

2010-2011 Dental Assistant Program Fall Cohort

Thank you for your interest in the Clackamas Community College Dental Assistant Program. We are pleased that you are exploring dental assisting as a profession.

The Clackamas Community College Dental Assistant Program offers a broad-based curriculum consisting of three terms of full-time study. The dental assisting profession is a demanding discipline and the course of study is challenging as well as rewarding. We urge you to recognize the commitment that is essential if one is to be successful in this program.

Begin your application process as early as possible so that you have ample time to complete the packet. Please review the contents of this application packet thoroughly prior to submitting your application and supporting documents. If you have questions regarding the Dental Assistant Program contact the Clackamas Community College Allied Health Department at 503-594-0690. If you have specific questions about the application process contact our Admissions Specialist at 503-657-6958, ext. 2820.

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Dental assistant students must meet statutory mandates for healthcare providers. Anyone with a criminal record may not be allowed in a healthcare facility as a student. The aim of this legislation is to prevent abuse situations with vulnerable adults and children. All students in the Allied Health Department are required to have a criminal history background check and a drug test.

CCC Admission Policy Statement

Clackamas Community College supports an open door policy and welcomes all students who can benefit from the instruction offered, regardless of their educational background. Prospective students are eligible for admission if they are a high school graduate, have a GED, or are over 18 years of age. Admission to the College does not guarantee entrance to all programs. Students seeking to enter a special admit program must meet additional admission criteria.

Students under the age of 18 that have not yet graduated from high school or obtained their GED are not admitted but are allowed to enroll in selected courses under ORS 339.030. Specific enrollment permissions may be required.

Program

The Dental Assistant Program is designed to prepare students for entry level positions in the dental care setting. The goal of the Clackamas Community College Dental Assistant Program is to graduate students that have demonstrated competencies in clinical and administrative practices as well as demonstrated work ethics and professional values consistent with that of the American Dental Association (ADA).

The program consists of three terms of full time study. Students are involved in an administrative and clinical practicum in the dental care setting in the community. These may include managed care facilities, private dental practices, state and county clinics, dental schools, and the insurance industry.

Certification

Certification is through the Dental Assisting National Board (DANB). The certifying exams are offered at select times throughout the year. For more information please visit www.danb.org.

Getting Started

- Download the application from the website:
<http://depts.clackamas.edu/healthsciences>
- Review Dental Assistant admission and program requirements as indicated in this packet.
- Take placement exams in the Testing Center and gather necessary transcripts and supporting documents.
- Complete the Dental Assistant application and submit by the filing deadline of June 4, 2010 for optimal consideration.

Only completed applications will be accepted in the Registrar's Office located in Roger Rook Hall at the Oregon City campus.

Applications received after June 4, 2010 will be considered on a space-available basis at the discretion of both the Allied Health Department and the Registrar's Office.

Submitting an application does not guarantee that applicants have satisfied minimum criteria.

2010-2011 Certificate of Completion Dental Assistant Program — Fall Cohort

The following must be included with application packet:

- Completed 2010-2011 Dental Assistant Program application
- Competency in writing, math, and reading as measured by CCC placement assessment dated no earlier than 2002 or previous college coursework as documented on official college transcripts. Students must place into at least WR-101 or WR-121, MTH-050/60 or MTH-065, and RD-115 to be eligible to apply.
- A 300 word, handwritten essay (refer to the back page of this application for instructions)
- A letter of recommendation (refer to the back page of this application for instructions)
- \$50 Application Fee (non-refundable)

If you plan to test at a school other than CCC, please contact the CCC Testing Center first for more information at 503-594-3283 or 503-594-0626.

All application supporting documents are required regardless of age, educational background or experience.

Application and Admission

- Submit a complete application packet and all required supporting documents including placement exam score report, written essay, letter of recommendation, official transcripts from previously attended colleges and application fee to the CCC Registrar's Office located in Roger Rook Hall at the Oregon City campus by the filing deadline of June 4, 2010. **Only completed application packets will be processed.**
- Admissions personnel will evaluate each application and supporting documents for eligibility criteria.
- Eligibility for admission to the Dental Assistant Program will be based on meeting the stated criteria. Spaces are limited, therefore, eligibility does not guarantee admission to the program. **Applicants will be notified of admission decision within 30 days of the filing deadline.** Any application submitted after the deadline will be considered on a space-available basis at the discretion of both the Allied Health Department and the Registrar's Office.
- The Allied Health Department reserves the right to establish an alternate list. Students on the alternate list will be notified if space becomes available.
- Admission criteria are subject to change from year to year. It is the responsibility of the student to be informed. Please refer to the current CCC academic catalog for program requirements and changes.

Submitting an application does not guarantee that applicants have satisfied minimum criteria.

Upon Acceptance

- Prior to beginning classes in the fall, you must submit to the Allied Health Department the Health History form provided by CCC to be completed by an MD, DO, ANP/FNP or PA *and* show evidence of:
 - A physical examination within the last year
 - Immunity to measles, mumps, rubella, varicella, tetanus, diphtheria, and pertussis
 - Tuberculin skin testing or chest x-ray
 - Begin series of hepatitis B vaccinations or submit proof of completed series if within 7 years, or current titer results
- Attend the mandatory orientation for dental assistant students on August 24, 2010.

- Prior to beginning the program, all students must provide the Registrar's Office and the program director with proof of CPR certification. **Only American Heart Association Healthcare Provider CPR certification will be accepted.** This certification must remain current throughout the program. More information will be provided at orientation.
- All students in the Dental Assistant Program are expected to achieve a "C" grade or better in all required courses each term prior to moving on to the next term. Core curriculum is sequential and may not be taken out of order. Core curriculum is intended to be completed in one academic year.
- Read and sign an Individual Professional Standards Acknowledgement form and a confidentiality statement provided at orientation.
- Students must provide the Allied Health Department with Form FD-258 with their fingerprints for submitting to the Oregon State Police and the Federal Bureau of Investigation for obtaining a criminal history background check. Fingerprint forms may be obtained through your local law enforcement office. Students who do not pass the Criminal History Check (CHC) may not be eligible to complete training at affiliated practicum sites, to sit for licensure or certification exams or be hired for some professional positions. If you believe that your past history may interfere with your ability to complete the program of study or to obtaining licensure or certification in your chosen field, you should contact the appropriate state board or program director.
- All students in the Allied Health Department will be required to have a drug test prior to the start of their clinical practicum at their expense. Students will be notified when and where to have this test completed.

CERTIFICATE OF COMPLETION

Dental Assistant Program Requirements

FALL TERM

DA-101	Dental Radiology I.....	3
DA-104	Clinical Procedures I.....	3
DA-107	Dental Materials I.....	3
DA-110	Clinical Practicum I.....	1
DA-115	Dental Science.....	1
DA-125	Dental Infection Control.....	1
WR-101	Communication Skills: Occupational Writing	
or WR-121	English Composition.....	3-4

WINTER TERM

DA-102	Dental Radiology II.....	1
DA-105	Clinical Procedures II.....	3
DA-108	Dental Materials II.....	2
DA-120	Clinical Practicum II.....	5
DA-135	Pharmacology/Medical Emergencies.....	1
CS-120	Survey of Computing.....	4

SPRING TERM

DA-106	Clinical Procedures III.....	2
DA-130	Clinical Practicum III.....	8
DA-145	Dental Office Procedures.....	2
PSY-101	Human Relations.....	3
MTH-050	Technical Mathematics I	
or MTH-065	Algebra II.....	3-4

Minimum credits required for certificate..... 49-51

Dental lab schedules (am/pm) are based on lottery. Information will be provided at orientation.

2010-2011 CCC Dental Assistant Application for Admission — Fall Cohort

Date: _____ Social Security # **or** CCC Student I.D.# _____

Indicate the term you are applying for: Fall 2010

Providing your Social Security Number (SSN) is voluntary. If you provide it, the college will use your SSN for keeping records, doing research, aggregate reporting, extending credit and collecting debts. Your SSN will not be given to the general public. If you choose not to provide your SSN, you will not be denied any rights as a student. Providing your Social Security Number means that you consent to the use of the number in the manner described.

Birthdate* * If you're under 18, additional permissions may be required before you can register for classes.

MM DD YYYY

Formal Name _____
Last First (i.e. Anthony) Middle Preferred (i.e. Tony)

Mailing address _____
Address City State County Zip

Telephone _____ Email address _____
Home Cell Work

Residency/Student Type

Required for tuition purposes

- In State** (US citizen or permanent resident of Oregon, CA, ID, WA, or NV 90 days prior to first day of class.)
 Immigrant Refugee Other
- Out of State:**
 US citizen and permanent resident outside of Oregon, CA, ID, WA, or NV
 International visitor (B, J, H or other nonstudent Visa)
 International student (requires I-20)

CCC would appreciate your response to the following:

Gender Male Female

High School/GED Completion

Received High School Diploma _____
Name of School Location Graduation Date

I certify that I have graduated from high school or passed the GED exam.

Previous Colleges Attended

Name of School	Dates	Location	Award
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____

Please answer the following questions: (For statistical purposes only)

- Are you the first person in your family to attend college? Yes No
- What is your household income? \$0-\$15,000 \$15,000-\$30,000 \$30,000-\$50,000 \$50,000+
- What is your employment status? Employed 35 hrs/week or more Retired
 Employed less than 35 hrs/week Not employed
- Are you a veteran of the U.S. Military Yes No
or do you have a family member who is a veteran? Yes No

Certification of application information and academic standards policies.

I have read and understand the admission enrollment criteria for the Clackamas Community College Dental Assistant program. I verify that all statements on this application are complete and true. I accept and agree that I will be required to sign an Individual Professional Standards Acknowledgement form prior to my entry into the program. Further, I certify that I am aware that I must have physical and mental abilities necessary to provide safe client care, visual acuity, hearing, speech, manual dexterity, physical strength (ability to lift 50 lbs.), and endurance to be successful in the program. I will complete and submit the Health History form prior to the start of classes.

Signature Date

Print Name

Clackamas is required by the U.S. Federal Government to ask the following:

Ethnicity

- Hispanic or Latino
 Not Hispanic or Latino

Race

- (Choose all that apply)
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White

CCC releases student "directory information" which includes enrollment status, verification of certificate or degree award, residency status, major and athletic participation. If you do not want information released, please contact the Registrar's Office and request the Restrict Directory Information form.

Clackamas Community College does not discriminate on the basis of race, color, religion, gender, sexual orientation, marital status, age, national origin/ancestry, disability, family relationship or any other protected status in accordance with applicable law. The college's commitment to nondiscrimination applies to curriculum activity and all aspects of operation of the college.

Certificate of Completion Dental Assistant Program

Written Essay Instructions

Letter of Recommendation Instructions

- A written essay must be included in the application packet. This 300 word document must be hand-written. Please discuss each of the following in your essay:
 - What is your motivation for becoming a dental assistant?
 - Why are you pursuing your course of study at CCC?
 - What is your definition of professionalism?
 - How does professionalism apply to your role as a dental assistant?
 - What skills do you hope to have when you graduate?
 - How do you anticipate using these skills in the healthcare field?

- A letter of recommendation must be included in the application packet. Preferably, the letter should come from a healthcare or academic professional with whom you are well acquainted. This letter will address the likelihood of your success within your chosen field of study. This letter should be written on letterhead and signed by the originator.

Questions may be directed to:

Maria Corona, Dental Assistant Program Director, mariac@clackamas.edu

Sheryl Smith, Admissions Specialist, sheryls@clackamas.edu

Academic Advising, advising@clackamas.edu