

Integrated Community Dental Assisting Application

Summer 2019

Program Description

The dental assistant is an important member of the dental team, assisting the dentist in providing both technical skills and communication, sometimes working independently in serving dental patients.

PCC's Integrated Community Dental Assisting program offers a strong foundation that enables quick entry into a high-demand field after only three terms. In this program, we teach you the skills you need to succeed, and we give you the field experience, the contacts, and sufficient time to learn the most important techniques. In just nine months, you can begin a rewarding career in which you serve the oral healthcare of thousands of people.

Time:

3 terms, 9 months

Didactic work all online, Labs held every Saturday. Externship in Dental office one day a week 1st term, and two days a week 2nd & 3rd term.

Tuition:

\$7,829 excluding textbook and student kit. Tuition is due at the time of registration, or students may set up a monthly payment plan with the Portland Community College Business Office. For Information about the payment plan, please visit the PCC Payment Plan webpage.

Dates to Remember

Attend a Free Informational Session to learn more about the program, and job opportunities

Informational Session:

January 8, 2019

PCC CLIMB Center

6:00pm

Application Due: March 1, 2019

Send Application Materials

Mail or deliver required documents and this application form to:

Attn: Stacy Bone
PCC Institute for Health Professionals
1626 SE Water Avenue, Room 208
Portland, OR 97214

*Late or incomplete applications will not be accepted.

ICDA Program Check Off List

Check Off Documents

We require the following documentation to be submitted for consideration into the program.

Do not submit original documents.

- COPY of High school completion or GED certificate. A College or University degree can substitute.

- COPY of Vaccination History. ALL proof of Immunization records must be submitted with the application to participate in the clinical practicum.
 - Hepatitis B Titer exam result that shows immunity (positive or reactive result)
 - Tuberculosis Testing (PPD or X-ray for the current year)
 - Influenza Vaccine for current year
 - MMR with second dose Measles
 - Varicella with second (post childhood) titer or immunization
 - Tetanus within last 10 years

- 8 Hour job shadow completed with signed verification from Dentist.

- Cover letter explaining your interest, and your skills and strengths as they apply to the sterile processing course. In addition, please provide your understanding of how the program works, including the program requirements and expectations.

- Completion of C or higher in Math 10, or placement in to Math 20; and completion of C or higher in Writing 115, or placement into Writing 121.

- Fill out this checklist and the registration form (Pages 2-3). You will find all first term course CRN's listed on pcc.edu/climb/health/dental/. You must include a working email address, since you will be notified of acceptance by email.

Final Steps

Students **tentatively** selected for the program will be contacted by email.

Students must pass and submit a background check for final program acceptance. This will cost about \$68.

Please Keep in Mind

- Make sure you have included all requested materials before submitting your application. Incomplete or late applications will not be accepted.
- You must be age 18 when class begins.
- Submitting a registration form does not signify or guarantee that you will be registered or accepted into the Sterile Processing program.

Registration Form Non-Credit/CEU Classes

Phone: 971-722-8888, option 2 Online: pcc.edu/nc Fax: 971-722-4988 Mail: PO Box 19000, Portland OR 97280

Part A: Course Registration Requests

1	CRN (5-digit number)	Course Title
	CRN (5-digit number)	Course Title
	CRN (5-digit number)	Course Title
	CRN (5-digit number)	Course Title

Part B: Student Information

2 PCC ID Number ("G Number")	Student Status <input type="radio"/> New PCC Student <input type="radio"/> Currently Enrolled at PCC <input type="radio"/> Previously Attended PCC	3 Date of Birth (MM/DD/YYYY)
4 Last Name	Other Names Used	
5 First Name	Middle Initial	6 Gender <input type="radio"/> Male <input type="radio"/> Female
7 Mailing Address	City	State ZIP
8 Email Address		
9 Daytime Phone Number	10 Evening Phone Number	
High School/GED – Name of School/Institution	City	State Year Graduated/Obtained

PCC is committed to affirmative action goals and would appreciate your response to the following:

Do you consider yourself to be Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	Select one or more of the following racial categories to describe yourself <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> White
Citizen Type <input type="radio"/> U.S. Citizen <input type="radio"/> Resident Alien/Refugee/Immigrant <input type="radio"/> Other, Enter Type __	
Are you an Oregon resident? <input type="radio"/> Yes <input type="radio"/> No	Are you a veteran of the U.S. Military? <input type="radio"/> Yes <input type="radio"/> No

Part C: Registration Confirmation

11 My enrollment with Portland Community College will signify my consent to and acceptance of all policies and procedures governing my enrollment, including financial liability. If I fail to remit payment when due, I will promise to pay to PCC all reasonable costs for collection, including collection agency fees.	
Signature	Date (MM/DD/YYYY)