Thank you for your interest in 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 Winter Term, 2017 are eligible for the lottery.

**APPLICATION DEADLINE: April 17, 2017 at 5pm**  
*(see important mailing information on page 2)*

**Admission Requirements**

- Completion of the following prerequisites by the end of the Winter term prior to application deadline. All courses must be completed with a C grade or higher:
  - MTH 10 or Placement test into MTH 20 (COMPASS, ASSET or Accuplacer test)*
  - WR 115 or Placement test into WR 121 (COMPASS, ASSET or Accuplacer test)*  
  *Documentation of placement tests from other institutions must include raw scores and are evaluated using PCC cut scores
  - Psychology elective (PSY 101 recommended)
  - Nutrition elective or approved health course with nutrition component (HE 250, HE 295 or FN 225 recommended)
- Completion of 12 hours shadowing in a dentist's office or dental clinic. Documentation letter including shadowing dates and times, dentist's signature and business card attached, must be submitted with admissions application.
- **One** of the following: high school diploma, GED, or college transcript with a GPA or 2.0 or higher

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 September, 2016:** Program applications are available online at www.pcc.edu/DA.
- **October 1, 2016:** Health Admissions Office begins accepting applications.
- **April 17th, 2017:** 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.**
- **Early June, 2017:** 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.
- Complete the Dental Assisting program application.
- Complete 12 hours shadowing in a dentist’s office or dental clinic documented on the Dental Care Experience Form in the application packet.
- Respond to the essay question, 1 page, typed (see application).
- Collect official college transcripts (other than PCC) documenting completion of required prerequisite courses and/or official documentation of 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 will be ineligible.

**Post Admission Requirements**

- Respond to Intent email accepting your admittance into the program by deadline date.
- Attend mandatory Orientation session, Summer 2017 (Accepted & Alternate students)
- Obtain Health Care Provider CPR certification (includes Adult, Child, Infant & AED)
- **Pass a criminal background check and a drug screen from an agency designated by PCC.**
- **Complete and pass MP 111 (Medical Terminology) by the end of Summer 2017 term**
- Attend second, mandatory Orientation, September 21, 2017
- Begin Dental Assisting Program Fall term.

**Do not begin until you receive instructions from the Dental Sciences Department**
2017 Dental Assisting Application

☐ Please check here if you applied to PCC’s Dental Assisting Program in 2016.
(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)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Previous Last Name(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

PCC Student ID # (G#) Date of Birth (mm/dd/yyyy)

<table>
<thead>
<tr>
<th>Current mailing address number and street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Message Phone Alternate Phone

□ 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 __________

□ High school: ____________________________
   Name __________________ City __________________ State __________________ Graduation year __________

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.

<table>
<thead>
<tr>
<th>College/University</th>
<th>State</th>
<th>Dates of attendance</th>
<th>Transcripts in Student Records *</th>
<th>For office use only</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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.
**2017 Dental Assisting Application**

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

Math and writing competencies can be met with COMPASS, 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.

<table>
<thead>
<tr>
<th>Prerequisites</th>
<th>Course Number</th>
<th>Completion Term/Year</th>
<th>Grade</th>
<th>Credits</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXAMPLE</strong></td>
<td>HE 250</td>
<td>FA/10</td>
<td>B</td>
<td>3</td>
<td>PCC</td>
</tr>
<tr>
<td>Nutrition or Health elective</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>Psychology elective</td>
<td>/</td>
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</tr>
</tbody>
</table>

**Math 10 or higher**

<table>
<thead>
<tr>
<th>Prerequisites</th>
<th>Placement Test Name (COMPASS, ASSET or Accuplacer)</th>
<th>Date of Test</th>
<th>Raw Score</th>
<th>Placement</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXAMPLE</strong></td>
<td>COMPASS</td>
<td>10/2014</td>
<td>32</td>
<td>MTH 20</td>
<td>PCC</td>
</tr>
</tbody>
</table>

| Placement into MTH 20 or higher | / | / | / | / | / |

**WR 115 or higher**

<table>
<thead>
<tr>
<th>Prerequisites</th>
<th>Placement Test Name (COMPASS, ASSET or Accuplacer)</th>
<th>Date of Test</th>
<th>Raw Score</th>
<th>Placement</th>
<th>Institution</th>
</tr>
</thead>
</table>

| Placement into WR 121 or higher | / | / | / | / | / |

☐ I have completed at least 12 hours of shadowing a Dental Office or Clinic and have provided documentation on the Dental Care Shadowing Form, signed by the Dental Assistant or Dentist.

**Supplemental essay**

Please include a one page, 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**

Please complete or enclose the following items:

☐ PCC Admissions Application at [www.pcc.edu/admissions](http://www.pcc.edu/admissions)
☐ Completed and signed Dental Assisting Application
☐ Documentation of 12 hours shadowing in a dentist’s office or dental clinic on Dental Care Experience Form
☐ Supplemental essay, one page typed
☐ Official high school transcripts OR copy of GED certificate with scores OR college transcripts documenting a 2.0 GPA or higher
☐ Official college transcripts from institutions (other than PCC)
☐ Documentation of raw test scores for Math and/or 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.**

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
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 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 **April 17, 2017** 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** __________________