

## **Admission and Waitlist Process for High Demand Programs**

Washtenaw Community College maintains a waitlist for admission into any program that it has designated as a high demand program (one for which there are more qualified applicants than openings for an entering class). The order of the waitlist facilitates a first-in, first-out treatment of applicants within the following residency classes:\*

**Priority 1: Legal residents of the Washtenaw Community College district.**

**Priority 2: Legal residents of counties adjacent to the Washtenaw Community College district.**

**Priority 3: Legal residents of all other counties of the State of Michigan.**

**Priority 4: Persons whose legal residence is outside the State of Michigan but within the United States.**

**Priority 5: Persons whose official residence is a foreign country.**

In order to be added to the waitlist, applicants must apply to the college and also submit a completed application for the program. The program application must include any necessary documentation to substantiate that the applicant has met all of the program's minimum admission requirements. The college will keep a rolling waitlist for each high demand program and applicants will be added to the list at the end of each two-month cycle listed below:

**August 1 to September 30**

**October 1 to November 30**

**December 1 to January 31**

**February 1 to March 31**

**April 1 to May 31**

**June 1 to July 31**

Those who submit a completed application during one of the application cycles defined above will be added to the waitlist in random order, with applicants possessing Washtenaw County residency status being given first priority on the waitlist, applicants with residency status in counties adjacent to Washtenaw County will be given next priority, then all other applicants who meet Michigan residency requirements, and so on.\*

Applicants who submit their completed applications on the first day of the two-month application cycle have no advantage over those who submit their completed applications on the last working day of the two-month application cycle. These applicants are added to the waitlist in random order within their residency class.

However, those who submit their completed application in an earlier application cycle have priority over those in their residency class who submit during a later application cycle. For example, people who submit completed applications during the October 1<sup>st</sup> to November 30<sup>th</sup> cycle have priority in their residency class over people who submit their applications during the December 1<sup>st</sup> to January 31<sup>st</sup> cycle.

The Admissions Office is open during weekdays, so please note that if the last day of the month ends on a day the Office is closed, you must submit your documentation earlier. Also, if you are on the waitlist and your residency status changes, you will be placed in the part of the waitlist that applies to your most current residency status, so please make sure you keep your address updated through MyWCC or at the Student Connection Center.

**If you have any questions, please call the Health and Second Tier Admissions Office at (734) 973-3596 or call (734) 973-3358 to schedule an appointment to meet with the Health Programs Counselor.**

\*In cases where there are not sufficient in-district clinical sites for a program and where out-district sites are available but require special consideration of out-district students, the college may establish and maintain parallel priority lists.

References to residency refer to the Washtenaw Community College residency requirements as defined in the Programs and Services Bulletin.

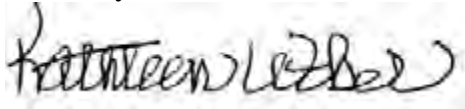
**Washtenaw Community College**  
**Dental Assisting Certificate (CFDAC)**

Dear Prospective Student:

Thank you for your interest in the Dental Assisting Program at Washtenaw Community College. Now is an exciting time to be entering the field of dental assisting and becoming a Registered Dental Assistant (RDA). I would be happy to answer any questions you have regarding the dental assisting program or about the various career opportunities that await you.

Please feel free to contact me at (734) 973-3338 or via email at [weber@wccnet.edu](mailto:weber@wccnet.edu). I look forward to meeting you.

Sincerely,

A handwritten signature in black ink that reads "Kathleen Weber". The signature is written in a cursive style and is positioned above the typed name.

Kathleen Weber, CDA, RDA, BAS  
Dental Assisting Program Director  
Washtenaw Community College

**Washtenaw Community College  
Dental Assisting Certificate (CFDAC)  
CONTACT INFORMATION**

If you are interested in the Dental Assisting Program at Washtenaw Community College, you should contact one of the Dental Assisting faculty listed below and/or the Health Programs Counselor for advising. If you have questions pertaining to the waitlist process or admission to the program, you should contact the Health and Second Tier Admissions Office. Helpful contact information has been provided below.

**Kathleen Weber, CDA, RDA, BAS**  
**Dental Assisting Program Director**  
**Phone: (734) 973-3338**  
**Email: [weber@wccnet.edu](mailto:weber@wccnet.edu)**

**Kristina Sprague, CDA, RDA, BS**  
**Dental Assisting Faculty**  
**Phone: (734) 973-3337**  
**Email: [ksprague@wccnet.edu](mailto:ksprague@wccnet.edu)**

**Jodi Neuman, CDA, RDA**  
**Dental Assisting Clinical Instructor**  
**Phone: (734) 973-3332**  
**Email: [jneuman@wccnet.edu](mailto:jneuman@wccnet.edu)**

**Sue Travis**  
**Health Programs Counselor**  
**Phone: (734) 973-3358 – By appointment**  
**Email: [stravis@wccnet.edu](mailto:stravis@wccnet.edu)**

**Health and Second Tier Admissions Office**  
**Phone: (734) 973-3596**  
**Email: [healthadmissions@wccnet.edu](mailto:healthadmissions@wccnet.edu)**

**Financial Aid Department**  
**Phone: (734) 973-3523**  
**Email: [finaid@wccnet.edu](mailto:finaid@wccnet.edu)**

**Transcript Evaluation Department**  
**Phone: (734) 973-3590**  
**Email: [transcripteval@wccnet.edu](mailto:transcripteval@wccnet.edu)**

**Washtenaw Community College**  
**Pathway I Option A - On Campus Dental Assisting (CFDAC)**  
**2009-2010 Academic Year**  
**COURSE SEQUENCE**

| <b>First Semester (Fall)</b> |  | <b>14 credits</b> |
|------------------------------|--|-------------------|
| DEN 102                      | Managing Safe Practice in Dentistry      | 1                 |
| DEN 106                      | Biomedical Science for Dental Assistants | 2                 |
| DEN 107                      | Oral Anatomy                             | 2                 |
| DEN 108                      | Dental Radiography                       | 1                 |
| DEN 110                      | Basic Clinical Dental Assisting          | 4                 |
| DEN 112                      | Dental Materials                         | 4                 |

| <b>Second Semester (Winter)</b> |  | <b>12 credits</b> |
|---------------------------------|--|-------------------|
| DEN 118                         | Preventive Dentistry                   | 2                 |
| DEN 120                         | Oral Diagnosis                         | 1                 |
| DEN 128                         | Radiography Practicum                  | 1                 |
| DEN 129                         | Oral Pathology and Dental Therapeutics | 2                 |
| DEN 130                         | Clinical Practice                      | 2                 |
| DEN 131                         | Principles of Dental Specialties       | 4                 |

| <b>Third Semester (Spring/Summer)</b> |                            | <b>12-13 credits</b> |
|---------------------------------------|----------------------------|----------------------|
| DEN 202                               | Advanced Clinical Practice | 2                    |
| DEN 204                               | Advanced Functions         | 4                    |
| DEN 212                               | Dental Practice Management | 3                    |
| ENG 111 or                            | English Composition*       |                      |
| BMG 207                               | Business Communication     | 3-4                  |

**Minimum Credits Required for the Program: 38-39 credits**

Notes:

\*If you are planning to pursue an Associate's degree.

Dental Assisting Certificate and Degree Completion

Students completing the Dental Assisting courses outlined above will obtain a Certificate in Dental Assisting. Students may also complete an Associate Degree by using the same core dental assisting courses in addition to completing the general education requirements and electives for an Associate in Applied Science Degree in Dental Assisting.

**NOTE: Program requirements are reviewed annually and are subject to change without notice.**

**WASHTENAW COMMUNITY COLLEGE  
DENTAL ASSISTING PROGRAM**

**Estimated Cost for Pathway I Options A & B  
College Catalog 2009-2010**

|  |             |
|--|-------------|
| Tuition (35 credits @ \$80/credit in-district rates)         | \$2800      |
| Contact Hour Fee (estimate)                                  | \$964       |
| Dental Kit Fee (DEN 204)                                     | \$300       |
| Physical exam including lab tests (estimate)                 | \$200       |
| Student Health Insurance (estimate)                          | \$500       |
| Uniform costs  | \$200       |
| Books and course packs (estimate)                            | \$848       |
| *U of M Parking  | \$50        |
| Licensure (CDA and RDA exams)                                | \$400       |
| CPR course   | \$65        |
| ENG 111(4 credits)/BMG 207 (3credits)                        | \$240-320   |
| ADAA Student Membership (includes MDAA and local membership) | \$40        |
| <br>   |             |
| Total  | \$6607-6687 |

Additional Costs to be considered:

Transportation to campus (2-4 days/week), to University of Michigan\* (5 days) and to external rotations during final semester; full-time child care; notebooks, paper, pens, pencils; computer and printer as well as ink for printer.

\*Refers to Pathway I Option A only.

**NOTE: The above fees are only estimates and are subject to change without notice.**

Washtenaw Community College  
Pathway I Option A - On Campus Dental Assisting (CFDAC)  
2009-2010 Academic Year – Application Valid Until July 31, 2010  
ADMISSION APPLICATION CHECKLIST

**ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED.** If the following requirements are not successfully completed when your application is submitted, your incomplete application will be returned to you by mail.

**In order to be considered for admission to the program, your prerequisite requirements and program application MUST be submitted NO LATER THAN the May 31<sup>st</sup> application cycle deadline of the year you are applying for. (Students are admitted in June of every year for the fall semester.)**

In the event that there are more spaces available than applications submitted, incomplete applications may be accepted ONLY during the April 1 – May 31 application cycle. You MUST meet the following criteria prior to submitting an incomplete application:

- You are currently enrolled in HSC 101 (Healthcare Terminology) for the Spring/Summer semester.
- You have completed ALL other admission prerequisite requirements including successful completion of ACS 1035.

**Contact the Health and Second Tier Admissions Office to see if incomplete applications are being accepted.**

The following checklist is important for proceeding with your application. Please read the checklist carefully and check off the completed requirements. **EACH REQUIREMENT MUST BE CHECKED OFF BEFORE YOUR APPLICATION WILL BE ACCEPTED.** This checklist must also be included with the submission of your application. **We suggest you keep copies of all items for your own records.**

\_\_\_ 1. I have been *accepted or readmitted* to WCC. My Student ID is @ \_\_\_\_\_

- Applications can be submitted online at [www.wccnet.edu](http://www.wccnet.edu). For assistance, please stop by the Admissions Office located on the second floor of the Student Center Building or call (734) 973-3543.

\_\_\_ 2. Admission Prerequisite Course Requirements (all grades are based on a 4.0 GPA scale):

**\*\*Sealed Official Transcripts MUST be submitted with your application. (WCC transcripts DO NOT need to be submitted.)**

a. **ACS 1035 (Introduction to Online Learning)** - Current WCC students or students newly transferring to WCC must have a 2.3 GPA in order to register for Introduction to Online Learning:

\_\_\_ I successfully completed ACS 1035 → CRN Number: \_\_\_\_\_ Semester/Year \_\_\_\_\_

\_\_\_ I completed the Reading Assessment given in this class.

\_\_\_ I completed the Writing Assessment given in this class.

b. **HSC 101 (Healthcare Terminology) w/minimum grade of “C+” or 2.3:** (check one)

\_\_\_ I completed this requirement at WCC (Transcripts NOT Required).

\_\_\_ I completed this requirement at \_\_\_\_\_ and included a sealed official transcript.

\_\_\_ I completed this requirement at \_\_\_\_\_ and have confirmed that WCC has my official transcript on file.

\_\_\_ 3. **Academic Reading & Writing Level of 6:** (check one)

\_\_\_ I have completed one of the following assessment tests and have been placed at an Academic Reading and Writing Level of 6: **COMPASS, ASSET, ACT, or SAT.**

\_\_\_ I have met an Academic Reading and Writing Level of 6 through ACS 1035 or through a college exemption.

- **NOTE: To verify your Academic Levels, login to your MyWCC account, click on *Student Services, Student Records*, and then *View Test Scores*.**

\_\_\_ 4. **Verification of High School Diploma or GED:** (check one)

- **NOTE: Completion of college courses and/or a college degree DOES NOT satisfy this requirement.**

- **IF your high school is located outside the United States, verification MUST be in the English language. If a translation is done, it must be completed through a translation company.**

\_\_\_ I have included a copy of my High School Diploma, High School Transcript (with posted graduation date), GED, or High School Equivalency Certificate.

\_\_\_ I have confirmed that WCC has my High School Diploma, High School Transcript (with posted graduation date), GED, or High School Equivalency Certificate on file.

\_\_\_ I am a current Washtenaw Technical Middle College (WTMC) student and have included my CURRENT high school transcript.

**CONTINUED ON BACK OF PAGE →**

## ADMISSION APPLICATION CHECKLIST CONTINUED

- \_\_\_ 5. **Cumulative College GPA of 2.3 (if more than 6 college credits completed) or a Cumulative High School GPA of 2.3 (if less than 6 college credits completed).** Transcripts that provide an admission prerequisite course will be used in calculation of the cumulative GPA.
- \_\_\_ I have completed MORE THAN 6 college credits from an accredited college or university.
- \_\_\_ I have completed LESS THAN 6 college credits from an accredited college or university.
- \_\_\_ 6. I have included a completed **Admission Application Information Form for Pathway I Option A.**
- \_\_\_ 7. I have included a signed **Declaration of Specific Physical and Cognitive Abilities Statement.**
- \_\_\_ 8. I have included a signed **Additional Information Form.**
- \_\_\_ 9. I have included a completed and signed **Information Release Authorization Form** to obtain a criminal background check.
- \_\_\_ I included a copy of one (1) of the following government issued picture ID's: Driver's License, State ID Card, or Passport.
- \_\_\_ 10. I have included the **Mandatory Meeting Form** signed by the Dental Department. Appointments can be scheduled by calling (734) 973-3337 or emailing [ksprague@wccnet.edu](mailto:ksprague@wccnet.edu).

**NOTE: Program requirements are reviewed annually and are subject to change without notice.**

**Program applications and ALL supporting documentation can be submitted to the Admissions Office located on the second floor of the Student Center Building (SC 203) or mailed to the following address:**

Health and Second Tier Admissions Office  
Washtenaw Community College  
4800 East Huron River Drive  
Ann Arbor, MI 48105

Phone: (734) 973-3596  
Fax: (734) 677-5408  
Email: [healthadmissions@wccnet.edu](mailto:healthadmissions@wccnet.edu)  
Website: [www.wccnet.edu](http://www.wccnet.edu)

### Procedure to Request Official Evaluation of Other College or University Transcripts:

**NOTE: Your program application will be accepted without completion of your official evaluation. Please remember that you still must submit your official request to have your credits posted to your WCC transcript**

**Official Transfer evaluations will be completed approximately one (1) semester AFTER you have requested the evaluation and have earned at least one (1) credit hour from WCC.** Until you have earned your first credit from WCC, our Counseling Department located on the second floor of the Student Center Building (734-677-5102) can help with the prerequisite overrides needed to sign up for classes. Once the evaluation is completed, transfer credit will be posted to your WCC transcript and viewable in your MyWCC account.

- You MUST submit an email request for your official WCC evaluation at least 10 days AFTER you have requested your previous institution to send official transcripts to WCC.
- In the email SUBJECT line enter *YOUR LAST NAME* with the word "*REQUEST*"
- In the email BODY, number 1-9 and list the following:
  1. Your **WCC Student ID**
  2. Your **Last Name**
  3. Your **First Name** and middle initial
  4. All **Former Names**
  5. Daytime **Phone** number
  6. **WCC Program** or degree that you want credit evaluated for
  7. **Year of the catalog** you are going by
  8. **\*First Term** you earned credit at WCC
  9. List of the **Colleges and Dates** the Official Transcripts were sent to WCC
- **EMAIL transcript request ONLY to:** [transcripteval@wccnet.edu](mailto:transcripteval@wccnet.edu)
- **Direct all questions pertaining to the evaluation of credit to our Transcript Evaluator at (734) 973-3590.**

**Washtenaw Community College**  
**Pathway I Option A - On Campus Dental Assisting (CFDAC)**  
**2009-2010 Academic Year – Application Valid Until July 31, 2010**  
**ADMISSION APPLICATION INFORMATION**

Student ID: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Former/Maiden

\*Address: \_\_\_\_\_  
Number Street City State Zip County

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

\*The contact information provided above MUST match WCC's records. You can confirm or change your contact information at anytime by logging into your MyWCC account and clicking on "Personal Information". (Your address MUST match your current "Basic" address on record. Your "Mailing" address is not sufficient for residency verification.)

**In order to be considered for admission to the program, your prerequisite requirements and program application MUST be submitted NO LATER THAN the May 31<sup>st</sup> application cycle deadline of the year you are applying for. (Students are admitted in June of every year for the fall semester.)**

In the event that there are more spaces available than applications submitted, incomplete applications may be accepted ONLY during the April 1 – May 31 application cycle. You MUST meet the following criteria prior to submitting an incomplete application:

- You are currently enrolled in HSC 101 (Healthcare Terminology) for the Spring/Summer semester.
- You have completed ALL other admission prerequisite requirements including successful completion of ACS 1035.

Contact the Health and Second Tier Admissions Office to see if incomplete applications are being accepted.

Please indicate where your admission prerequisite courses were completed along with the grades you earned. **Official transcripts and/or documents MUST be submitted with this application for verification. If a course is not clearly stated on your transcript(s), you must include the course description and/or syllabus. We are not responsible for your application being delayed due to lack of clarification.**

| Course  | Institution where taken | Grade |
|---|-------------------------|-------|
| Healthcare Terminology w/grade of "C+" (2.3 on 4.0 scale)<br>(HSC 101 or Equivalent College Course) |                         |       |
| Introduction to Online Learning w/grade of "P"<br>(ACS 1035)  |                         |       |

| Appointment with Dental Assisting Department   | Date |
|--|------|
| I met with the Dental Assisting Department on: |      |

You must complete one (1) of the courses listed below before completion of the program as a support course for the Dental Assisting program. Students are strongly advised to complete this requirement prior to entering the Dental Assisting program. If you have completed one (1) of the following support courses, please indicate which one:

**I have completed the following course with a minimum grade of "C" (2.0 on 4.0 scale) at WCC or from a transferring institution:**

|  | WCC   | Transferring Institution |
|--|-------|--------------------------|
| English Composition I (ENG 111).....   | _____ | _____                    |
| <b>OR</b>                              |       |                          |
| Business Communication (BMG 207) ..... | _____ | _____                    |

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Program requirements are reviewed annually and are subject to change without notice.**

**Washtenaw Community College**  
**Dental Assisting Program (CFDAC)**  
**DECLARATION OF SPECIFIC PHYSICAL AND COGNITIVE**  
**ABILITIES STATEMENT**

Admission into the Dental Assisting Program is contingent upon students declaring that they have specific physical and cognitive abilities. These requirements are detailed below. WCC reserves the right to request that students successfully demonstrate the specific cognitive and physical abilities related to the Dental Assisting Program.

**ABILITIES NECESSARY TO ENSURE ATTAINMENT OF COMPETENCIES IN THE DENTAL ASSISTING PROGRAM. THE STUDENT MUST BE ABLE TO:**

1. Communicate, both verbally and in writing, at a professional level.
  - A. Demonstrate English language proficiency with sufficient skill to communicate.
  - B. Demonstrate effective oral and written communication skills necessary to interact with patients and dental professionals.
  - C. Read and interpret the dentist's orders and corresponding paperwork.
2. Demonstrate fine motor and dexterity skills necessary for healthcare delivery:
  - A. Safely complete instrument exchange, HVE usage, handpiece manipulation, dental materials manipulation, and computer applications.
  - B. Assist or transfer patients into treatment areas, manipulate dental units, and radiographic equipment.
  - C. Work in confined areas of care.
3. Assess and record accurate patient information through visual and tactile capabilities.
4. Demonstrate the ability to hear and comprehend ranges of sounds at chairside and in other treatment settings.

**I have read these statements and believe I meet the above requirements.**

**Print Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Washtenaw Community College**  
**On Campus Dental Assisting (CFDAC)**  
**2009-2010 Academic Year**  
**ADDITIONAL INFORMATION**

1. **Necessary Screenings:**

- All students must agree to an initial Criminal Background Check in order to complete their application and a second check before entering the program. If a conviction is found (see Information Release Authorization Form), the student will **not be admitted** to the program.
- As a courtesy, WCC will conduct your initial and second background checks using the Michigan State ICHAT system which has limitations that may cause false positive and false negative records to be received. Please be aware that if a false record is received or you believe that the record is a mistake or inaccurate, it will be your responsibility to clear the record which may accrue additional fees (see Information Release Authorization Form).

2. **Mailings:**

- An initial confirmation letter will be sent to inform the student we have received their completed application approximately three (3) weeks following the end of the admission cycle in which the student submitted their application in.
- Program requirements are reviewed annually and are subject to change. If there are changes to the program curriculum or prerequisite requirements, a letter will be sent informing you of these changes and you are required to meet all new requirements by the specified deadline or **your application will be closed.**
- If you are required to clear your background record, a letter will be sent informing you of this. You must have your record cleared by the specified date or **your application will be closed.**
- Still Interested letters are sent occasionally to students with residency status outside Washtenaw County. If you receive a Still Interested letter and would like your name to remain on the waitlist, you must submit the included Still Interested/Closing Application Form by the specified deadline or **your application will be closed.**
- Official Acceptance letters are sent approximately two and a half (2 ½) months prior to an entry term by Certified Mail.
- Official Alternate Candidate letters are sent approximately two and a half (2 ½) months prior to an entry term by Certified Mail.
- You will be required to sign for all letters sent by Certified Mail to show receipt for the letter. If you are not at home to receive this letter, the Post Office will attempt to deliver this letter two (2) more times. If no one is home to sign for the letter after the third (3<sup>rd</sup>) attempt, the letter will be held at your local Post Office for one (1) week only before it will be returned to WCC as “Unclaimed”.
- If a letter is sent and not returned to WCC, it is assumed you received the letter. If mail is returned to WCC by the Post Office including “Unclaimed” Certified Mail and we are unable to contact you, **your application will be closed.** Please keep in mind that the Post Office does NOT forward WCC mail.
- We assume that all letters that are sent have been received unless the letter is returned by the Post Office.
- It is your responsibility to check your Student Email on a regular basis. Important information regarding your application status may be sent and we assume that this information has been received since it was sent to your student email address.

3. **Additional ways in which your application can be closed:**

- It is your responsibility to keep your contact information CURRENT. If we do not have an active address on record for you and are unable to contact you, **your application will be closed.** To view or make changes to your contact information, please login to your MyWCC account and click on “*Personal Information*” or contact the Student Connection Center located on the second floor of the Student Center Building.
- Students who have been admitted to the program will be REQUIRED to attend a Mandatory Orientation Session. The date, time, and location of this orientation will be stated in your Certified Official Acceptance letter. If you do not attend orientation and have not contacted and made other arrangements with the Dental Department, **your application will be closed.**

4. You must maintain a minimum cumulative GPA of 2.3 in order to be eligible to begin the program. If accepted to the program and you do not meet the 2.3 cumulative GPA requirement, you may take your deferment option in order to raise your GPA. If your GPA has not been raised to the minimum 2.3 requirement by the semester you have deferred your admission to, **your application will be closed.**

**CONTINUED ON BACK →**

5. All Officially Admitted students are given the one (1) time only option to defer their admission to the program to the following year. In order to take this option, you will be required to submit the Deferment Form (provided at the Mandatory Orientation) by the specified date as stated in your Official Acceptance letter. If you do not take your deferment option by this deadline and choose not to continue with the program, **your application will be closed.**
6. If you received an Alternate Candidate letter, you will be provided with the same information as an admitted student and expected to meet all the same requirements in order to be eligible to take the spot of an admitted student if he/she cancels his/her admission to the program. (Alternate Candidates are NOT eligible for the deferment option unless they have received official notice of their acceptance in the program.)
7. If we exhaust our Alternate Candidate list and still need to fill seats in the program for a specific entry term, be aware that if you have submitted a completed program application before the entry term has begun of the current year, you may be called for acceptance to the program at the last minute.
8. If your application has been closed for any of the reasons mentioned above and you would like to reapply to the program, you must meet all current prerequisite requirements and submit a new application to the program. Your name will be placed at the bottom of the waitlist in your residency category.
9. **You have read the Admission and Waitlist Process for High Demand Programs that is included in your application packet and are aware of your priority level for when there are more qualified applicants than openings for an entering class.**
10. **Your program application status can be viewed online through your MyWCC account by clicking on *Student Services* and then *Health and Second Tier Admission Application Status* approximately two (2) weeks after the submission of your application.**

**I have read these statements and understand their ramifications.**

**Printed Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Washtenaw Community College  
Dental Assisting Program  
INFORMATION RELEASE AUTHORIZATION FORM**

It is the policy of Washtenaw Community College to screen its students applying to the Dental Assisting Program for prior criminal convictions as a condition for admission.

Under the Bureau of Health Professions (BHP) for the State of Michigan, an individual who has been convicted of a felony, a misdemeanor punishable by imprisonment for a maximum term of 2 years or a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations), **may be ineligible to take the Registered Dental Assistant (RDA) Examination and obtain a Michigan license.**

I understand that Washtenaw Community College will conduct a criminal background check in connection with my application. I understand that if the criminal background check reveals a criminal conviction or current criminal charge for any of the above-mentioned offenses, I will be denied admission to the Dental Assisting Program.

I hereby authorize Washtenaw Community College to release any or all of the information contained in this document and my application to the Michigan State Police in connection with the criminal background check.

Printed Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please provide the information that is required to obtain the background check on the back of this sheet.**

**(TURN OVER -- CONTINUED ON BACK)**

**Washtenaw Community College  
Dental Assisting Program  
INFORMATION RELEASE AUTHORIZATION FORM**

**You MUST submit a copy of one (1) of the following government issued picture ID's with this form which includes: Driver's License, State ID Card, or Passport.**

**Please PRINT clearly and answer ALL questions**

Name: \_\_\_\_\_  
Last First Middle

Previous Name(s) and/or Maiden Name(s): \_\_\_\_\_

Other Name(s) known by: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (circle one): **Male** or **Female**

Ethnicity (circle one): **White** or **Black** or **Asian or Pacific Islander** or

**American Native or Alaskan Native** or **Unknown/Other**

Driver's License Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

**The following statement must be signed and submitted with the Washtenaw Community College Dental Assisting Program application.**

**APPLICANT'S STATEMENT:** I hereby attest that I have not been convicted of any crime which would preclude me from taking the Registered Dental Assistant (RDA) Examination.

I understand and agree that I will immediately withdraw from the Dental Assisting Program should the criminal check disclose any of the above-mentioned offenses or any others not disclosed by me as part of the application process. I confirm that the information I provided is accurate and correct.

I understand that knowingly providing false information regarding a criminal conviction is a misdemeanor punishable by imprisonment for not more than ninety (90) days or a fine of not more than \$500.00 or both.

I agree to report to the Dental Assisting Program Director if I am arrested for or convicted of a felony, misdemeanor or substance abuse prior to registering for or at any time during the Dental Assisting Program.

Printed Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Washtenaw Community College**  
**Pathway I Option A – On Campus Dental Assisting (CFDAC)**  
**Mandatory Meeting – Dental Department**

Before you will be eligible to apply to our On Campus Dental Assisting program, you must meet with the Dental Department as part of your admission requirements. Appointments can be scheduled by calling (734) 973-3337 or emailing [ksprague@wccnet.edu](mailto:ksprague@wccnet.edu).

**TO BE COMPLETED BY STUDENT:**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

\_\_\_\_\_ I have met with the Dental Department at WCC. Appointment Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY THE DENTAL DEPARTMENT:**

Name: \_\_\_\_\_

Room Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_