

Washtenaw Community College
Dental Assisting (CFDAC) – Pathway II (ADAEP)
Spring/Summer 2016 Entry (2015-16 Academic Year)
Application Deadline: April 15, 2016 (or until all 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

Upon submission of a completed application, students are accepted to the program on a first-come basis until all seats in the program are filled. However, if at any time there are more applicants than seats available, we will begin following our Admission to High Demand Programs policy.

WCC's Admission to High Demand Programs policy is based on 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 36 students are accepted to the program for a Fall, Winter, and Spring/Summer semester start (12 per semester). 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 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 prior to the start 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.

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. **Contact Kathleen Weber in the Dental Assisting Department at (734) 973-3338 or weber@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.

To register for ACS 1035, go to: <http://www.wccnet.edu/academics/classes/online/introduction-class/>

___ 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. **Current and Valid CPR Card**

___ Must submit copy of current and valid CPR card.

___ 7. **Pass all 3 portions (GC, RHS, ICE) of the Dental Assisting National Board (DANB) Certified Dental Assisting (CDA) Examination or Graduate from an American Dental Association (ADA) Commission on Dental Accreditation (CODA) Accredited Dental Assisting program**

___ Must submit current DANB CDA Certification or official transcripts with posted graduation date from school where ADA CODA accredited Dental Assisting program was completed.

___ 8. **Program Application and Requirements Checklist** (this form)

___ 9. **Communication Acknowledgement Form**

___ 10. **Additional Information Form**

___ 11. **Information Release Authorization Form**

___ 12. **Dentist Agreement of Participation and Employment Verification Form**

___ 13. **Student Agreement of Participation 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.

___ 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 but are required for graduation.

___ 1. **Support Courses**

Please indicate the course(s) you have completed below. Students are encouraged to complete required support courses prior to beginning the program.

___ a. **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 pursuing an Associate's degree should take ENG 111.

Entrance Requirements

1. Mandatory attendance at a two (2) day on-campus workshop upon acceptance into the program.
2. A second criminal background check may be conducted as well as drug testing prior to starting the program.
3. 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. Continual employment, working a minimum of 24 hours per week as a chairside dental assistant.
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: _____

Washtenaw Community College
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COMMUNICATION ACKNOWLEDGEMENT FORM

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: _____

Washtenaw Community College
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ADDITIONAL INFORMATION FORM

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. At this time, students are accepted to the program on a first-come basis until all seats in the program are filled. However, if at any time there are more applicants than seats available, we will begin following our Admission to High Demand Programs policy.
- ___ a. 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>.
- ___ i. 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. After the submission of your program application, the communications below will be sent depending on your status.
- ___ a. If there are available seats in the program following the submission of your **completed** program application, you will be sent an official acceptance letter by mail and email.
- ___ i. All accepted students will be required to attend a mandatory **two (2) day** workshop held on WCC's main campus. The date, time, and location of this workshop along with other important information will be provided in your official letter. If you do not attend the workshop, **your application will be closed.**
- ___ b. If all seats in the program are filled following the submission of your **completed** program application and depending on the date the program will begin, we may give you alternate candidate status in the program. (Up to 2 students will be given alternate candidate status.)
- ___ i. If you are given alternate candidate status, you will be sent an official letter by mail and email. An alternate candidate should be prepared to take the seat of any accepted student who is unable to start the program. Alternate candidates are eligible to move to accepted status if a seat becomes available prior to the start of the program.
- ___ c. If all accepted and alternate candidate seats in the program are filled following the submission of a students **completed** program application, a letter will be sent by mail and email to inform you of this and that **your application will be closed.**
- ___ 4. 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**.
- ___ 5. 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: _____

Washtenaw Community College
Dental Assisting (CFDAC) – Pathway II (ADAEP)
2015-16 Academic Year
DENTIST AGREEMENT OF PARTICIPATION AND EMPLOYMENT VERIFICATION FORM

This form must be completed by the DENTIST who will be supervising the student.

Student's Printed Name: _____ Student ID: _____

This agreement is only valid for the following semester (check or circle one):

FALL 2015
(August – December)

WINTER 2016
(January – May)

SPRING/SUMMER 2016
(May – August)

Please initial all of the following statements to show you understand them:

_____ I am verifying that the student stated above is currently employed a minimum of 24 hours per week as a chairside dental assistant in my dental office.

_____ I agree to assist this student in meeting program requirements and to evaluate this student according to the evaluation guidelines provided by the Dental Assisting program at Washtenaw Community College.

_____ I agree to participate in an on-site evaluation of this student by a WCC faculty member.

_____ I agree to actively participate with this student and in this student's education, to observe and evaluate this student's performance and submit my signature on the appropriate validation form(s).

_____ I am aware that a condition of acceptance and continuation in the program for this student is that he/she be continually employed and working a minimum of 24 hours per week as a chairside dental assistant in my dental office under my supervision.

_____ I agree to notify Kathleen Weber, Program Director (734-973-3338 or weber@wccnet.edu) if this student leaves my employment during the course of his/her enrollment in the program.

Employing Dentist Signature: _____ Date: _____

Print Dentist Employer Name: _____

License Number: _____ Expiration Date: _____

Practice Name/Dentist: _____

Employer Street Address: _____

City: _____ State: _____ Zip: _____

Employer Phone: (_____) _____ Employer Fax: (_____) _____

Mailing Address (only if different from Street Address): _____

City: _____ State: _____ Zip: _____

This form is only valid for the semester indicated above.

Washtenaw Community College
Dental Assisting (CFDAC) – Pathway II (ADAEP)
2015-16 Academic Year
STUDENT AGREEMENT OF PARTICIPATION FORM

This form must be completed by the STUDENT.

Student's Printed Name: _____ Student ID: _____

This agreement is only valid for the following semester (check or circle one):

FALL 2015
(August – December)

WINTER 2016
(January – May)

SPRING/SUMMER 2016
(May – August)

Please initial all of the following statements to show you understand them:

_____ I verify that I am currently employed a minimum of 24 hours per week as a chairside dental assistant in the dental office stated on the *Dentist Agreement of Participation and Employment Verification Form* and that my employing dentist has agreed to participate in this program.

_____ I understand that my employing dentist must be an active participant in order for me to continue in this program.

_____ I understand that a condition of my acceptance and continuation in the program is that I be continually employed and working a minimum of 24 hours per week as a chairside dental assistant in the dental office indicated on the *Dentist Agreement of Participation and Employment Verification Form*.

_____ I agree to notify Kathleen Weber, Program Director (734-973-3338 or weber@wccnet.edu) if I leave my employing dentist's office as stated on the *Dentist Agreement of Participation and Employment Verification Form* or if my employment status changes during the course of my enrollment in the program.

Student's Signature: _____ Date: _____

This form is only valid for the semester indicated above.

Washtenaw Community College
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INFORMATION RELEASE AUTHORIZATION FORM

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: ____/____/____
Month Day Year 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: _____

Washtenaw Community College
 Dental Assisting (CFDAC) - Pathway II (ADAEP)
 Spring/Summer 2016 Entry (2015-16 Academic Year)
COURSE SEQUENCE

The Dental Assisting (DEN) courses 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 contact the Dental Assisting Department for advising regarding the program or meet with an advisor/counselor to discuss course selection if pursuing an Associate Degree.

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)

<u>Prerequisite Requirement (Required to Apply to Program)</u>		<u>22 credits</u>
DANB Exam	Students must pass all three portions of the Dental Assisting National Board (DANB) Certified Dental Assistant (CDA) exam prior to entry and be a current CDA. (Students must verify credentials.)	22 credits
<u>Semester 1</u>		<u>16-17 credits</u>
DEN 204	Advanced Functions	4 credits
DEN 230	Alternative Dental Assisting Education Project	9 credits
<i>BMG 207 or</i>	<i>Business Communication*</i>	<i>3-4 credits</i>
<i>ENG 111</i>	<i>Composition I**</i>	
<u>TOTAL CREDITS REQUIRED FOR THE PROGRAM</u>		<u>38-39 credits</u>

*Support course(s).

**Students planning to pursue an Associate's degree should take ENG 111.

Washtenaw Community College
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ESTIMATED COSTS

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)	COST
16 - 17 credits @ \$101 (<i>in-district rates</i>)	\$1,616 - \$1,717
16 - 17 credits @ \$159 (<i>out-district rates</i>)	\$2,544 - \$2,703
16 - 17 credits @ \$209 (<i>out-state rates</i>)	\$3,344 - \$3,553
16 - 17 credits @ \$239 (<i>international rates</i>)	\$3,824 - \$4,063
ACS 1035 Prerequisite Course	\$25
Contact Hour Fee (labs & clinicals)	\$600
Graduation Fee (cap & gown)	\$40

PROGRAM FEES	COST
CPR Certification (based on taking WCC's HSC 131 Course) (Includes tuition for 1 credit hour & \$35 Red Cross CPR Card Fee) in-district = \$136; out-district = \$194; out-state = \$244; international = \$274	\$136 - \$274
Required Text Books & Course Packs	\$350
Dental Kit Fee (Mandatory fee attached to DEN 204 at time of registration)	\$400
Dental Kit Fee (Mandatory fee attached to DEN 230 at time of registration)	\$200
Licensure (RDA Exam)	\$170

ADDITIONAL COSTS TO CONSIDER	COST
Transportation to and from campus (At the beginning of the semester for the mandatory two (2) day workshop as well as for the clinical final at the end of the semester.)	
Hotel Accommodations (While attending the mandatory two (2) day on campus workshop)	
Supplies (notebooks, paper, pens, pencils, calculator, etc...)	
Optional Books: Infection Control, Radiography, Nitrous Oxide	

TOTAL COSTS* (tuition & college fees + program fees based on residency status)	COST
<i>In-District Residents</i>	\$3,537 - \$3,638
<i>Out-District Residents</i>	\$4,523 - \$4,682
<i>Out-State Residents</i>	\$5,373 - \$5,582
<i>International Residents</i>	\$5,883 - \$6,122

*Total cost does not include "Additional Costs to Consider".

Washtenaw Community College
Dental Assisting (CFDAC) – Pathway II (ADAEP)
Spring/Summer 2016 Entry (2015-16 Academic Year)
CONTACT INFORMATION AND ACCREDITATIONS

Accreditation and helpful contact information is provided below.

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/>