**IMPORTANT NOTICE**

Due to the COVID-19 situation and staff working remotely, the quickest and PREFERRED METHOD of submitting your application is by email to healthadmissions@wccnet.edu. Please scan or take pictures of each application page (front & back if applicable) along with any supporting documentation. Remember to include a copy of the front AND back of your driver’s license or state ID card.

If you are unable to email your application, send it by mail to the address located in the packet below. However, please note there may be a 1-2 week delay before our office receives your application due to limited access and visit’s to WCC’s main campus at this time.

Please **DO NOT FAX** your application! At this time, we do not have access to check our fax machine.

Please note that upon receipt of your application, an email confirmation is usually sent within 1-2 business days.

If you have any questions or concerns about completing or submitting your application, please contact our Health and Second Tier Admissions Office at healthadmissions@wccnet.edu or leave a message at (734) 973-3596 or (734) 477-8998. Please note that returned calls will come from a “No Caller ID’ number due to working remotely.
Washtenaw Community College
Dental Assisting (CFDAC) – Pathway I (Campus)
Fall 2020 Entry (2020-21 Academic Year)

Application Deadline: Until all seats are filled or until Friday, August 14, 2020 at 5pm (whichever comes first)

PROGRAM APPLICATION AND REQUIREMENTS CHECKLIST

WCC Student ID: ___________________________ Date: __________________

Last Name: ___________________________ First Name: ___________________________ Middle Name: ___________________________

Former/Previous Names: _______________________________________________________________________________

*Street Address: _______________________________________________________________________________________

City: _________________________________________________________________________________________________

State: _______ Zip: ___________ County: ___________________

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

WCC Email/netID: ___________________________________ Other Email: ______________________________________

Required Checklist
All of the requirements below must be successfully completed before submitting an application to the program.

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

___ 2. Participate in a Mandatory Information Session
Students must participate in an information session before applying to the program. Please contact Jodi Neuman in the Dental Assisting Department at jneuman@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 (Ready for Online Learning) does not meet this requirement.

___ b. HSC 101 (Healthcare Terminology) or HSC 124 (Medical Terminology) with a minimum grade of C+/2.3

____________________________________________________________________________________

____________________________________________________________________________________

School                           Subject                           Course                           Grade or GPA               Credits               WCC Equivalent (if applicable)

1 of 6

Rev. 11/20/19 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
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, ACCUPLACER (old) Reading Comprehension = 80, or ACCUPLACER Next Gen (new) Reading Comprehension = 253.

   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/](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, ACCUPLACER (old) Sentence Skills = 80, or ACCUPLACER Next Gen (new) = 250.

   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/](http://www.wccnet.edu/studentconnection/placement/).

6. **Verification of High School Diploma, GED, or Higher Degree**
   - GED, High School Equivalency Certificate, high school diploma, high school transcript with posted graduation date, or college/university transcripts with posted degree must be submitted with your application unless previously submitted.

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

7. **18 Years of Age by October 1st (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.

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

9. **Additional Information Form**

10. **Policy on Student Competencies Form**

11. **Residency Verification**
    The student’s residency status may be updated accordingly based on the documentation submitted.
    - Include a copy of the front and back of your Driver's License or State ID Card.
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: ____________________________

SUBMITTING APPLICATIONS

Applications and all documentation 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. To confirm receipt, an email is sent approximately 1-2 business days after an application is received.

- In-person: Submit to Student Connection (2nd floor, Student Center)
- Email*: Send to healthadmissions@wccnet.edu
- Fax*: (734) 677-5408 (Attn: Health & Second Tier)
- Mail**: Health & Second Tier Admissions, 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 at (734) 973-3596, (734) 477-8998, or healthadmissions@wccnet.edu.
Additional information is provided below that is important and pertains to the program. **Please carefully read all statements.**

1. **The requirements outlined in this packet are based on the academic year/semester indicated above. Admission requirements/criteria are reviewed annually and subject to change. You are expected to meet all admission requirements for each semester you apply, and if offered admission, you must meet all program requirements of the **catalog term** in which you first begin the program.**

   a. **Program applications are semester specific and only valid for the semester in which you applied. If your application is closed for any reason and wish to be reconsidered for admission to the program, you will need to meet current admission requirements and submit a new application to a future semester.**

   b. **Each semester, approximately 24 students are accepted to the program for a Fall semester start. This is a full-time program and no part-time option is available.**

2. **This program utilizes WCC’s **Limited Enrollment Admission Process** for determining admission to the program. Applicants are required to meet all admission prerequisites/criteria and are admitted to the program on a first-qualified, first-admitted basis until all seats are filled. If there are more qualified applicants than seats available for two or more consecutive admission cycles, WCC reserves the right to utilize our Competitive Admission Process for determining admission to this program in future semesters. Details regarding WCC’s admission processes can be found on WCC’s website below.**

   - **Enrollment Steps for Health and Second Tier Program Students:** [http://www.wccnet.edu/studentconnection/admissions/health-second-program/](http://www.wccnet.edu/studentconnection/admissions/health-second-program/)
   - **Admission to High Demand Programs:** [http://www.wccnet.edu/trustees/policies/2005/](http://www.wccnet.edu/trustees/policies/2005/)
   - **Point Scales for All Programs:** [http://www.wccnet.edu/studentconnection/admissions/health-second-program/](http://www.wccnet.edu/studentconnection/admissions/health-second-program/)

3. **Please read and review the information found on the department’s website below for more important information regarding the program.**

   - **Dental Assisting at WCC:** [http://health.wccnet.edu/dentalassisting/](http://health.wccnet.edu/dentalassisting/)

4. **WCC sends all communications regarding application and admission statuses directly to your WCC student email address. It is extremely important that you check your WCC email on a regular basis so you do not jeopardize your status. Please be aware that WCC assumes any information sent to your WCC email has been received and reviewed. It is also important to keep your contact information current in the College system (including addresses, emails, phone numbers). If WCC is unable to contact you regarding your application and/or you do not respond to any contacts made by WCC, your application be closed. Contact information can be update online through your WCC Gateway account by clicking on MyWCC and then Personal Information, at Student Connection (2nd floor, Student Center), or by calling (734) 973-3543.**

5. **Residency is verified upon submission of your program application. For 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 below.**

   - **Residency:** [www.wccnet.edu/residency](http://www.wccnet.edu/residency)

6. **Official transcripts must be submitted before any transfer credit can post to your WCC record and/or count towards application requirements. Information regarding transfer credit can be found on WCC’s website below:**

   - **Transfer Credit:** [http://www.wccnet.edu/services/transferresources/creditowcc/](http://www.wccnet.edu/services/transferresources/creditowcc/)
a. All defined courses plus any substitutions approved by the department prior to the application deadline will be used to meet prerequisites 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. Also, please be aware that if two (2) or more transfer courses are completed to meet the equivalent of one (1) of WCC’s required courses, you must meet the minimum grade requirement in each course (grades are not averaged between the two courses). WCC is not responsible for your application being delayed due to lack of clarification or approval of a substitution.

7. Upon acceptance to the program, the Entrance Requirements below must be successfully completed to be eligible to begin the program. Students who fail to comply or meet these requirements will forfeit their seat in the program.

   a. Mandatory attendance at the new student orientation session. Details will be included in the program acceptance and alternate candidate letters.

   b. Obtain a criminal background check from the college-designated vendor and submit completed health records. Any student found to have a positive drug screen for drugs prohibited by State of Michigan or Federal law (including marijuana) or controlled substances will not be admitted to the program. Specific details and deadlines will be included in the program acceptance and alternate candidate letters and/or provided at the mandatory orientation.

By signing this form, I acknowledge that I have completely read and understand the statements above.

Student's Printed Name: ___________________________ Student ID: ________________
Student's Signature: _______________________________ Date: ________________
Washtenaw Community College  
Dental Assisting (CFDAC) - Pathway I (Campus)  
Fall 2020 Entry (2020-21 Academic Year)

**POLICY ON STUDENT COMPETENCIES FORM**

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:** ___________________________