

## Dental Assisting Program Application Fall 2024

## **Forms Packet**

FORM	1 CONDIT	TIONS FOR APPLICATION									
		Complete all portions of this form as directed. List name as indicated in myLane									
L# L_		FIRST	LAST								
E-mail	- required _		1st – Phone-	2 <sup>nd</sup> Phone							
	All courses	were taken at LCC									
		Transcripts from other colleges have been submitted to Lane Enrollment Services – Attention: HP Transcript – ne Community College - 4000 East 30 <sup>th</sup> Ave, Eugene, OR 97405									
Applica	ation Condi	itions and Program Progression Com	pletion Requirements								
In subm	nitting my DA	A program application by email to HPAp	oplicationCenter@lanec	c.edu, I affirm the following:							
•		of my prerequisite courses at Lane Comesubmitted official, sealed transcripts from	, ,	_ane to Lane Enrollment Services.							
•		npleted the <u>LCC Credit Admission</u> procepreviously taken credit classes at Lane		•							

- 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 2024 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 2024 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 http://get.adobe.com/reader/

## Submit the Application Packet to: HPApplicationCenter@Lanecc.edu along with all supporting documents. Please label All documents as: DA2024\_LastName LNumber Submit all non-Lane transcripts to Enrollment Services. Application fee is paid via the Lane online application. See Info packet for link, pg. 4 For Questions—Email: HPApplicationCenter@lanecc.edu

FORM 2 POINT PETITION SHEET See 2024 Dental Assistant Application Infor	Courses must meet minimum credit requirement shown and may not exceed maximum credit shown.  Enter grade point values in the right hand 'Points'										
Course Equivalency & Transfer requirement			column. <b>C-</b>				na i oints				
For points: courses must be completed and transcripted prior to application.	Course # & School Required or Enter N/A	Term/ Year	# Credits	Grade C	Grade B	Grade A	Indicate Points Earned				
	Entry: These courses must be completed pri		ntry if acce	oted to th	e progra	m.					
•	placement testing must be within the last 1 y	rear									
MTH 052, or higher (4 Cr or more),				6	9	12					
OR tested into MTH065, or higher			N/A	N/A	N/A	12					
Item 2: Writing Requirement: Choice of O	NE of the writing courses below.	-									
WR 115, WR 121, WR 122, WR 123				6	9	12					
(3 /4 Crs.)											
OR Prior Bachelor's degree, must			N/A	N/A	N/A	12					
appear on a submitted transcript Item 3: Choice of DA 110. OR both HP co	ourses OR both BI courses: within the last	7 vears									
	n of 12 points for this item. Submit points fo		urse taken	in a spe	cific sec	uence.					
DA 110 <b>OR</b>				6	10	12					
HP 150 (3 Cr) <b>AND</b>				3	5	6					
HP 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 Cours	ses additional admittance points given										
ltems 4: Medical Terminology, Health Off	fice Procedures and Effective Learning O	ptions:									
HP 100 (3 Cr)				4	8	10					
HP 110 (3 Cr)				2	6	6					
EL 115 or EL 115H or EL 115R (3 Cr)				2	6	6					
CS 120 (4 Cr) or CIS 101 (4Cr.)				2	4	4					
-			Total	Course	Points	Earned					
Part 2C. Additional Points.											
Prior college degree: Associate, bachelors, masters, or higher. Transcript must indicate degree granted. = 3 pts											
Military Service: Must provide copy of DD-214. Current or Veteran with Honorable Discharge. = 2 pts											
Paid Dental Work Experience: Must be verified by pay stubs or W2s. Submit documentation: 415 hours or more. = 6 pts											
Dental Assisting Clinic Observation: 6 hours total. Submit signed documentation form. = 3 pts											
Basic Healthcare Certificate. Lane transcrip	= 2 pts										
Indicate	<b>Total Points for Course Completion a</b>	nd Addit	ional Poin	<b>ts</b> (Poin	ts Possi	ble 78)					
Part 2D. Interview Points											
	e invited to a scored interview to assess prog dded to the point total above to determine pla										
	nold will disqualify the applicant for this appli	cation year	. Failure to	attend the	e schedu	led					
interview will forfeit your application. <b>The In</b>	terview portion will NOT be held in 2024.			0.00							
D					<b>Jse:</b> Tota						
be sure to do the Unline Application a	and Payment Process to complete your fi information that didn't fit into spaces p	-		ne DA Pi	rogram.	LIST any	additional				