

Integrated Community Dental Assisting Application Fall 2021

Program Description

A dental assistant is an important member of the dental team, who plays a critical role in providing safe, efficient and comfortable dental care for patients in a dental practice. The primary role of a dental assistant is to support the dentist during dental procedures where technical skills and communication are essential. PCC Integrated Community Dental Assisting Program (ICDA) offers a strong foundation that enables a dedicated learner to enter into a high-demand profession after only three terms.

In the ICDA program you will learn the skills you need to be a successful dental professional through comprehensive didactic course work, observation and practice in the PCC Dental Clinic and in a dental office externship.

***NEW** The Integrated Community Dental Assisting Program is now offering the option for students outside the Portland Metro area to enroll in the **Rural Online Program**. Students enrolled in the **Rural Online Program**, will be required to be employed in a dental office where hands-on assignments and experience are completed.

Both ICDA's programs prepare students for hands-on skills and DANB RHS & EFDA exams, with a curriculum that has been developed to meet CODA standards. All didactic course work is delivered in an Online classroom, to accommodate students who are unable to attend traditional "in person" classroom.

TUITION

Full program: (includes Online and clinical courses) \$7,829

Rural Online Program: (didactic course's only) \$6,236

*Tuition is due at the time of registration; Students may set up a monthly payment plan with the PCC Business Office. For more Information about payment plans, please visit the PCC Payment Plan web-page.

Dates to Remember

**Application Due:
July 30th, 2021**

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

Required Documents

Choose One

- Full Program
- Rural Online Program

*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.
- COPY of Vaccination History.** ALL proof of Immunization records must be submitted with the application to participate in the externship.
 - 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
- 12 Hour job shadow** completed with signed verification from Dentist.
- Cover letter** explaining your interest, your skills and strengths as they apply to the ICDA program. In addition, please provide your understanding of how the program works, including the program requirements and expectations.
- 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
Citizen Type <input type="radio"/> U.S. Citizen <input type="radio"/> Resident Alien/Refugee/Immigrant <input type="radio"/> Other, Enter Type __	<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
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)