



WAYNE COMMUNITY COLLEGE

DENTAL ASSISTING

Fall Semester 2019 Admission Policies and Procedures

This application packet can be accessed at:
<http://www.waynec.edu/wp-content/uploads/dental-assisting.pdf>

This information supersedes all previously published information.

Apply September 1, 2018 – April 18, 2019 for earliest consideration.
Applications received after April 18, 2019 will be considered on a monthly basis.
Applicants may apply for only one limited health occupations program per semester.

It is the policy of Wayne Community College that all persons have equal opportunity and access to its educational programs, services, activities, and facilities without regard to race, religion, color, sex, age, national origin or ancestry, marital status, parental status, sexual orientation, disability or status as a veteran. WCC is an Affirmative Action institution. This material may be available in alternative formats.

Wayne Community College is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associate degrees, diplomas, and certificates. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097, 404-679-4500, <http://www.sacscoc.org> for questions about the accreditation of Wayne Community College. Inquiries about Wayne Community College, such as admission requirements, financial aid, educational programs, etc. should be addressed directly to Wayne Community College and not the Commission's office.

The Commission on Colleges may be contacted only if there is evidence that Wayne Community College is significantly non-compliant with a requirement or standard. Accreditation standards are located at: <http://www.sacscoc.org/principles.asp>

The purpose for publishing the Commission's access and contact numbers is to enable interested constituents (1) to learn about the accreditation status of the institution, (2) to file a third-party comment at the time of the institution's decennial review, or (3) to file a complaint against the institution for alleged non-compliance with a standard or requirement.

Inquiries about Wayne Community College, such as admission requirements, financial aid, educational programs, etc. should be addressed directly to Wayne Community College and not the Commission's office.

Student Right-to-Know: Information regarding the persistence rate of enrolled students toward graduation and transfer-out-rate is available in the Office of Admissions and Records. Student rights under FERPA are available at ed.gov/policy/gen/guid/fpco/ferpa/index.html or in the Office of Admissions and Records and in the Office of Counseling Services.

For more information about our graduation rates, the median debt of students who completed a program, and other important information, please visit our Web site at: waynecc.edu/gainful-employment/.

Wayne Community College is a tobacco-free institution.

**DIPLOMA DENTAL ASSISTING
Fall 2019 ADMISSION POLICIES AND PROCEDURES**

**INFORMATION IN THIS PACKET SUPERCEDES ALL PREVIOUSLY
PUBLISHED INFORMATION**

Thank you for your interest in the Dental Assisting program. We will begin accepting applications for the Dental Assisting program starting **September 1, 2018**. Deadline for a completed application, all transcripts and/or letters verifying non-attendance received, and official interview is **April 18, 2019 by 4:00 p.m.** Applicants completing all requirements after the April 18th deadline will be considered by the Limited Admissions Committee at their next regularly scheduled monthly meeting until the program is filled. Admission to the Dental Assisting program is a competitive process, based on highest point count.

Please use the following checklist to ensure you complete the admissions requirements.

You will need to complete and submit the following to the Office of Admissions and Records:

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1. Completed application must be submitted to the Office of Admissions and Records along with the Letter of Understanding. **A faxed application and Letter of Understanding will not be accepted.**

Note: If you are planning to take the general education requirements for Dental Assisting in a semester prior to Fall 2019, also submit a general application to the college for Associate in Arts to the Office of Admissions and Records.

Undocumented Immigrants

- Federal law prohibits states from granting professional licenses to undocumented immigrants.
- Undocumented immigrants shall not be considered a North Carolina resident for tuition purposes. Undocumented immigrants must be charged out-of-state tuition whether or not they reside in North Carolina.
- Students lawfully present in the United States shall have priority over any undocumented immigrants in any class or program of study when there are space limitations.

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2. Request that an official high school transcript or equivalent and **ALL** college transcript(s) must be requested by you from your former schools, colleges and/or universities. These transcripts must be received by WCC in order to complete your application. (**Note:** An official transcript is one that is sent by one school, college or university to another. The official transcript has the school's seal and the appropriate signature. **A faxed copy is not considered to be an "official" transcript**). If you are enrolled in the Fall 2018 semester, you will need to send an updated transcript by the April 18th deadline. If you have any Advanced Placement (AP), CLEP or DANTES credit, you must request the scores to be sent directly from the testing company.

It is the applicant's responsibility to make sure that all transcripts are up to date and on file with the Admissions Office by the published deadline. Failure to submit all transcripts to the Admissions Office by the published deadline will result in removal of the application from consideration or the applicant's dismissal from the program.

The National Student Clearinghouse is used to verify students' prior enrollment.

NOTE: Students with foreign transcripts must complete at least eight (8) semester hours of college credit (**not including pre-curriculum courses**) from an American regional accrediting agency. Of these eight (8) semester hours, there must be at least three (3) hours of life science, biology or chemistry. **No transfer credit will be accepted from institutions not accredited by an American regional accrediting agency.**

3. Take the placement tests (Accuplacer/CPT, ASSET or COMPASS, NC DAP and Computer Skills) and meet the required minimum scores necessary for the Dental Assisting program or complete the listed courses, or their equivalent, with a grade of C or better OR submit valid ACT or SAT results. Test scores must be within five (5) years of the program start date (8/19). Accuplacer/CPT, ASSET or COMPASS, NC DAP, SAT or ACT and the Computer Skills placement tests taken before August 2014 must be retaken for a program starting August 2019. Official placement scores can be sent from another school. **Note:** Official placement scores are ones that are sent by one school, college or university to another. Official placement scores are sent in a sealed envelope. Courses or minimum cut-off scores on placement tests are listed below.

Accuplacer/CPT		ASSET		COMPASS		NC DAP	
Reading	80*	Reading	41*	Reading	81*	DRE	151*
Writing	86*	Writing	41*	Writing	70*	DMA 010	7**
Arithmetic	55**	Numerical	41**	Pre-Algebra	47**	DMA 020	7**
						DMA 030	7**

SAT (January 2016 and earlier)		SAT (March 2016 and later)		ACT	
Critical Reading	500*	Reading/Writing	480*	Reading	22*
Writing	500*	Mathematics	530**	English	18*
Mathematics	500**			Math	22**

Computer Skills

Computer 78***

Scores with an asterisk can be met with course work. Scores without an asterisk can not be met with course work, only with placement test scores.

- * or ENG 111 or equivalent with a grade of C or better or an AP English score of 3 or higher
- **Placement requirement in Pre-Algebra may be met by completion of MAT 060 or Higher (or a college level equivalent) with a grade of C or better **OR** DMA 010 through DMA 030 with a minimum grade of P **OR** state-mandated NC DAP placement test scores **OR** DMA 025 with a minimum grade of P.
- ***Placement requirement in computer may be met by completion of CIS 070 or CTS 080 (or a college level equivalent) with a grade of P.

Please plan ahead as Allied Health applicants are not permitted to take placement tests on the application deadline date.

Note: Fall applicants will not be interviewed, tested or otherwise processed from November 19 – January 21 or from May 1 – May 31. Please plan accordingly.

For Readmits Only: Student test scores achieved and testing criteria required at the initial admission will be sufficient for readmission if the candidate reappplies within five (5) years of initial acceptance into the Dental Assisting program.

_____ 4. **(OPTIONAL)** If you have prior dental experience, complete the Dental Experience Documentation form and submit it to the Office of Admissions and Records. This form must be filled out completely and signed by the dentist in order to have your prior dental experience considered. **A new experience form must be submitted each year you apply to the Dental Assisting program.** (Completion of the dental experience form is optional).

_____ 5. For a referral to the Limited Admissions Committee, an **official** interview* must be completed with a WCC Student Development/Counseling Services counselor. An interview is required each time an applicant applies to the Dental Assisting program.

*You will know your interview is **official** if your pink copy of the Student Admission Report (SAR) has a check beside “Yes” under “Refer to Allied Health Admissions Department.”

Note: Students who have previously made the required placement test scores and students sending test scores from other schools will not be referred for admissions consideration until this interview is complete.

To have your application considered at the first Limited Admissions Committee meeting, all of the above information must be completed and submitted to the Office of Admissions and Records by the application deadline date, **April 18, 2019 by 4:00 p.m.** Applicants completing all requirements after the deadline will be considered by the Limited Admissions Committee at their next regularly scheduled monthly meeting until the program is filled. Please do not call for results after the Limited Admissions Committee meetings. Letters will be sent to all applicants notifying them of their status.

Note: Please do not send letters of recommendation. They are not considered by the Limited Admissions Committee.

Prior to new student registration for all entering dental assisting students, the dental department must receive your completed **Student Medical Form** with documentation of the required immunizations and **proof of the first Hepatitis-B vaccination.** New students who have completed the Hepatitis-B vaccination series must present a signed statement from the agency completing the series. Student Medical Forms will be provided by Wayne Community College. Dental Assisting students must obtain current BLS Provider Adult, Child & Infant CPR certification prior to Student Orientation.



ALLIED HEALTH STUDENT ADMISSION REPORT

Wayne Community College
P.O. Box 8002 • Goldsboro, NC 27533-8002
919-735-5151 • waynecc.edu
An Equal Opportunity Employer

Student Name: _____
Last First Middle Maiden/Former

Datatel ID Number: _____

Allied Health program applying for:

- Associate Degree Nursing
 Deadline: March 21, 2019
- Licensed Practical Nursing
 Deadline: April 18, 2019
- Advanced Standing LPN to RN
 Deadline: November 8, 2018
- Dental Hygiene
 Deadline: March 21, 2019
- Dental Assisting
 Deadline: April 18, 2019
- Medical Assisting
 Deadline: April 18, 2019
- Pharmacy Technology
 Deadline: April 18, 2019
- Advanced Standing Medical Assisting
 Deadline: November 8, 2018
- Medical Laboratory Technology
 Deadline: November 8, 2018
- Practical Nurses seeking Advanced Standing:
Schedule an interview with the Nursing Department Head to review additional requirements.
- Readmission *Pending space availability and meeting departmental criteria. Student will contact respective Department Head.
Name: _____ Number: 919-739- _____

Refer to Allied Health Admissions Department

- Yes No

Hold until further action:

- Missing Transcripts per Clearinghouse / personal disclosure
- Old / Incomplete / Missing / Low Test Scores
 Reading _____ English _____ Math _____ CIS 070 _____ ACT/SAT _____
- Missing / not completed chemistry class within ten years of program start date (Nursing only)
- Missing proper work-related experience documentation (DH / DA / Phlebotomy / Pharm Tech / Med Lab Tech / Med Assisting)

It is the student's responsibility to make sure all requirements are met by program deadline.

Counselor Signature _____ Date _____

Student Signature _____ Date _____

WHITE - ADMISSIONS

PINK/YELLOW - STUDENT

Wayne Community College encourages persons with disabilities to participate in its programs and activities. If you anticipate needing accommodation or have questions about access, please contact the Disability Services Counselor at 919-739-9728. Please allow sufficient time to arrange accommodation.

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06/20/18KB

SELECTION CRITERIA FOR DENTAL ASSISTING PROGRAM

The following criteria is used to select members of the entering Dental Assisting class at Wayne Community College:

RELATED COURSEWORK:

Points may be earned for completion of related courses: BIO 163, ENG 111, and PSY 150. Total points are awarded for specific course grades completed by the deadline. Only courses completed by the deadline will be used for ranking. The highest earned grade for each course will be used to calculate total points.

DENTAL EXPERIENCE (Optional):

Work experience or volunteering in a dental office or laboratory in excess of 20 clock hours will be considered. The applicant must document this time on the Dental Experience Documentation form provided in the Dental Assisting Admission Policies and Procedures booklet. A new Dental Experience Documentation form must be completed each year a student applies to Dental Assisting.

Readmission and/or Advanced Standing Policy Dental Department

The learning experiences in the dental programs require that courses be taught in a sequence that does not allow for courses to be offered more than one time per year. Students requesting readmission will not be able to re-enter until the semester the required course(s) is/are offered.

Admission will be awarded on a space available basis. Student numbers may not exceed 24 in dental assisting and 30 in dental hygiene. A student is allowed one (1) readmission.

When more candidates apply for readmission than spaces available, the applicants will be ranked as follows:

1. Student test scores achieved and testing criteria required at the initial admission will be sufficient for readmission if the candidate reapplies within Five (5) years of initial acceptance into the Dental Assisting and Dental Hygiene Program.
2. Dental Experience.
3. ACT score is required for Dental Hygiene applicants.

A student requesting readmission and /or advanced standing must:

1. Complete the admission process at least one full semester prior to the desired time of re-entry.
2. Follow a prescribed knowledge and skill development plan based on identified deficiencies and recommended by faculty members and department chair. The stipulations of the knowledge and skill development plan must be satisfied prior to registration for the semester of re-admission.
3. An Audit contract will be completed and signed by student, instructor and department chair.

The readmitted student must:

1. Submit an updated medical history, CPR certification, vaccine record and TB skin test.
2. Achieve a grade point average of at least 2.0 to be considered eligible for graduation.

**Wayne Community College
Dental Experience Documentation
Fall 2019**

1. Name of Applicant _____
2. Student ID# or DOB: _____
3. Type of Dental Experience (Please check appropriate description.)
 - a. _____ Observation
 - b. _____ Volunteer
 - c. _____ Work
4. Number of Hours of Experience (Please check appropriate description).
 - a. _____ 20 – 100 hours
 - b. _____ 101-500 hours
 - c. _____ over 500 hours
5. Documentation by Dentist
 - a. Dentist's Name _____
 - b. Address _____

 - c. Phone _____

I certify that the above information concerning the dental experience of this applicant is correct.

Signature of Dentist _____

Date _____

License Number and State _____

Rev: 05/18

DENTAL ASSISTING POINT COUNT TOOL

Enclosed in this package of information is the Admission Rating used by the Dental Department and the Limited Admissions Committee to select applicants to be admitted to the Dental Assisting.

This tool was developed as an objective means of evaluating applicants. Criteria used to select applicants for admission to the Wayne Community College Dental Assisting program are: (Part I) Placement Test Scores or Course Equivalent – ENG 111, MAT 060 with a grade of C or better, or DMA 010, 020, and 030, or DMA 025, with a grade of P. No admission points are awarded for this section. (Part II) Related Coursework, and (Part III) Dental Experience. (Optional)

Your admission rating is confidential information. At no time will your admission rating be discussed with anyone other than an authorized official of Wayne Community College and only when directly involved with the admissions process. When your application is completed, your total point count will be calculated. This point total will be used in the admissions process.

PLEASE DO NOT CALL THE ADMISSIONS OFFICE OR THE DENTAL DEPARTMENT TO INQUIRE ABOUT YOUR POINT COUNT. There will be no discussion of point count totals by phone.

DENTAL ASSISTING TIEBREAKERS

- **1st consideration:** Grade received for completion of BIO 163
- **2nd consideration:** Grade received for completion of ENG 111
- **3rd consideration:** Dental Experience (form must be included). In case of a tie, applicants with more points for dental experience will be ranked ahead of applicants with fewer points for dental experience.

**WAYNE COMMUNITY COLLEGE
DENTAL ASSISTING ADMISSION RATING**

Applicant Name: _____ **Student ID #** _____
Date Reviewed: _____ **Reviewed by:** _____

PART I: College Placement Tests: Minimum scores must be attained. Not used for ranking purposes.

Accuplacer/CPT		ASSET		COMPASS		NC DAP	
Reading 80* _____ or		Reading 41* _____ or		Reading 81* _____		DRE 151* _____	
Writing 86* _____ or		Writing 41* _____ or		Writing 70* _____			
Arithmetic 55** _____ or		Numerical 41** _____ or		Pre-Algebra 47** _____			

SAT (January 2016 and earlier)		ACT		DMA	
Reading 500* _____ or		Reading 22* _____ or		010** _____ 020** _____	
Writing 500* _____ or		English 18* _____ or		030** _____	
Math 500** _____ or		Math 22** _____ or			

SAT (March 2016 and later)		Computer Skills
Reading/Writing 480* _____		Computer 78*** _____
Mathematics 530** _____		

*Completion of ENG 111 or college equivalent with "C" or better or an AP English score of 3 or higher _____

**Completion of MAT 060 with "C" or better or DMA 010, 020, 030 or DMA 025 with a "P" _____

***Completion of CIS 070 or CTS 080 or college equivalent with "P" or better _____

Date placement test requirements met: _____

PART II: RELATED COURSEWORK: (Maximum of 18 points)

Scale: A-, A, A+ (6 points)	B-, B, B+ (4 points)	C, C+ (2 points)
COURSE (or equivalent)	GRADE	POINTS
BIO 163	_____	_____
ENG 111	_____	_____
PSY 150	_____	_____

TOTAL PART II _____

PART III: Dental Experience: A new experience form must be submitted each year applicant applies to Dental Assisting. **(Maximum of 3 points).**

20-100 hours work/observation in dental office or dental laboratory	1 point
101-500 hours work in dental office or dental laboratory	2 points
>500 hours work in dental office or dental laboratory	3 points

Total Part III _____

Total Score (Maximum 21 points) _____

DENTAL ASSISTING

Official Program Description registered with the N.C. Department of Community Colleges:

The Dental Assisting curriculum prepares individuals to assist the dentist in the delivery of dental treatment and to function as integral members of the dental team while performing chairside and related office and laboratory procedures.

Course work includes instruction in general studies, biomedical sciences, dental sciences, clinical sciences, and clinical practice. A combination of lecture, laboratory, and clinical experiences provide students with knowledge in infection/hazard control, radiography, dental materials, preventive dentistry, and clinical procedures.

Graduates may be eligible to take the Dental Assisting National Board Examination to become Certified Dental Assistants. As a Dental Assistant II, defined by the Dental Laws of North Carolina, graduates work in dental offices and other related areas.

Individuals desiring a career in Dental Assisting should, if possible, take biology, mathematics and keyboarding courses prior to entering the program.

Diploma Awarded:

A diploma in Dental Assisting is awarded by the College upon completion of this program.

Program Accreditation:

The Dental Assisting program is accredited by the Commission on Dental Accreditation of the American Dental Association.

Note:

Students must earn a grade of C or better in all curriculum courses in order to progress in the program.

In addition to tuition and textbooks, costs of this program include a laboratory fee, scrubs, shoes, physical examination, immunizations, cost of certification examination and other miscellaneous fees.

THE PHILOSOPHY AND GOALS OF THE WAYNE COMMUNITY COLLEGE DENTAL ASSISTING PROGRAM

The philosophy of the Wayne Community College Dental Assisting Program

The philosophy of the Wayne Community College Dental Assisting Program is to provide a strong academic and practical education in dental assisting that will foster a desire to continue personal growth and maintain professional competence through life-long learning.

The goals of the Wayne Community College Dental Assisting Program

1. To prepare the students to function effectively as integral members of the dental health team fostering professional behavior and ethical values.
2. To prepare the students to perform general chairside assisting procedures and related office and laboratory procedures under the direction and supervision of a licensed dentist.
3. To help meet the community's need for qualified dental assistants.
4. To prepare the student to pass the Dental Assisting Certification Examination.

Student Success and Retention

Student retention and success are a priority at Wayne Community College. Obstacles to success may include the academic rigor of the program, extracurricular demands or dissatisfaction with your choice of this career path. Job shadowing should be strongly considered so that you are keenly aware of the professional responsibilities and duties associated with your career choice. Extracurricular demands such as full time work schedules may also need to be reduced in order to allow the necessary study time required to be successful. A good support system is also important if you are involved in other extracurricular demands such as providing care for children or elders.

Credit/Clock Hour Conversion Programs

WCC offers some programs that are considered credit/clock hour conversion programs based on federal regulations set by the U.S. Department of Education. These programs fall under this regulation because all the required credit hours are not acceptable or transferable into a two-year degree or college transfer program. If you are enrolled in one of the credit/clock hour programs and you have been awarded the Federal Pell Grant, your award payment may be less than what is indicated on your award letter. The Dental Assisting program is a credit/clock hour conversion program.

PHYSICAL AND COGNITIVE EXPECTATIONS OF A STUDENT DENTAL ASSISTANT

Dental Assisting (DA) is a practice discipline with cognitive, sensory, affective and psychomotor performance requirements. For the purposes of DA program compliance with the 1990 Americans with Disability Act, a qualified individual with a disability is one who with or without reasonable accommodation or modification, meets the eligibility requirements for participation in the DA program.

Admission to and progression in the DA program is not based on these standards. Rather, the standards should be used to assist each student in determining whether accommodations or modifications are necessary. Standards provide an objective measure upon which a student and the advisor base informed decisions regarding whether a student is “qualified” to meet the requirements. It is the responsibility of the applicant to read the technical standards carefully and to ask for clarification of any standard that is not understood.

If a student believes that he or she cannot meet one or more of the standards without accommodations or modifications, the dental faculty will determine on an individual basis, whether or not the necessary accommodations or modifications can be made in a reasonable manner. Both instructors and students must evaluate the standards continually throughout the program.

PHYSICAL AND EMOTIONAL STANDARDS

Dental Assisting (DA) students should possess and be able to demonstrate the following:

- 1. Critical Thinking:** critical thinking ability sufficient for clinical judgment. For example, student must be able to identify cause – effect relationships in clinical situations; collect and analyze clinical and radiographic data to aid in problem solving; and assist in the development of dental treatment plans.
- 2. Interpersonal Skills:** interpersonal abilities sufficient to interact with individuals, families, groups, etc., from a variety of social, emotional, cultural and intellectual backgrounds. For example, student shall establish rapport with clients/patients and dental team members.
- 3. Communication Skills:** communication abilities sufficient for interaction with others in verbal and written form. For example, explain treatment procedures to patients; initiate preventative oral health teaching; document and interpret treatment rendered and patient/client responses.
- 4. Mobility:** physical abilities sufficient to move from room to room and maneuver in small spaces; stand and walk for extensive periods of time. For example, moving from room to room in a clinic and laboratory areas. Must be able to sit in a fixed position for up to an hour while assisting with dental procedures.
- 5. Motor Skills:** gross and fine motor abilities to assist in the provision of safe and effective care. For example, calibrate and use equipment, document care; position and move patients/clients; mix and dispense dental materials and perform expanded function dental procedures as allowed by applicable laws.

6. **Hearing:** auditory ability sufficient to monitor and assess health needs and communicate with patients and other members of the oral health care team.
7. **Visual:** visual ability sufficient for observation and assessment necessary in dental care. For example, observe patient/client responses, observe appearance and consistency of dental materials and determine shading and coloring of restorations.
8. **Tactile:** tactile ability sufficient for assessment. For example, perform functions related to dental materials as well as laboratory procedures and treatment procedures.
9. **Weight-Bearing:** ability to lift and manipulate/move 45-50 pounds daily. For example, position patients/clients and move equipment.
10. **Cognitive Abilities:** ability to be oriented to time, place and person; organize responsibilities and decisions. For example, student shall assess client/patient complaints and oral conditions and be able to assimilate and communicate information to other members of the treatment team.

EXAMPLES ARE NOT ALL INCLUSIVE

WAYNE COMMUNITY COLLEGE COMMUNICABLE DISEASE POLICY OF STUDENTS

Wayne Community College is committed to assuring that all necessary training and precautions are taken with regard to communicable diseases. The Biohazard Exposure Control Plan and the Pandemic Preparedness Plan of Wayne Community College reflect our efforts to ensure the good health and safety of all employees and students. The College adopts this communicable disease policy for students in an effort to control communicable diseases and the threat of pandemics on campus based upon established rules and regulations of the N.C. Division of Health Services. Employees and employees of contractors or contracted services infected with a communicable disease have the responsibility of reporting this fact to the Director of Human Resources. Students infected with a communicable disease have the responsibility of reporting this fact to the Associate Vice President of Academic and Student Services or the Vice President of Continuing Education, as appropriate.

Communicable disease is an illness resulting from an infectious agent or its toxic products being transmitted directly or indirectly to a person from an infected person or animal through the agency of an intermediate animal, host, or vector, or through the inanimate environment. [N.C.G.S. 130A-2(1c)] Communicable Disease shall include, but is not limited to: Chickenpox, influenza, Infectious Mononucleosis, Conjunctivitis, Hepatitis A, B & D, Acquired Immune Deficiency Syndrome (AIDS), Aids-related complex (ARC), positive HIV antibody status, Influenza, Measles, Meningitis, Tuberculosis, Whooping Cough, and sexually transmitted diseases.(N.C.G.S. 130A)

Persons who are infected with a communicable disease are expected to seek expert medical advice and are encouraged to advise local health authorities. Local health authorities should offer counseling to these persons about measures that can be taken to prevent the spread of infection and to protect their own health.

Persons who know, or have a reasonable basis for believing, that they are infected with a communicable disease have an ethical and legal obligation to behave in accordance with such knowledge to protect themselves and others. Medical information relating to the communicable disease of a student or employee will be disclosed to responsible college officials only on a strictly limited need-to-know basis. No person, group, agency, insurer, employer, or institution should be provided any medical information without the prior specific written consent of a student unless required by state and/or federal law. Furthermore, all medical information relating to the communicable diseases of students and employees will be kept confidential, according to state and federal law, including the Family Education Rights and Privacy Act.

If a student reports a communicable disease condition, the student may be excluded from the institution until an appropriate evaluation of the student's medical condition can be made. The evaluation may be made by a physician or a health department official and testing may be required if appropriate. Students in any Allied Health program may have additional requirements, as specified in each program's student handbook; therefore, these students should report all suspected communicable diseases.

The final determination of student's ability to remain in school will be made by the Vice President or Associate Vice President based upon professional medical evaluation results and recommendations. If a student is found to have a communicable disease, then the attendance of the student on campus or at any College activity will be prohibited until a satisfactory letter or certificate is obtained from one or more licensed physicians or public health officials stating that the student is not a health risk to employees and other students at the College.

The College's Biohazard Control Plan defines guidelines that will be followed in the event of an accidental exposure to bodily fluids or biohazards. Any such exposure should be reported immediately to the responsible faculty or staff person associated with the WCC activity involving such exposure and to the Student Activities Coordinator and an incident report must be completed.

Reference: WCC General Catalog and Student Handbook 2018-2019, page 179-180
(<https://www.waynecc.edu/wp-content/uploads/2018-18-catalog.pdf>)

DENTAL ASSISTING PROGRAM LEARNING OUTCOMES

Upon successful completion of the dental assisting program, the graduate will be able to:

1. Demonstrate professionalism with patients, students, faculty, and dental professionals/staff.
2. Perform dental assisting skills and procedures in the clinical and laboratory setting utilizing proper infection control and safety practices.
3. Perform dental administrative management procedures.
4. Perform dental radiographic procedures.
5. Provide dental health related education with appropriate patient assessment.

**DENTAL ASSISTING CURRICULUM
EFFECTIVE FALL 2017**

		<u>Contact Hours</u>	<u>Semester Credit Hours</u>
FIRST SEMESTER			
DEN 100	Basic Orofacial Anatomy	2	2
DEN 101	Preclinical Procedures	10	7
DEN 102	Dental Materials	6	4
DEN 111	Infection/Hazard Control	2	2
BIO 163	Basic Anat. & Physiology	6	5
ACA 111	College Student Success	<u>1</u>	<u>1</u>
			21
SECOND SEMESTER			
DEN 103	Dental Sciences	2	2
DEN 104	Dental Health Education	4	3
DEN 105	Practice Management	2	2
DEN 106	Clinical Practice I	14	6
DEN 112	Dental Radiography	5	3
ENG 111	Writing and Inquiry	<u>3</u>	<u>3</u>
			19
SUMMER TERM			
DEN 107	Clinical Practice II	13	5
PSY 150	General Psychology	<u>3</u>	<u>3</u>
			8
		Total Credit Hours	48

Rev: 07/17

WCC Dental Assisting Program Estimated Expenses

FALL SEMESTER	SPRING SEMESTER	SUMMER TERM
In-state Tuition/Fees Full-Time = 16+ Hours \$ 76.00/Sem. Hour \$ 30.00 Activity Fee \$ 16.00 Tech. Fee \$ 50.00 Lab Fee \$1,312.00 * Out-of-state Tuition/Fees \$ 268.00/Sem. Hour \$ 30.00 Activity Fee \$ 16.00 Tech. Fee \$ 50.00 Lab Fee \$ 4,384.00 * Books** \$ 700.00 Health/ Medical Exam/ Immunizations*** \$ 270.00 Uniforms \$ 200.00 <u>Other requirements</u> Pens, Pencils, Notebooks \$ 40.00 Shoes \$ 100.00 Utility Gloves & Safety Glasses \$ 14.00 WCC Dental Assisting Club (DASA) \$ 25.00 ADA Student Membership Fee \$ 35.00	In-state Tuition/Fees Full-Time = 16+ Hours \$ 76.00/Sem. Hour \$ 30.00 Activity Fee \$ 16.00 Tech. Fee \$ 50.00 Lab Fee \$1,312.00 * Out-of-state Tuition/Fees \$ 268.00/Sem. Hour \$ 30.00 Activity Fee \$ 16.00 Tech. Fee \$ 50.00 Lab Fee \$ 4,384.00 * Books** \$ 300.00 <u>Other requirements</u> DA Certification Examination (DANB) \$ 425.00 - 750.00 HESI Testing \$ 50.00	In-state Tuition/Fees Full-Time = 8 Hours \$ 76.00/Sem. Hour \$ 16.00 Tech. Fee \$ 624.00 * Out-of-state Tuition/Fees \$ 268.00/Sem. Hour \$ 16.00 Tech. Fee \$ 2,160.00 * <u>Other requirements</u> Graduation Cap & Gown Fee \$ 39.00
Total (in-state) \$ 2,696.00 Total (out-of-state) \$ 5,768.00	Total (in-state) \$ 2,087.00 – \$ 2,412.00 Total (out-of-state) \$ 5,159.00 – 5,484.00	Total (in-state) \$ 663.00 Total (out-of-state) \$ 2,199.00

PLEASE NOTE: All prices may vary from year to year

- * Tuition/Fees are subject to change.
- ** Cost of books is constantly changing. Costs vary according to number of courses taken each semester. Cost of books is based on a full course load.
- *** Costs vary, depending on health care provider and insurance coverage.

**DENTAL ASSISTING
LETTER OF UNDERSTANDING**

NAME _____

Student ID# or DOB: _____

I affirm that all information submitted during the general and/or allied health application process(es) is true and complete to the best of my knowledge. I affirm that I have read and understand the Dental Assisting admission policies and procedures as stated by Wayne Community College in the Dental Assisting Fall Semester 2019 Admission Policies and Procedures packet available at: <http://www.waynecc.edu/admissions/wp-content/uploads/dental-assisting.pdf>.

I understand that it is my responsibility as an applicant to submit all the necessary admission requirements prior to the deadline and that failure to comply with all application requirements will result in removal from consideration or dismissal from the program. Please refer to the application packet for more detailed information.

I have read and I understand the Wayne Community College Dental Assisting Program Technical Standards section within this packet.

I have disclosed **all** schools attended and have requested official transcripts from **each** be sent to Wayne Community College. I understand that omissions of **any** school attended is grounds for removal from consideration or dismissal from the program

I understand that no exceptions to the policies and procedures will be granted.

**INITIAL APPLICATION DEADLINE – DENTAL ASSISTING
April 18, 2019 by 4:00 p.m.**

Applicants completing all requirements after the deadline will be considered by the Limited Admissions Committee at their next regularly scheduled monthly meeting until the program is filled.

After reading the above statement, please sign, date and return with your application.

Signature _____

Date _____

Note: Your application will not be processed without this signed statement.

**Please be sure to inform the Office of Admissions and
Records if your address or telephone number changes.**

AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER



APPLICATION FOR ADMISSION/READMISSION

P.O. BOX 8002
GOLDSBORO, NC 27533-8002
919-735-5151 • www.waynecc.edu
An Equal Opportunity Institution

Do Not Write In This Space

RCN _____
RCVD _____

NOTICE TO APPLICANT: The information that you provide below will be placed in our master file. If any of this data changes, you must notify the Office of Admissions and Records immediately. Information on race and sex is requested for data gathering purposes only. Disclosure of social security number is voluntary and is used to verify the identity of an individual. Answer all questions completely and accurately. Use your legal name. Incomplete forms may delay your acceptance. Please print or type.

Last Name Jr./Sr./III		First	Middle	Former	
Address			City	State	Zip
County of legal residence		State of legal residence		Country of legal residence	WCC College ID Number (If Applicable)
Home Telephone () ()	Work Telephone () ()	Cell Telephone () ()		Social Security Number	
Birthdate		Birthplace	E-mail Address		Sex <input type="radio"/> Male <input type="radio"/> Female

Ethnicity and Race - Hispanic or Latino <input type="radio"/> Yes <input type="radio"/> No If no, choose one or more: <input type="radio"/> White <input type="radio"/> Black or African American <input type="radio"/> Asian <input type="radio"/> Native Hawaiian or other Pacific Islander <input type="radio"/> American Indian or Alaska Native	Year and term entering 20 _____ <input type="radio"/> Fall <input type="radio"/> Spring <input type="radio"/> Summer I plan to attend <input type="radio"/> Full-Time <input type="radio"/> Part-Time	Enrolling as <input type="radio"/> Freshman <input type="radio"/> Transfer <input type="radio"/> Returning WCC Student Last term registered at WCC _____ Name last enrolled under _____
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Long-term goal at WCC? (Select one) <input type="radio"/> To obtain an Associate Degree, Diploma or Certificate <input type="radio"/> To enhance job skills in present field of work <input type="radio"/> To enhance employment skills for a new field of work <input type="radio"/> To take courses to transfer to another college <input type="radio"/> To take courses for personal enrichment or interest	Employment status while attending WCC (Select one) <input type="radio"/> Retired <input type="radio"/> Unemployed - not seeking employment <input type="radio"/> Unemployed - seeking employment <input type="radio"/> Employed 1-10 hours per week <input type="radio"/> Employed 11-20 hours per week <input type="radio"/> Employed 21-39 hours per week <input type="radio"/> Employed 40 or more hours per week	Highest educational level completed (Select one) <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> High School Equivalency <input type="radio"/> 13 Adult High School Diploma <input type="radio"/> 14 Post High School Vocational <input type="radio"/> 15 Associate Degree <input type="radio"/> 16 Bachelor's Degree <input type="radio"/> 17 Master's Degree or Higher
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

U.S. Citizen Yes No
 If no, a) give country of citizenship _____ b) immigration status _____

Indicate if any of the following apply to you
 Retired Military Active Duty Military Dependent of Active Duty Military Department of Defense Employee

High school last attended _____ City _____ County _____ State _____

Graduation date or last date of attendance: Month _____ Day _____ Year _____ Yes, I graduated No, I did not graduate

<input type="radio"/> I received an Adult High school Diploma <input type="radio"/> I received the High School Equivalency <input type="radio"/> I am currently enrolled in high school	School	City	State	Date received or anticipated
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INITIAL HERE _____

IF YOU ARE APPLYING TO A CURRICULUM PROGRAM, PLEASE COMPLETE THE ITEMS BELOW.

All transcripts (high school or equivalent and college) must be on file in the admissions office before an applicant is officially accepted to the Program. Financial Aid and VA benefits will not be approved until all official transcripts are on file.

College attended	City	County	State	Date last attended

Curriculum to which you are applying (See back page) _____

6-Digit Curriculum Code _____

INITIAL HERE _____

WAYNE COMMUNITY COLLEGE

INFORMATION RELATING TO NORTH CAROLINA RESIDENCE FOR TUITION PURPOSES

North Carolina law (G.S. 116-143.1) requires that "To qualify as a resident for tuition purposes, a person must have established legal residence (domicile) in North Carolina and maintained that legal residence for at least 12 months immediately prior to his or her classification as a resident for tuition purposes." The information requested on this form must be supplied by every applicant for admission to WCC. This information is to be used only in connection with determination of your residence status for tuition purposes.

The law requires that every student admitted to the college be classified for the term admitted as either a resident or non-resident for tuition purposes, prior to enrollment. To be classified a resident for tuition purposes, you must furnish such evidence as the college may require to enable it to make such classification. Failure to provide all information requested will result in classification as a non-resident for tuition purposes.

Full Name _____ Social Security Number _____
Last First Former

ANSWER ALL QUESTIONS. PRINT OR TYPE YOUR RESPONSES. (IF NOT APPLICABLE, WRITE N/A.)

1. DO YOU HAVE A VALID ACTIVE DUTY MILITARY ID CARD OR ACTIVE DUTY MILITARY DEPENDENT ID CARD? YES NO
2. DO YOU CLAIM TO HAVE BEEN A LEGAL RESIDENT OF THE STATE OF NORTH CAROLINA FOR A PERIOD OF AT LEAST TWELVE MONTHS IMMEDIATELY PRIOR TO THE DATE OF COMPLETION OF THIS APPLICATION? YES NO

NOTE: If you answer "No" to questions 1 and 2, do not complete the remaining questions. Sign and date the form in the space provided. Otherwise, complete questions 3 through 14. Sign and date the form in the space provided below.

3. Current mailing address _____
(Street, Route, P.O. Box) City State Zip Code

4. Spouse's name _____ Date of marriage _____
5. Father living? YES NO; His Name _____
6. Mother living? YES NO; Her Name _____
7. If your parents are divorced, in whose custody are/were you? _____
8. Name of court-appointed guardian (if applicable) _____
9. If you have a court-appointed guardian, where (place) _____ and when _____ (date) was the appointment made?
10. Have you, your spouse, or either of your parents been in active military service within the past two years? YES NO
11. Check each of the following you have ever done outside North Carolina: Attended post-secondary school _____; worked _____

	PERMANENT HOME ADDRESS	FROM (DATE)
12.	Yours _____	
	Spouse _____	
	Father _____	
	Mother _____	
	Guardian _____	

	LAST ADDRESS OUTSIDE NORTH CAROLINA	FROM (DATE)	UNTIL (DATE)
13.	If you have never lived outside North Carolina, please write N/A.		
	Yours _____		
	Spouse _____		
	Father _____		
	Mother _____		
	Guardian _____		

	EMPLOYER (Current or Most Recent)	LOCATION	HOURS PER WEEK	SINCE (DATE)
14.	Yours _____			
	Spouse _____			
	Father _____			
	Mother _____			
	Guardian _____			

IF ADDITIONAL INFORMATION IS NEEDED, THE APPLICANT WILL BE NOTIFIED.

I hereby certify that all information I have set forth herein is true to the best of my knowledge, pursuant to my reasonable inquiry where needed. I hereby acknowledge that the institution may divulge the contents of this application only as permitted under the Family Educational Rights and Privacy Act of 1974 if I am, or have been, in attendance at this institution. I understand that work I complete and submit as a student may be used to assess college general education outcomes. Falsification of admissions documents resulting in incorrect information which could be used in consideration of admission to the college, admission to curriculum programs, or financial aid will result in removal of application from consideration or dismissal from the college/program.

Signature of Applicant _____ Signature of parent or guardian also, if applicant is under 18 years of age _____ Date _____