

Washtenaw Community College
Dental Assisting (CFDAC)-Pathway II (ADAEP)

Fall 2024 Entry (2024-2025 Academic Year)

Application Deadline: **Until All Seats Are Filled or Friday, August 9, 2024 at 12pm** (whichever comes first)

PROGRAM APPLICATION AND REQUIREMENTS CHECKLIST

WCC Student ID: _____ Date: _____
Last Name: _____ First Name: _____ Middle Name: _____
Previous/Former 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.

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

3. **Academic Reading Level of 6 (College Level)**

Levels are established based on test scores, course completion, or exemptions based on high school or prior college. Visit WCC's website to determine the necessary [scores or exemption requirements](#) for [establishing your level](#) and for information regarding [assessment testing](#) at WCC.

4. **Academic Writing Level of 6 (College Level)**

Levels are established based on test scores, course completion, or exemptions based on high school or prior college. Visit WCC's website to determine the necessary [scores or exemption requirements](#) for [establishing your level](#) and for information regarding [assessment testing](#) at WCC.

5. **Current and Valid CPR Card**

Submit a copy of your current and valid CPR card.

6. **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.**

Submit a copy of your current DANB CDA Certification or official transcripts showing a posted graduation date from the school where you completed an ADA CODA accredited Dental Assisting program.

NOTE: Students admitted to the program will need to submit the [Industry Certifications/Non-Traditional Credit Form](#) and attach a copy of their current CDA certificate before credit is awarded and posted to their WCC transcript and applied towards graduation requirements. Questions regarding the form and/or non-traditional credit should be directed to our Transcript Evaluation Office at transcripteval@wccnet.edu.

- 7. Program Application and Requirements Checklist (this form, pages 1-2)
- 8. Additional Information Form (pages 3-4)
- 9. Background Information Acknowledgement Form (page 5)
- 10. Student Agreement of Participation Form (page 6)
- 11. Dentist Agreement of Participation and Employment Verification Form (page 7)

I have successfully completed all required checklist items and I have included all documentation needed to verify these requirements.

Students Printed Name: _____ Student ID: _____

*Students Signature: _____ Date: _____

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

Student Notes/Comments (optional):

SUBMITTING APPLICATION

The preferred method of submitting an application is by email directly from the student's WCC email. It's recommended that applicants complete the fillable fields and attach their completed packet along with all supporting documentation. Students can scan or take pictures of their documentation.

Email	healthadmissions@wccnet.edu – Preferred method of submission
Mail	Health & 2nd Tier Admissions, Washtenaw Community College, 4800 E Huron River Dr, Ann Arbor, MI 48105
In-Person	Student Welcome Center (2nd floor, Student Center)

Applications must be **received** by WCC's Health and 2nd Tier Admissions Office prior to the application deadline. **Upon receipt of an application, an email is sent to the student's WCC email** within 2 business days or within 1 hour if submitted on the application deadline date. **If you do not receive an email confirmation, please contact our office.**

Students with questions or concerns regarding WCC's [Limited Enrollment Admission Process](#) or submitting an application to the program should contact the Health and 2nd Tier Admissions Office at (734) 973-3596, (734) 477-8998, or healthadmissions@wccnet.edu.

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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 and 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](#) for 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 you wish to be reconsidered for admission, you will need to meet all current admission requirements and submit a new application to a future semester.
 - b. Each year, approximately 24 students are accepted to the program for a Fall (12) and Winter (12) semester start.
2. This program utilizes WCC's [Limited Enrollment Admission Process](#) for determining admission. Applicants are required to meet all admission requirements and are admitted to the program on a **first-qualified, first-admitted basis until all seats are filled**.
 - a. 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 future semesters. Information regarding WCC's [Admission to High Demand Programs](#) board policy and [point scales](#) used for calculating points can be found on our website.
3. Please read and review the [degree requirements](#) including continuing eligibility requirements. Visit the [Dental Assisting Department](#) website for additional information regarding the program.
4. **All communication regarding your application and admission status is sent directly to your WCC student email address. It is extremely important to **check your WCC email weekly (minimally)** so you do not jeopardize your status.** WCC assumes any information sent to your WCC email was been received. In addition, it is important to keep all contact information current in the College system (including addresses, emails, and phone numbers). If we are unable to reach you and/or you do not respond to any contacts made by WCC regarding your application and/or status in the program, **your application will be closed**.
 - a. Contact information can be updated through your [MyWCC](#) account by clicking on *Student Services*, *Student Services Dashboard*, and then *Personal Information* under the *General* menu or through the [Student Welcome Center](#) (2nd floor, Student Center) by calling (734) 973-3543 or emailing info@wccnet.edu.
5. **Official transcripts** must be submitted before any transfer credit can post to your WCC record and/or count towards application and degree requirements.
 - a. All defined courses plus any substitutions approved by the department prior to the application deadline will be used to meet prerequisite 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. **WCC is not responsible for your application being delayed due to lack of clarification or approval of a course substitution.**
 - b. 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.

6. Upon admission to the program, the **Entrance Requirements** outlined 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. Complete the orientation checklist within the DA Pathway II Orientation Site. Details will be provided by the department.
 - b. Mandatory attendance at a two (2) 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.

Students Printed Name: _____ **Student ID:** _____

***Students Signature:** _____ **Date:** _____

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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 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 applicant 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 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 may 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.

Students Printed Name: _____ **Student ID:** _____

***Students Signature:** _____ **Date:** _____

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STUDENT AGREEMENT OF PARTICIPATION FORM

This form must be completed by the **STUDENT**.

Students Printed Name: _____ Student ID: _____

*Employing Dentist: _____ *Practice Name: _____

The Employing Dentist and Practice Name **must match the Dentist Agreement of Participation and Employment Verification Form.*

THIS AGREEMENT IS ONLY VALID FOR THE FALL 2024 SEMESTER (August 2024 – December 2024).

Please read the statements below. By signing this form, you are acknowledging that you have read and understand these statements.

1. 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.
2. I understand that my employing dentist must be an active participant in order for me to continue in this program.
3. 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*.
4. 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.
5. 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.

****Students 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.

Students Printed Name: _____ Student ID: _____

THIS AGREEMENT IS ONLY VALID FOR THE FALL 2024 SEMESTER (August 2024 – December 2024).

Please read the statements below. By signing this form, you are acknowledging that you have read and understand these statements.

1. 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.
2. 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.
3. I agree to participate in an on-site evaluation of this student by a WCC faculty member.
4. 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).
5. 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.
6. 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:** _____

Employing Dentist Printed Name: _____

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

Email Address: _____

Practice Name: _____

Employer Street Address: _____

City: _____ State: _____ Zip: _____

Employer Phone: _____ Employer Fax: _____

Employer Mailing Address (if different than street address): _____

City: _____ State: _____ Zip: _____

**A physical signature is required by the Employing Dentist. An electronic signature will not be accepted.*