and Second Tier Admissions Application Status, beginning with the application process through the admission process, directly to the WCC student email address ONLY. Therefore, it is extremely important that students check their WCC student email on a regular basis so they do not jeopardize their status. WCC assumes that any information sent to a student's WCC email has been received and reviewed by the student. Please complete this form to confirm acknowledgement of this information.

Please carefully read the statements below and initial EACH ONE to confirm you understand and acknowledge:

_____ 1. I understand that from this point on, all future communication regarding my status will be sent directly to my WCC student email address ONLY.

_____ 2. I agree to check my student email on a regular basis and review all information sent by the Health and Second Tier Admissions Office so I do not jeopardize my status.

_____ 3. I understand that even though all communication will be sent to my student email address, WCC will occasionally send communications by mail.

_____ 4. I understand that if my address on record is inactivated due to returned mail by the Post Office, WCC will inform me through my student email and I will be given a deadline by which I must update my address in order to maintain my status.

_____ 5. I understand that if WCC is unable to contact me regarding my status and/or I fail to call/respond to any contacts made by the Health and Second Tier Admissions Office regarding my status, **my application will be closed**.

_____ 6. I agree to keep all my contact information updated and current in the College system (including addresses, emails, and phone numbers). I understand that my contact information can be updated at any time through my **WCC Gateway** account by clicking on MyWCC and then **Personal Information**. Or, I may update this information at Student Connection located on the 2nd floor of the Student Center Building or by calling (734) 973-3543.

I have read, understand, and initialed all of the above statements.

Printed Name: ___________________________________________  Student ID: ______________________

Signature: ______________________________________________  Date: __________________________

Rev. 9/2/15  Health and Second Tier Admissions Office · Washtenaw Community College · 4800 East Huron River Drive, Ann Arbor, MI 48105  
Phone: (734) 973-3596 or (734) 477-8998 · Fax: (734) 677-5408 · Email: healthadmissions@wccnet.edu · www.wccnet.edu
The additional information below is important and pertains to the program. Please carefully read the statements below and initial each one to show you understand them.

____ 1. You have read the Admission to High Demand Programs policy on WCC’s website at http://www.wccnet.edu/trustees/policies/2005/ and reviewed the competitive admission process Point Scales for All Programs on WCC’s Health Care Home page at http://health.wccnet.edu.

____  a. You have had all your questions and/or concerns pertaining to WCC’s competitive admission process answered by the Health and Second Tier Admissions Office.

____ 2. Prerequisites and program requirements (including minimum grade and GPA requirements) including WCC’s point system and scales are reviewed annually and subject to change.

____  a. You understand that you will be expected to meet all prerequisites for the semester(s) in which you apply for and if accepted, you must meet all program requirements for the catalog term for the semester in which you first begin the program.

____ 3. Students will be sent an email approximately 2 weeks after the submission of their completed program application to confirm receipt and to inform the student they have met the minimum requirements for applying to the program. However, all optional items completed for additional points will not be evaluated or processed until after the application deadline.

____ 4. After all applications have been reviewed and processed, the class will be determined and the communications below will be sent depending on your status.

____  a. If you are accepted or given alternate candidate status in the program, you will be sent an official letter by mail and email.

____  i. All accepted and alternate candidate students will be required to attend a mandatory orientation session. The date, time, and location of this orientation along with other important information (including health requirements) will be provided in your official letter. If you do not attend the mandatory orientation session, your application will be closed.

____  ii. An alternate candidate should be prepared to take the seat of any accepted student who is unable to start the program. Alternate candidates will be expected to meet the same requirements as an accepted student to be eligible to move to accepted status if a seat becomes available in the program.

____  b. If you do not make the cut off for accepted or alternate candidate status in the program, a letter will be sent by mail and email to inform you of this and that your application will be closed.

____ 5. You must agree to an initial criminal background check in order to complete your application to the program and possibly a second check before entering the program. As a courtesy, WCC will conduct your initial and second background checks using the Michigan State ICHAT system which has limitations that may cause false positive or false negative records to be received.
____ a. If a false record is received through the Michigan States ICHAT system or you believe that the record received is a mistake or inaccurate, it will be your responsibility to clear the record which may accrue additional fees (see the Information and Release Authorization Form).

____ b. If a conviction is found, the student may not be eligible for acceptance to the program.

____ i. If a conviction is found as stated on the Information Release Authorization Form, you may be ineligible to take the Registered Dental Assistant (RDA) Examination and obtain a Michigan license.

____ 1. If you wish to be accepted to the program after a conviction is found as stated on the Information Release Authorization Form, you may be accepted depending on the type of conviction found. If accepted, a signed form will be required prior to starting the program to confirm that you are aware there may be a possibility you will be ineligible to take the RDA examination and obtain a Michigan license.

____ ii. If another type of conviction is found on your background record that is not stated on the Information Release Authorization Form, you will be required to complete and sign additional forms before you will be eligible for admission to the program. However, if refused placement by a clinical facility, you may not be eligible to continue in the program at WCC and you will be dismissed from the program.

____ c. The department has contracts with many facilities and some require additional screenings which may accrue additional fees to the student (i.e. fingerprinting, urine dip screens, drug testing, and additional background checks).

____ d. If you are required to clear your criminal background record or sign a form in regards to your record, an email will be sent informing you of this. You must have your record cleared or form submitted by the deadline to maintain your status or your application will be closed.

____ 6. If your application is closed for any reason and you would like to reapply to the program, you must meet all current prerequisites and submit a new application during the application window before you will be considered for admission to a future semester.

I have read and initialed all statements listed above showing I understand them.

Printed Name: ________________________________  Student ID: __________________

Signature: ________________________________  Date: ________________
A dental assistant is a health care professional whose primary responsibility is to work with the dentist in the office and perform duties delegated by the dentist. In addition to the duties of the profession, the dental assistant must always be aware of the patient's condition and needs and be able to interact appropriately.

<table>
<thead>
<tr>
<th>TECHNICAL STANDARD</th>
<th>DEFINITION</th>
<th>EXAMPLES OF NECESSARY ACTIVITIES (Not All Inclusive)</th>
</tr>
</thead>
</table>
| Cognitive Qualifications | Sufficient Reading, Language and Math Skills; intellectual and emotional functions necessary to plan and implement dental care for individuals | • Ability to comprehend and interpret written material  
• Follow and deliver written and oral direction  
• Prepare dental treatment plans |
| Critical Thinking  | Critical thinking ability sufficient for clinical judgment; synthesize information from written material and apply knowledge to clinical situations | • Identify cause-effect relationships in clinical situations  
• Develop dental treatment plans  
• Make rapid decisions under pressure  
• Handle multiple priorities in stressful situations  
• Assist with problem solving |
| Interpersonal  | Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, educational, cultural, and intellectual backgrounds | • Establish rapport with patients and colleagues  
• Cope effectively with stress  
• Cope with anger/fear/hostility of others in a calm manner  
• Cope with confrontation  
• Demonstrate high degree of patience |
| Communication  | Communication abilities sufficient for interaction with others in verbal and non-verbal form (speech, reading, and writing) | • Explain treatment procedures  
• Initiate patient education  
• Document and interpret treatment actions and patient responses |
| Mobility  | Physical abilities sufficient to move from room to room, to maneuver in small spaces and to perform procedures necessary for emergency intervention | • Move around in clinical operatories, workspaces, classrooms, laboratories and other treatment areas  
• Administer cardio-pulmonary resuscitation procedures  
• Remain on one’s feet in upright position at a workstation without moving about  
• Climb stairs  
• Remain in seated or standing position for 3-5 hour periods without a break |
| Motor Skills  | Gross and fine motor abilities sufficient to provide safe and effective dental care | • Calibrate and use equipment  
• Position patients  
• Perform repetitive tasks  
• Able to grip  
• Bend at knee and squat.  
• Reach above shoulder level  
• Lift with assistance 150 pounds  
• Exert 20-50 pounds of force (pushing/pulling)  
• Successfully complete a CPR (Healthcare Provider) certification course |
| Hearing  | Normal, corrected or aidable-auditory ability sufficient to interpret verbal communication from patients and health care team members and to monitor and assess health needs | • Hear monitor alarms, emergency signals, and cries for help  
• Hear tape recorded transcriptions  
• Hear telephone interactions  
• Hear audible stethoscope signals during blood pressure screenings |
| Visual  | Normal, corrected -visual acuity sufficient for observation and assessment necessary for patient assessment | • Observe patient responses  
• Identify and distinguish colors  
• Accurately read mm markings on small dental instruments |
| Tactile  | Tactile ability sufficient for gross and fine motor coordination necessary for delicate manual assessment of oral tissues | • Perform palpation, functions of physical examination and/or those related to therapeutic intervention. |
| Environmental  | Ability to tolerate environmental stressors | • Work with chemicals and detergents  
• Tolerate exposure to fumes and odors  
• Work in areas that are close and crowded |

I have read the above technical standards. I feel it is within my ability to carry out the duties and qualifications of a dental assistant. If I ever have any change in my ability to meet these standards, I will inform the Dental Program Director without fail.

Printed Name: ___________________________ Student ID: ________________
Signature: ___________________________ Date: ________________

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Phone: (734) 973-3596 or (734) 477-8998 · Fax: (734) 677-5408 · Email: healthadmissions@wccnet.edu · www.wccnet.edu
It is the policy of Washtenaw Community College to screen its students applying to the Dental Assisting program for prior criminal convictions as a condition for admission.

Under the Bureau of Health Professions (BHP) for the State of Michigan, an individual who has been convicted of a felony, a misdemeanor punishable by imprisonment for a maximum term of 2 years or a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations), may be ineligible to take the Registered Dental Assistant (RDA) Examination and obtain a Michigan license.

You MUST submit a copy of one (1) of the following government issued picture ID's with this form which includes: Driver's License, State ID Card, or Passport.

Please PRINT clearly and answer ALL questions

Last Name: _________________________  First Name: _________________________  Middle Name: _________________________

Date of Birth: __/__/____  Gender (check/circle one): Male  Female

Ethnicity (check/circle one):

White  Black  Asian or Pacific Islander  American Native or Alaskan Native  Unknown/Other

Previous, Former, Maiden, Nick, and/or Other Name(s) known by:

Last Name: _________________________  First Name: _________________________  Middle Name: _________________________
Last Name: _________________________  First Name: _________________________  Middle Name: _________________________
Last Name: _________________________  First Name: _________________________  Middle Name: _________________________

Current Address: ____________________________________________________________________  Apt: _____________
City: ________________________________________  State: _____  Zip: ___________  County: _____________________

Previous Address: ___________________________________________________________________  Apt: _____________
City: ________________________________________  State: _____  Zip: ___________  County: _____________________
As a courtesy, criminal record checks are conducted by WCC using the Michigan State Police ICHAT system which has limitations that may cause false positive or false negative records to be received. If a false positive or false negative record is received or you believe that the record is a mistake or inaccurate, it will be your responsibility to clear the record which may accrue additional fees. Procedures for clearing a record can be found on the criminal record that was received. Please contact the Michigan State Police with any questions regarding finger printing or clearing your record.

Michigan State Police
Criminal Justice Information Center
7150 Harris Drive
Lansing, MI 48913
(517) 322-5531

Sometimes records inadvertently contain errors. For example, the nature or date of the conviction might be wrong, or the record might contain a conviction that should have been removed from the record. In such cases the individual should obtain certified copies of the court judgment or other documents which show that the information contained on the criminal record is incorrect. If the proof provided is satisfactory, the Michigan State Police will modify the record accordingly.

The following statement must be signed and submitted with your program application and prior to enrolling in the Dental Assisting program:

I understand that Washtenaw Community College will conduct a criminal background check in connection with my application. I understand that if the criminal background check reveals a criminal conviction or current criminal charge for any of the above-mentioned offenses, I may be denied admission to the Dental Assisting program.

I hereby authorize Washtenaw Community College to release any or all of the information contained in this document and my application to the Michigan State Police in connection with the criminal background check.

I hereby attest that I have not been convicted of any crime which would preclude me from taking the Registered Dental Assistant (RDA) Examination.

I understand and agree that I will immediately withdraw from the Dental Assisting program should the criminal check disclose any of the above-mentioned offenses or any others not disclosed by me as part of the application process. I confirm that the information I provided is accurate and correct.

I understand that knowingly providing false information regarding a criminal conviction is a misdemeanor punishable by imprisonment for not more than ninety (90) days or a fine of not more than $500.00 or both.

I agree to report to the Dental Assisting Program Director if I am arrested for or convicted of a felony, misdemeanor or substance abuse prior to registering for or at any time during the Dental Assisting Program.

Printed Name: ___________________________________________    Student ID: ____________________________
Signature: _______________________________________________    Date: ____________________________
WCC has a competitive admission process and students with direct patient care work experience or community service/volunteer experience in a hospital or health care facility/agency within 8 years of the application deadline can be awarded additional points towards their program application. If you have worked or completed community service/volunteer hours for more than one employer/organization, you must submit a separate form for each one.

To be completed by student:

Students Name (printed): _________________________________________________ WCC Student ID: ________________________

Please check one (1):
☐ I am/was employed full-time (30 hours or more per week)  ☐ I am/was employed part-time (15 hours or more per week)

Employer/supervisor must complete section below.

☐ I completed community service and/or volunteer hours

Employer/supervisor must complete section below unless submitting certificate and/or letter to verify hours.

☐ CHECK HERE if submitting a certificate and/or letter to verify hours (employer/supervisor section does not need to be completed).

All documentation verifying hours completed must be attached to this form.

Students Signature: ______________________________________________________ Date: ________________________________

To be completed by employer/supervisor:

Employer/Organization Name: __________________________________________________________

Street Address: ___________________________________________ Suite/Apt: ______________

City: ___________________________ State: ____________ Zip: __________________

Dates of employment/community service/volunteer experience: From (date): ____________ Until (date)*: ______________

*If currently employed, completing community service, or volunteering, please put in today’s date.

Please check one (1) and fill in the hours:

☐ The above student is/was employed for ________ hours per week between the dates listed above.

☐ The above student completed a total of ________ hours of community service between the dates listed above.

☐ The above student completed a total of ________ hours of volunteer service between the dates listed above.

Job Duties/Services Performed:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Supervisor’s Name*: ____________________________-Tape business card here-

Job Title: ____________________________

Phone Number: (_______)

Signature: ____________________________

Date: ____________________________

*Please attach your business card or a statement on organization letterhead to verify the information on this form is accurate.
The Dental Assisting (DEN) courses will span over three (3) consecutive semesters and are sequential and complemented with required support courses, which fulfill the certificate requirements at WCC. Students are encouraged to take all support courses (*) before they begin the program. Support courses(*) may be taken prior to the scheduled semester, but no later than the scheduled semester below. All Dental Assisting (DEN) courses must be taken in the scheduled semester below. This is a full-time program and no part-time option is available.

Students completing the courses outlined below will obtain a Certificate in Dental Assisting. Students may also complete an associate degree by using the same core dental assisting courses in addition to completing the general education requirements and electives for an Associate in Applied Science in Occupational Studies.

Students should meet with an advisor/counselor to discuss the timing and selection of prerequisite and support courses.

Support courses (*) and Dental Assisting (DEN) courses must be successfully completed with a minimum grade of C/2.0 (All grades are based on a 4.0 GPA scale)

<table>
<thead>
<tr>
<th>Prerequisite Courses Not Required for Graduation (Required to Apply to Program)</th>
<th>1-3 credits**</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSC 101 or Healthcare Terminology (1 credit)**</td>
<td></td>
</tr>
<tr>
<td>HSC 124 Medical Terminology (3 credits)</td>
<td>1-3 credits</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 1 (Fall)</th>
<th>14 credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEN 102 Managing Safe Practice in Dentistry</td>
<td>1 credit</td>
</tr>
<tr>
<td>DEN 106 Biomedical Science for Dental Assistants</td>
<td>2 credits</td>
</tr>
<tr>
<td>DEN 107 Oral Anatomy</td>
<td>2 credits</td>
</tr>
<tr>
<td>DEN 108 Dental Radiography</td>
<td>2 credit</td>
</tr>
<tr>
<td>DEN 110 Basic Clinical Dental Assisting</td>
<td>4 credits</td>
</tr>
<tr>
<td>DEN 112 Dental Materials</td>
<td>3 credits</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 2 (Winter)</th>
<th>12 credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEN 118 Preventive Dentistry</td>
<td>2 credits</td>
</tr>
<tr>
<td>DEN 120 Oral Diagnosis</td>
<td>1 credit</td>
</tr>
<tr>
<td>DEN 128 Dental Radiography Practicum</td>
<td>1 credit</td>
</tr>
<tr>
<td>DEN 129 Oral Pathology and Dental Therapeutics</td>
<td>2 credits</td>
</tr>
<tr>
<td>DEN 130 Clinical Practice</td>
<td>2 credits</td>
</tr>
<tr>
<td>DEN 131 Principles of Dental Specialties</td>
<td>4 credits</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 3 (Spring/Summer)</th>
<th>12-13 credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEN 202 Advanced Clinical Practice</td>
<td>2 credits</td>
</tr>
<tr>
<td>DEN 204 Advanced Functions</td>
<td>4 credits</td>
</tr>
<tr>
<td>DEN 212 Dental Practice Management</td>
<td>3 credits</td>
</tr>
<tr>
<td>BMG 207 or Business Communication*</td>
<td></td>
</tr>
<tr>
<td>ENG 111 Composition ***</td>
<td>3-4 credits</td>
</tr>
</tbody>
</table>

**TOTAL CREDITS REQUIRED FOR PROGRAM | 38-39 credits**

*Support course(s)
**Prerequisite course(s) not included in total credits required for program.
***Students planning to pursue an Associate's degree should take ENG 111.
Tuition rates and fees listed below are estimates based on the 2015-2016 academic year and are only valid through the Spring/Summer 2016 semester. If a change is made in the tuition rates and/or fees for any future semester, these changes would go into effect beginning in the fall semester of each year. To view the current tuition rates and fees, please visit WCC’s website at www.wccnet.edu/tuition. All fees below are estimates and subject to change.

### TUITION & COLLEGE FEES (includes $7 enrollment/technology fee per credit hour)

<table>
<thead>
<tr>
<th>Credits</th>
<th>In-District Rates</th>
<th>Out-District Rates</th>
<th>Out-State Rates</th>
<th>International Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>38 – 39 credits</td>
<td>$3,838 - $3,939</td>
<td>$6,042 - $6,201</td>
<td>$7,942 - $8,151</td>
<td>$9,082 - $9,321</td>
</tr>
<tr>
<td>38 – 39 credits @ $159</td>
<td>$101 - $717</td>
<td>$136 - $274</td>
<td>$194 - $244</td>
<td>$244 - $717</td>
</tr>
<tr>
<td>38 – 39 credits @ $239</td>
<td>$101 - $717</td>
<td>$136 - $274</td>
<td>$194 - $244</td>
<td>$244 - $717</td>
</tr>
</tbody>
</table>

**1 – 3 credits for HSC 101 or HSC 124 Prerequisite Course**
(Cost varies depending on course and tuition rates)

- **In-district = $101-$303**
- **Out-district = $159-$477**
- **Out-state = $209-$627**
- **International = $239-$717**

### PROGRAM FEES

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Exam (including lab tests &amp; immunizations)</td>
<td>$150 - $250</td>
</tr>
<tr>
<td>CPR Certification (based on taking WCC's HSC 131 Course)</td>
<td>$136 - $274</td>
</tr>
<tr>
<td>Required Text Books &amp; Course Packs</td>
<td>$850</td>
</tr>
<tr>
<td>Uniform Costs</td>
<td>$300</td>
</tr>
<tr>
<td>Dental Kit Fee (Mandatory fee attached to DEN 204 at time of registration)</td>
<td>$400</td>
</tr>
<tr>
<td>Dental Instrument Supply Fee (Mandatory fee attached to DEN 110 at time of registration)</td>
<td>$675</td>
</tr>
<tr>
<td>ADAA Student Membership (Includes MDAA &amp; local membership)</td>
<td>$45</td>
</tr>
<tr>
<td>Licensure (CDA &amp; RDA Exams)</td>
<td>$595</td>
</tr>
</tbody>
</table>

### ADDITIONAL COSTS TO CONSIDER

- Student Health Insurance
- Transportation to and from campus and clinical sites
- Parking fees for clinical sites (U of M Parking)
- Lunches at clinical sites
- Supplies (notebooks, paper, pens, pencils, calculator, etc…)
- Childcare

### TOTAL COSTS* (tuition & college fees + program fees based on residency status)

<table>
<thead>
<tr>
<th>Residency Status</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-District Residents</td>
<td>$8,803 - $9,206</td>
</tr>
<tr>
<td>Out-District Residents</td>
<td>$11,123 - $11,700</td>
</tr>
<tr>
<td>Out-State Residents</td>
<td>$13,123 - $13,850</td>
</tr>
<tr>
<td>International Residents</td>
<td>$14,323 - $15,140</td>
</tr>
</tbody>
</table>

*Total cost does not include “Additional Costs to Consider”.

Rev. 9/2/15   Health and Second Tier Admissions Office · Washtenaw Community College · 4800 East Huron River Drive, Ann Arbor, MI 48105
Phone: (734) 973-3596 or (734) 477-8998 · Fax: (734) 677-5408 · Email: healthadmissions@wccnet.edu · www.wccnet.edu
Health Programs at WCC
Website: http://health.wccnet.edu

Health and Second Tier Admissions
Phone: (734) 973-3596 or (734) 477-8998
Email: healthadmissions@wccnet.edu

Student Connection
Phone: (734) 973-3543
Email: studrec@wccnet.edu

Transcript Evaluation
Phone: (734) 973-3590 or (734) 477-8969
Email: transcripteval@wccnet.edu
Website: www.wccnet.edu/transfer

Financial Aid
Phone: (734) 973-3523
Email: finaid@wccnet.edu

Counseling
(Advising before admission to the program)
Phone: (734) 677-5102

WCC Campus Map & Driving Directions
Website: www.wccnet.edu/about-us/visiting/

WCC Room Locator
Website: www.wccnet.edu/about-us/room-locator/

Regular Office Hours (Student Services)
Monday - Thursday: 8:00am – 7:00pm
Friday: 8:00am – 5:00pm
Saturday: 9:00am – 1:00pm

Kathleen Weber, CDA, RDA, BAS
Dental Assisting Program Director
Phone: (734) 973-3338
Email: weber@wccnet.edu

Kristina Sprague, CDA, RDA, BS
Dental Assisting Faculty
Phone: (734) 973-3337
Email: ksprague@wccnet.edu

Jodi Neuman, CDA, RDA, BAS
Dental Assisting Clinical Instructor
Phone: (734) 973-3332
Email: jneuman@wccnet.edu

Sue Travis
Health Programs Counselor
(Advising after admission to the program)
Phone: (734) 973-3358 – by appointment only
Email: stravis@wccnet.edu

The Commission on Dental Accreditation of the American Dental Association
(Accredited by)
211 E Chicago Ave, Ste 1900
Chicago, IL 60611
Phone: (312) 440-2500
Website: www.ada.org

Dental Assisting National Board (DANB)
444 N Michigan Ave, Ste 900
Chicago, IL 60611
Phone: (800) 367-3262 or (312) 642-3368

The Higher Learning Commission of the North Central Association
(Institution Accreditation)
230 N LaSalle St, Ste 7-500
Chicago, IL 60604
Phone: (312) 263-0456
Website: www.ncahlc.org

Michigan State Police
Lansing Criminal Justice Info Center Phone: (517) 322-5531
Website: http://www.michigan.gov/msp/