

2012 Dental Program Application

Prerequisite completion

Math and writing competencies for entry to the programs can be met with placement tests.
For COMPASS testing information please visit: www.pcc.edu/testing

Please complete the following if you are applying to the Dental Assisting Program

Prerequisite	Course number or placement test score (for math and writing only)	Completion Term/Year	Institution
Math 10 or placement into Math 20		/	
Writing 115 or placement into Writing 121		/	
Health or nutrition elective		/	
Psychology elective		/	

Please complete the following of you applying to Dental Laboratory Technology Program

Prerequisite	Course number or placement test score	Completion Term/Year	Institution
Math 20 or placement into Math 60*		/	
Reading 90 or placement into Reading 115		/	

*The math placement test may be used to meet entry requirements. Once admitted, students with no previous math course will need to complete math 20 or higher to meet DLT graduation requirements. Please contact an advisor at 971-722-4795 for questions regarding this requirement.

Supplemental essay

Please include a typed response, no longer than one page, to the following:

Describe any special skills, work experience or training that you have which might be helpful to you in the program. Explain how you heard about this program and why you are applying.

Application checklist

Please complete or enclose the following items:

- PCC Admissions Application
You can apply at PCC in-person at any admissions office or online at www.pcc.edu/admissions
- Completed and signed Dental Programs Application
- Supplemental essay, one page typed
- Official high school transcripts or copy of GED certificate with scores* (Dental lab tech applicants ONLY)
*Dental assisting applicants with college transcripts documenting a 2.0 GPA or higher do not need to submit high school/GED transcripts.
- Official college transcripts, other than PCC, where you completed a prerequisite course

I have read and understand the admission criteria for the Dental Assisting or Dental Laboratory Technology program. I understand that it is my responsibility to meet all program and application criteria. I verify that all statements on this application are complete and true. I understand that falsification of any information may lead to disqualification or dismissal from the program.

Signature

Date