DA 2026 APPLICATION POINT SHEET				L#				
First Name:			Last Name:					
See 2026 Dental Assistant Application Information Packet for application requirements and for Course Equivalency & Transfer requirements if course was not taken at Lane.			Courses must meet minimum credit requirement shown. Enter grade point values in the right hand 'Points' column. C- grades are ineligible.					
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	
Part 1. Courses Required for Program								
These courses must be completed by the element: Lane pl								
MTH 052, or higher (4 Cr or more),	dellient testing must be within the last i	year	T	6	9	12	1	
OR tested into MTH065, or higher		-	N/A	N/A	N/A	12	ļ	
Item 2: Writing Requirement: Choice of ON	IF of the writing courses helow.		IN//A	IN//A	IN//A	14		
WR 115, WR 121, WR 122, or WR 123	L of the whang oources selen.	T		6	9	12		
(4 Crs.)			j j					
OR Prior Bachelor's degree, must appear on a submitted transcript		1	N/A	N/A	N/A	12		
Item 3: Choice of DA 110, OR both HP cou	rses OR both BI courses within the las	st 7 years						
Mixed combinations don't count. Maximum of	f 12 points for this item. Submit points for	each course	e taken in a	specific s	sequence	€.		
DA 110 (3 Cr) OR		T		6	10	12		
HP 150 (3 Cr) AND		T		3	5	6		
HP 152 (3 Cr) OR		T		3	5	6		
BI 231 (4 Cr) AND		1	1	3	5	6		
BI 232 (4 Cr)				3	5	6		
Part 2. Recommended Additional Cou	rses: Additional admittance points given							
ltems 4: Medical Terminology, Health Offic		Options:						
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 3. Additional Points.								
Prior college degree: Associate, bachelors, m	nasters, or higher. Transcript must indicat	e degree gra	anted.		:	= 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 transcript must indicate it. = 2 pts								
Indicate Total Points for Course Completion and Additional Points (Points Possible 78)								
Office Use: Total Points								
List any addi	itional information that didn't fit	into spac	es provid	led abo	ve:			