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: _____

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. **Contact Tina Sprague in the Dental Assisting Department at (734) 973-3337 or ksprague@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.**

_____ 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/.

___ 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/.

___ 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. **Additional Information Form**

___ 10. **Background Information Acknowledgement Form**

___ 11. **Dentist Agreement of Participation and Employment Verification Form**

___ 12. **Student Agreement of Participation Form**

___ 13. **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**.

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**
*Students pursing an Associate's degree should take ENG 111.

_____

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

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:** _____

*An electronic signature will be recognized **ONLY IF** this document is submitted directly from the students WCC email address.*

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 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.

Washtenaw Community College
Dental Assisting (CFDAC) – Pathway II (ADAEP)
Fall 2020 Entry (2020-21 Academic Year)
ADDITIONAL INFORMATION FORM

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. Program requirements are outlined by academic year on WCC's websites below.

    - Dental Assisting Certificate Requirements: https://www.wccnet.edu/learn/departments/alhd/programs/cfdac/

        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 36 students are accepted to the program for a Fall, Winter and Spring/Summer semester start (12 per semester).

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.

    - Health and 2nd Tier Admissions & Competitive Admission Process (including Point Scales for All Programs): https://www.wccnet.edu/start-now/degree/2nd-tier/
    - Admission to High Demand Programs: http://www.wccnet.edu/trustees/policies/2005/

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/

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: https://www.wccnet.edu/afford/cost/residency.php

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

   - Transfer Credits to WCC: https://www.wccnet.edu/start-now/degree/transfer-to-wcc.php

     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 a <u>two (2)</u> day on-campus workshop. Details will be included in the program acceptance and alternate candidate letters.

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:** _____

An electronic signature will be recognized <u>ONLY IF**</u> this document is submitted directly from the students WCC email address.*

This form must be completed by the <u>DENTIST</u> who will be supervising the student.

Student's <u>Printed</u> Name: _____ Student ID: _____

THIS AGREEMENT IS ONLY VALID FOR THE <u>FALL 2020</u> SEMESTER (August 2020 – December 2020).

Please initial <u>all</u> 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 students 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 <u>a minimum of 24 hours per week</u> as a chairside dental assistant in my dental office under my supervision.

_____ I agree to notify Tina Sprague, Program Director (734-973-3337 or ksprague@wccnet.edu) if this student leaves my employment during the course of his/her enrollment in the program.

Employing Dentist Signature: _____ **Date:**_____

<u>Print</u> Dentist Employer Name: _____

License Number: _____ **Expiration Date:** _____

Email Address: _____

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 must be completed by the <u>STUDENT</u>.

Student's <u>Printed</u> Name: _____   Student ID: _____

Employing Dentist: _____   Practice Name: _____

THIS AGREEMENT IS ONLY VALID FOR THE <u>FALL 2020</u> SEMESTER (August 2020 – December 2020).

Please initial <u>all</u> of the following statements to show you understand them:

_____ I verify that I am currently employed a minimum of **<u>24</u>** 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 <u>a minimum of 24 hours per week</u> 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* <u>and</u> *Dentist Agreement of Participation and Employment Verification Form* immediately or I will not be eligible to continue in the program.

_____ I agree to notify Tina Sprague, Program Director (734-973-3337 or ksprague@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:**_____

An electronic signature will be recognized <u>ONLY IF**</u> this document is submitted directly from the students WCC email address.*

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?		
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?		
Have you ever been disciplined by a regulatory board, certifying agency or examination agency or education institution?		
Have you ever been declared mentally incompetent by a court of law?		

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:** _____

*An electronic signature will be recognized __ONLY IF__ this document is submitted directly from the students WCC email address.