

## Dental Assisting Program Application Fall 2019 Forms Packet

## FORM 1 CONDITIONS FOR APPLICATION

## Complete all portions of this form as directed. List name as indicated in myLane

L#	FIRST	ST LAST				
E-mail - required		1 <sup>st</sup> – Phone	2 <sup>nd</sup> Phone			

All courses were taken at LCC

Official Transcripts from other colleges have been submitted to Lane Enrollment Services – Attention: HP Transcript – Lane Community College - 4000 East 30<sup>th</sup> Ave, Eugene, OR 97405

## **Application Conditions and Program Progression Completion Requirements**

In submitting my DA program application by email to <u>HPApplicationCenter@lanecc.edu</u>, I affirm the following:

- I took all of my prerequisite courses at Lane Community College,
  OR I have submitted official, sealed transcripts from colleges other than Lane to Lane Enrollment Services.
- I have completed the <u>LCC Credit Admission</u> process and have an L number, OR I have previously taken credit classes at Lane and have an L number.
- I have completed the Dental Assistant On-line Admissions Application & Payment process, including paying the **\$35 non-refundable** application fee.
- I understand all information in the Fall 2019 Dental Assistant Application Information Packet. I am NOT considered an applicant to the program unless all documentation and required forms are completed and submitted according to application instructions prior to the application deadline.
- My application will not be returned and I am responsible for making a personal copy.
- I have read the Fall Enrollment Requirement Section and understand I must attend the mandatory orientation and comply with all other enrollment requirements if I am accepted or considered a program alternate.
- I am a current <u>resident</u> of the State of Oregon and my current Oregon address is listed in *myLane*, OR I have an F1 Visa and a copy is included with my application.
- I understand it is my responsibility to complete all program requirements for certificate completion.
- I understand I must successfully complete all DA prerequisite courses before Fall term 2019 to enter the program.
- I hereby attest that all application information and documentation I have submitted in this packet is accurate and authentic.

Be sure to use the latest version of Adobe Reader to complete this form and submit as a fillable pdf form. Forms 1 and 2 that are submitted scanned, via Google docs, handwritten or delivered in person will not be accepted. Macintosh users – do not use "Preview" to view or complete this Form. Set Adobe Reader as the default PDF reader <u>http://get.adobe.com/reader/</u>

FORM 2 POINT PETITION SHEE See 2019 Dental Assistant Application	Courses <u>must meet</u> minimum credit requirement shown and <u>may not</u> exceed maximum credit shown. Enter grade point values in the right hand 'Points' column. C- grades are ineligible						
and for Course Equivalency & Transfer For points: courses must be completed and transcripted prior to application.	Course/School Use NA if no course completed	Term/ Year	# Credits	Grade C	Grade B	Grade A	Indicate Points Earned
Part 2A. Courses Required for Program	m Entry: These courses must be com	pleted prior i	to Fall entry	if accepte	ed to the p	rogram.	
Item 1: Mathematics Requirement: Lan	e placement testing must be within the	e last 1 year		1			
MTH 052, or higher (4 Cr or more),				6	9	12	
<b>OR</b> tested into MTH065, or higher			N/A	N/A	N/A	12	
Item 2: Writing Requirement: Choice of WR 115, WR 121, WR 122 or WR 123 (3 / 4 Cr)	ONE of the writing courses below.			6	9	12	
OR Prior Bachelor's degree, must appear on a submitted transcript			N/A	N/A	N/A	12	
Item 3: Choice of either Concepts of C	omputing OR Computer Fundament	t <b>als</b> within th	ie last 5 yea	ars	•	•	
CS 120 (4 Cr) <b>OR</b>				6	9	12	
CIS 101 (3 Cr)				4	8	10	
Item 4: Human Relations Requirement	: Human Relations prerequisites must	be selected	from list in	catalog fo	r Dental A	ssisting pa	ige 98
Human Relations (3 Cr or more)				6	10	10	
Item 5: Choice of DA 110, OR both HO Mixed combinations do not count. Maxim				aken in a s	specific se	quence.	
DA 110 <b>OR</b>				6	10	12	
HO 150 (3 Cr) <b>AND</b>				3	5	6	
HO 152 (3 Cr) <b>OR</b>				3	5	6	
BI 231 (4 Cr) <b>AND</b>				3	5	6	
BI 232 (4 Cr)				3	5	6	
Part 2B. Recommended Additional Co	ourses additional admittance points giv	/en		•			•
Items 6: Medical Terminology and Effe							
HO 100 (3 Cr)	<b>z</b>			4	8	10	
HO 110 (3 Cr)				2	6	6	
EL 115 or EL 115H or EL 115R (3 Cr)				2	6	6	
			Tot	al Course	e Points E	arned	
Part 2C. Additional Points.							-
Prior college degree: Associate, bachelor	s, masters, or higher. Transcript must	t indicate deg	gree grante	d.	:	= 3 pts	
Military Service: Must provide copy of DD	-214. Current or Veteran with Honoral	ole Discharg	e.		-	= 2 pts	
Paid Dental Work Experience: Must be ve	erified by pay stubs or W2s. Submit do	cumentation	n: 415 hours	or more.	:	= 3 pts	
Basic Healthcare Certificate. Lane transc	ript must indicate.				:	= 2 pts	
Indicate Total Points for Course Comp	letion and Additional Points (Points	Possible 90,	)				
Part 2D. Interview Points Applicants with a qualified application will from the interview meet the minimum thre program. Interview scores that do not me attend the scheduled interview will forfeit	eshold, they will be added to the point et the minimum threshold will disqualif	total above to y the application	o determine ant for this a	e placeme	nt scores t		
			_	Office	e Use: Tot	al Points	

Be sure to do the Online Application and Payment Process to complete your final step to apply to the DA Program. List any additional information that didn't fit into spaces provided above: