

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 nd 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 th 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. C- | | | | 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 OR | | | | 6 | 10 | 12 | | | | | |
| HP 150 (3 Cr) AND | | | | 3 | 5 | 6 | | | | | |
| HP 152 (3 Cr) OR | | | | 3 | 5 | 6 | | | | | |
| BI 231 (4 Cr) AND | | | | 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 | Total Points for Course Completion a | nd Addit | ional Poin | ts (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. The In | terview portion will NOT be held in 2024. | | | 0.00 | | | | | | | |
| D | | | | | Jse: 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 | | | | |
| | | | | | | | | | | | |