

Washtenaw Community College
Dental Assisting (CFDAC) – Pathway II (ADAEP)
Fall 2018 Entry (2018-19 Academic Year)
Application Deadline: Friday, August 3, 2018 (or until all seats are filled)
PROGRAM APPLICATION AND REQUIREMENTS CHECKLIST

WCC Student ID: _____ Date: _____
Last Name: _____ First Name: _____ Middle Name: _____
Former/Previous Names: _____
*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. 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 Enrollment Steps for Health and Second Tier Program Students website at <http://www.wccnet.edu/studentconnection/admissions/health-second-program/>.

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 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

Only official transcripts will be evaluated for transfer credit and applied towards your application. If course work (including prerequisites, support courses, and/or other applicable admission requirements/criteria) was completed at multiple institutions, an official transcript must be **received** from each institution. Incoming official transcripts must have appropriate signatures and/or official college seals. **Transcripts must be sent directly to WCC from an issuing institution or sealed if issued to the student.** Official transcripts are not needed for course work completed at WCC. Foreign high school transcripts will **not** be used for validation of course work when high school course work is applicable. For additional details regarding transfer credit and credit for prior learning (including foreign education, portfolio review, AP, CLEP, articulation, military, etc.) please visit WCC's website at <http://www.wccnet.edu/services/transferresources/credittowcc/>.

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. **This includes all necessary official transcripts unless previously submitted and received by WCC's Records Office.** WCC transcripts are not required.

___ 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)**

___ Date Course Completed: _____

Register for this course at: <http://www.wccnet.edu/academics/classes/online/introduction-class/>

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. **The completion of ROLL does not meet this requirement.**

___ 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 (old) Critical Reading = 460, SAT (new) Reading = 24, COMPASS Reading = 82, or Accuplacer Reading Comprehension = 80.

Students who verify that they have previously attended an accredited U.S. college or university and have earned a minimum of 15 credits with a minimum GPA of 2.0 or higher are not required to complete placement testing in Reading and Writing. Students living more than 50 miles from WCC will be provided with Reading and Writing assessments while enrolled in ACS 1035. For more information regarding assessment testing, please visit WCC's website at <http://www.wccnet.edu/studentconnection/placement/>.

___ 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 (old) Writing = 480, SAT (new) Writing & Language = 24, COMPASS Writing = 81, or Accuplacer Sentence Skills = 80.

Students who verify that they have previously attended an accredited U.S. college or university and have earned a minimum of 15 credits with a minimum GPA of 2.0 or higher are not required to complete placement testing in Reading and Writing. Students living more than 50 miles from WCC will be provided with Reading and Writing assessments while enrolled in ACS 1035. For more information regarding assessment testing, please visit WCC's website at <http://www.wccnet.edu/studentconnection/placement/>.

___ 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. **Background Information Acknowledgement 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. **The student's residency status may be updated accordingly based on the documentation submitted.**

___ 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. Please remember **official transcripts** must be submitted to verify these requirements unless previously submitted and **received** by WCC's Records Office. WCC transcripts are not required.

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

Continuing Eligibility Requirements

1. Continual employment, working a minimum of 24 hours per week as a chairside dental assistant.
2. All Dental Assisting (DEN) and support courses to the program must be completed with a minimum grade of C/2.0.
3. Students who are dismissed from the program may not be eligible to reapply to the program.

Submitting Applications

Program applications along with all documentation needed to verify completion of requirements can be submitted in one of the ways listed below. Applications must be **received** by WCC's Health and Second Tier Admissions Office on or prior to the application deadline. Approximately 1-2 business days after an application is received, an email confirmation is sent to the students WCC email.

- In-person: Submit to Student Connection (2nd floor, Student Center)
- By email*: Send to healthadmissions@wccnet.edu
- By fax*: (734) 677-5408
- By mail**: Health and Second Tier Admissions Office
Washtenaw Community College
4800 E Huron River Dr
Ann Arbor, MI 48105

**We recommend calling to confirm legibility of documents if faxing or emailing. If requested, original documents must be submitted to complete your application.*

***We recommend tracking your application if sending by mail.*

Students with questions or concerns regarding WCC's competitive admission process or submitting an application to the program should contact the Health and Second Tier Admissions Office.

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: _____

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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: _____

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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. I understand that at this time, admissions to this program is on a first-come basis until all seats are filled. And, that if at any time, there are more applicants than seats available, WCC will begin to follow their *Admission to High Demand Programs* policy.
- _____ a. I have read the *Admission to High Demand Programs* policy on WCC's website at <http://www.wccnet.edu/trustees/policies/2005/>.
- _____ b. I have reviewed the competitive admission process *Point Scales for All Programs* on WCC's Enrollment Steps for Health and Second Tier Program Students website at <http://www.wccnet.edu/studentconnection/admissions/health-second-program/>.
- _____ c. I have had all my questions and/or concerns pertaining to WCC's competitive admission process answered by the Health and Second Tier Admissions Office.
- _____ 2. I understand that admission requirements/criteria and program requirements (including courses, minimum grade, and GPA requirements) along with WCC's point system and scales are reviewed annually and subject to change.
- _____ a. I understand that I am expected to meet all admission requirements/criteria for the semester(s) for which I apply, and if offered admission, I must meet all program requirements based on the catalog term of when I first begin the program.
- _____ 3. I understand that students are sent an email upon receipt of their program application as confirmation that their application was received. However, I understand that it may take anywhere from 2 weeks to 3 months before my application will be reviewed and processed depending on the time of year and the number of health applications submitted at that given time. And, that applications are reviewed in the order they are received with consideration to all health program application deadlines and class start dates.
- _____ 4. I understand that after my application has been reviewed, I will receive the communications below depending on my status.
- _____ a. I understand that if WCC determines that I have met all minimum admission requirements/criteria and there are seats available, I will be sent an official acceptance letter by email and mail. And, that in this letter, I will be notified of the date, time, and location of a mandatory two (2) day workshop held on WCC's main campus along with other important information needed to maintain my status and continue in the program.
- _____ b. I understand that if WCC determines that I have met all minimum admission requirements/criteria and there are no seats available, I will be given alternate candidate status and will be notified by email.
- _____ i. I understand that if given alternate candidate status, my application will remain open through the start of the semester and in the event that an accepted student chooses not to begin the program, I may be called into the program. However, I understand **my application will be closed** after the start of the semester.
- _____ ii. I understand that my application is only valid for the semester for which I applied and if I wish to be reconsidered for admission to the program for a future semester, I must reapply and submit a new application.

_____ c. I understand that if it is determined that I do not meet all minimum admission requirements, I will be notified by email of my pending requirements. I understand that if I do not successfully complete these requirements by the stated deadline or if all seats are filled prior to the completion of my requirements, **my application will be closed**.

_____ 5. I understand that if my application is closed for any reason and I wish to reapply for a future semester, I must meet all current admission requirements and submit a new program application.

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

Printed Name: _____

Student ID: _____

Signature: _____

Date: _____

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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 FALL 2018 SEMESTER (August 2018 – December 2018).

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: _____

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STUDENT AGREEMENT OF PARTICIPATION FORM

This form must be completed by the STUDENT.

Student's Printed Name: _____ Student ID: _____

Employing Dentist: _____ Practice Name: _____

THIS AGREEMENT IS ONLY VALID FOR THE FALL 2018 SEMESTER (August 2018 – December 2018).

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 above and 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 above and on the *Dentist Agreement of Participation and Employment Verification Form*.

_____ I understand that if I switch to a new employing dentist prior to the start of the semester, I must submit a new *Student Agreement of Participation Form* and *Dentist Agreement of Participation and Employment Verification Form* immediately or I will not be eligible to continue in the program.

_____ 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: _____

Washtenaw Community College
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BACKGROUND INFORMATION ACKNOWLEDGEMENT FORM

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.**

All individuals applying for a health professional license or registration in Michigan are required to undergo a criminal background check and submit finger prints. The requirement for this procedure is pursuant to Public Act 26 of 2006. If no criminal history information is found, the Bureau of Health Professions (BHP) will be notified within 24-48 hours. If criminal history information is found, the record will be provided to the BHP for review.

The Bureau of Health Professions will not provide a definitive answer on how the conviction will impact an application for a Michigan license until the time an individual applies for licensure with the state. At that time, the full history of the situation is reviewed. The BHP considers when the offense occurred, what the nature of the offense was and what has happened since the offense (schooling, etc). They also take into consideration whether this was a single incident or if the conviction represents a pattern of behavior. If they feel comfortable with the information provided, and feel that the applicant has positively moved on with his or her life, they will proceed with processing the application.

However, if the BHP continues to have concerns after reviewing the information, they can request additional information or court records. If the case is very clear and recent sanctions are still imposed, they can deny licensure. If time has elapsed since the offense but they want more assurances that the offense will not occur again, they can ask that a Notice of Intent to Deny be issued. This Notice would provide the applicant with an opportunity to request a hearing and demonstrate why he or she should be able to become licensed. An administrative law judge would hear the case and make a decision.

Please answer the questions below by checking the appropriate box on the left.

Questions	No	Yes
Have you ever been convicted of a felony or are you currently serving any sentences for felony convictions?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of two years or a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been disciplined by a regulatory board, certifying agency or examination agency or education institution?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been declared mentally incompetent by a court of law?	<input type="checkbox"/>	<input type="checkbox"/>

I understand that if I answered yes to any of the above questions, I may not be eligible to sit for the RDA licensing exam and/or obtain my RDA license.

Printed Name: _____

Student ID: _____

Signature: _____

Date: _____

Washtenaw Community College
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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 unless otherwise specified. (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.

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ESTIMATED COSTS

Tuition rates and fees listed below are estimates based on the 2018-2019 academic year and are only valid through the Spring/Summer 2019 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 \$10 enrollment/technology fee per credit hour)	COST
16 - 17 credits @ \$105 (<i>in-district rates</i>) DEN 204 (4 credits) = \$420; DEN 230 (9 credits) = \$945; BMG 207 (3 credits) = \$315 or ENG 111 (4 credits) = \$420	\$1,680 - \$1,785
16 - 17 credits @ \$171 (<i>out-district rates</i>) DEN 204 (4 credits) = \$684; DEN 230 (9 credits) = \$1,539; BMG 207 (3 credits) = \$513 or ENG 111 (4 credits) = \$684	\$2,736 - \$2,907
16 - 17 credits @ \$230 (<i>out-state rates</i>) DEN 204 (4 credits) = \$920; DEN 230 (9 credits) = \$2,070; BMG 207 (3 credits) = \$690 or ENG 111 (4 credits) = \$920	\$3,680 - \$3,910
16 - 17 credits @ \$268 (<i>international rates</i>) DEN 204 (4 credits) = \$1,072; DEN 230 (9 credits) = \$2,412; BMG 207 (3 credits) = \$804 or ENG 111 (4 credits) = \$1,072	\$4,288 - \$4,556
Contact Hour Fee (labs & clinicals) DEN 204 = \$300; DEN 230 = \$300	\$600
Graduation Fee (cap & gown)	\$45

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 = \$140; out-district = \$206; out-state = \$265; international = \$303	\$140 - \$303
Required Text Books & Course Packs	\$350
Dental Kit Fee (Mandatory fee attached to course at time of registration) DEN 204 = \$400; DEN 230 = \$200	\$600
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>	\$3,585 - \$3,690
<i>Out-District Residents</i>	\$4,707 - \$4,878
<i>Out-State Residents</i>	\$5,710 - \$5,940
<i>International Residents</i>	\$6,356 - \$6,624

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

Washtenaw Community College
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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

Website:

<http://www.wccnet.edu/studentconnection/admissions/health-second-program/>

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)

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