

# A GUIDE TO THE PCC DENTAL ASSISTING APPLICATION REQUIREMENTS

Thank you for your interest in the Portland Community College (PCC) Dental Assisting Program. PCC's Dental Assisting Program admits 45 students each year. Applicants must be admitted to PCC prior to applying to the program. Completion of the prerequisites and program requirements does not guarantee admission to the program. If the number of eligible applicants exceeds the number of program spaces, all eligible applicants are placed in a lottery to determine which applicants are accepted for that year. Only applicants who have met all program requirements by the end of Spring Term, 2020 are eligible for the lottery.

**APPLICATION DEADLINE: July 1, 2020 at 5pm**  
(see important mailing information on page 2)

## Admission Requirements

- Completion of the following prerequisites by the end of the Spring term prior to application deadline. All courses must be completed with a C grade or higher:
  - WR 115 or Placement test into WR 121 (ASSET or Accuplacer test)\*
  - MP111 Medical Terminology **at PCC ONLY** (Competency test option available: contact HAO office for information)
  - Completion of one of the following: a College Success course that is at least 2 credits OR a college course that is at least 2 credits

\*Documentation of placement tests from other institutions must include raw scores and are evaluated using PCC cut scores

- Completion of 12 hours shadowing in a dentist's office or dental clinic completed by end of Spring term 2020. Dental Shadowing Experience form including shadowing dates and times, dentist's signature, and business card must be submitted with admissions application.
- **Submit One of the following:** college transcript with a GPA of 2.0 or higher; a high school diploma with a GPA of 2.0 or higher; GED credential.

All students, especially those with transfer courses, are encouraged to meet with a health admissions advisor. Transfer course equivalency is subject to review by PCC Student Records Office, Dental Sciences department and Health Admissions Office.

## Application Timeline

- **Early October, 2019:** Program applications are available online at [www.pcc.edu/DA](http://www.pcc.edu/DA).
- **October, 2019:** Health Admissions Office begins accepting applications.
- **July 1, 2020:** APPLICATION DEADLINE. This is NOT a postmark deadline. All application materials, including college transcripts and program application must be received in the Health Admissions Office by 5 pm. **See bottom of page 2 for important mailing information.**
- **Mid-July, 2020:** Applicants informed of their admissions status through PCC email only.

## Before Submitting Your Application

- Apply to Portland Community College online at [www.pcc.edu/admissions](http://www.pcc.edu/admissions).
- Complete the Dental Assisting program application.
- Complete 12 hours shadowing in a dentist's office or dental clinic documented on Dental Shadowing Experience Form in the application packet.
- Respond to the essay question: 1 page, double spaced, typed (see page 2).
- Collect and submit official college transcripts (other than PCC) documenting completion of required prerequisite courses and/or official documentation of raw placement tests scores. Documents must be submitted with your application, NOT mailed separately.

**Applicants are responsible for completing and submitting all required forms and materials. Incomplete applications are only considered as space in the program allows and only upon completion of all requirements.**

## Post Admission Requirements

- Respond to Intent email accepting your admittance into the program by deadline date.
- Attend mandatory Orientation Session, August 2020 (Accepted & Alternate students)
- Obtain Health Care Provider CPR certification (includes Adult, Child, Infant & AED)
- \*\*Pass a criminal background check, a drug screen from an agency designated by PCC and all required immunizations.
- Begin Dental Assisting Program August 24, 2020. Please see special Fall 2020 DA schedule: [www.pcc.edu/da](http://www.pcc.edu/da)  
\*\* Do not begin until you receive instructions from the Dental Sciences Department

☐ Please check here if you applied to PCC's Dental Assisting Program in 2019.

*(PCC keeps all application materials on file for one year. Re-applicants do not need to resubmit official transcripts unless they took additional courses)*

### Student Information *(Please type or print neatly in blue or black ink)*

Last Name	First Name	Middle Initial	Previous Last Name(s)
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PCC Student ID # (G#)	Date of Birth (mm/dd/yyyy)
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Current mailing address number and street	City	State	Zip
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Primary Phone	Alternate Phone
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**EMAIL NOTICE:** PCC will only use email to communicate notification of admission status. PCC will only email correspondence regarding your admission status to a PCC email address. If you do not regularly use your PCC email address, please forward your PCC email address to one you check regularly.

☐ I have read and understand the email notice.

### Education Information

Please complete the following information if you are submitting your high school transcript or GED for the education prerequisite:

☐ **GED:** \_\_\_\_\_

Location	Year	Score
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☐ **High School:** \_\_\_\_\_

Name	City	State	Graduation year
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**Applicants must submit official, sealed transcripts from all colleges/universities (other than PCC) attended with their program application to the Health Admissions Office, even if previously submitted to PCC. Other PCC departments will not be able to accept transcripts on your behalf.**

**Below, please list institutions where prerequisites were completed. Official Transcripts are required.**

College/University	State	Dates of attendance	Transcripts in Student Records *	For office use only

This application and all required materials must be mailed or hand-delivered to:

Portland Community College  
Health Admissions Office – SY, CC 208  
P.O. Box 19000  
Portland, OR 97280-0990

#### IMPORTANT MAILING INFORMATION:

**We do not accept faxed, emailed or electronically delivered applications or materials. If submitting your application within 2 weeks of the application deadline, hand delivery is the only way to guarantee your application will arrive by the deadline date. Due to PCC's centralized mailing distribution system, expedited mailing options are not directly received by the Health Admissions Office on the delivery confirmation date.**

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**Prerequisite Completion Chart (You must fill out this chart completely)**


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Writing competency can be met with ASSET or Accuplacer tests. For testing information please visit: [www.pcc.edu/testing](http://www.pcc.edu/testing). If using test results from an institution other than PCC, include documentation of the raw scores with this application.

PREREQUISITES	COURSE NUMBER or PLACEMENT TEST NAME	COMPLETION TERM/YEAR or TEST DATE	GRADE or TEST SCORE	CREDITS	INSTITUTION
EXAMPLE	MP 111	FA/10	B	4	PCC
PCC's MP 111 Medical Terminology or Competency Test		/			
2 credit minimum College Success Course OR College Course		/			
WR 115 or placement into WR 121		/			

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**Shadowing Requirement**

- ☐ I have completed at least 12 hours of shadowing in a Dental Office or Clinic and have provided documentation on the Dental Shadowing Experience Form, signed by Dentist with a business card attached.

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**Supplemental Essay**

**Please include a one page, double-spaced, typed response 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

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Please review and use this checklist to be sure you have a complete application:

- ☐ I have been admitted to PCC [www.pcc.edu/admissions](http://www.pcc.edu/admissions)
- ☐ I have completed and signed the Dental Assisting Application
- ☐ I have documentation of 12 hours shadowing in a dentist's office or dental clinic using Dental Shadowing Experience Form (Page 4 of this application)
- ☐ I have completed the supplemental essay: one page, double spaced, typed (see page 2)
- ☐ I have included **one** of the following with my application (choose one):
  - ☐ Official high school diploma with a minimum 2.0 cumulative GPA
  - ☐ A GED credential
  - ☐ College transcripts with a minimum 2.0 cumulative GPA
- ☐ I have included official college transcripts from all previously attended institutions (other than PCC).
- ☐ I have provided documentation of raw test scores for Writing competency, **if using placement test scores from another institution**

I have read and understand the admission criteria for Dental Assisting. I understand 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.

**I understand that failure to sign and date this application renders my application ineligible.**

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**Signature**

**Date**

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**Dental Shadowing Experience Form**

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**Applicant name:** \_\_\_\_\_**Student ID:** \_\_\_\_\_

(Applicant, fill out above)

Thank you for assisting the PCC Dental Assisting Selection Committee. We ask that the **dentist** who has worked with the applicant complete this form.

**Once complete, please enclose this form in one of your business or institution envelopes with a business card, and seal the envelope.**

**You may give the signed, sealed envelope to the applicant to submit with their application, or you may mail this form to:**

Portland Community College  
Health Admissions Office – SY CC 208  
P.O. Box 19000  
Portland, OR 97280-0990

All forms *MUST* be received in the Health Admissions Office by 5:00pm on July 1, 2020 in order for this to be considered in the applicant's completed application. Postmarked forms are not considered.

Location: \_\_\_\_\_

Dates: \_\_\_\_\_

Total hours completed: \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Title \_\_\_\_\_ Phone Number \_\_\_\_\_