



2010 Dental Program Application

Select the program you are applying to:

- Dental Assisting (Deadline: April 15, 2010)
- Dental Laboratory Technology (Deadline: Rolling)

Student Information

Please type or print neatly in blue or black ink.

Last Name	First Name	Middle Initial	Previous Last Name(s)
Male <input type="checkbox"/> Female <input type="checkbox"/> Email address: _____			

PCC G# / Social Security Number	Date of Birth (mm/dd/yyyy)
---------------------------------	----------------------------

Current mailing address number and street	City	State	Zip
---	------	-------	-----

Message Phone	Alternate Phone
---------------	-----------------

Education Information

Please complete the flowing information about your high school or GED:

GED:	Location	Year	Score
------	----------	------	-------

High school:	Name	City	State	Graduation year
--------------	------	------	-------	-----------------

** If you have already sent official copies of your transcripts to Student Records, please call (503) 614-7100 to verify receipt and check corresponding box below.*

Please complete the following information for colleges/universities where you completed a prerequisite course:

College/University	State	Dates of attendance	Degree earned	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, HT 205
P.O. Box 19000
Portland, OR 97219

We do not accept faxed, emailed or electronically delivered applications or materials.

2010 Dental Program Application

Prerequisite completion

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

Dental Assisting prerequisites. 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		/	

Dental Laboratory Technology prerequisites. Please complete the following of you applying to Dental Laboratory Technology.

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 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 503-977-4795 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
- 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 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