Thank you for considering the Dental Assisting Certificate at Mount Wachusett Community College. Admission to this program is competitive and seats are limited. Therefore, everyone who applies may not be admitted to the program. Files must be complete by the application deadline in order to be eligible for review by the Admission Committee.

Applicants must submit pages 1-4 of this application along with all required documentation listed below by the application deadline. If packet is not complete, all items will be returned to the applicant for resubmission by the deadline. Letters of recommendation are not accepted. Applicants must submit the following information to the Office of Admissions by the application deadline:

Please place a ✓ next to items you are submitting along with selective application.

- **Completed Dental Assisting application**

- **Verification of Completion of high school or equivalency:** All students must verify proof of high school completion or equivalency by submission of official high school or HISET (high school equivalency test) transcripts, copy of high school diploma or HISET certificate. Education completed outside of the U.S. must be officially translated/evaluated for high school equivalency and these documents must be received from the evaluating firm which may be found at www.naces.org. Documentation in an official sealed envelope or actual diploma/certificate may be hand delivered to the office of admissions.

- **Official college transcripts (if applicable):** Transfer credits must be completed at an accredited college and official transcripts should be submitted. Photocopies will not be reviewed or accepted. Transcripts that have not been processed for transfer credits will not be used in the ranking process. Transfer credits for education completed outside of the U.S. must be evaluated for equivalency. Documents must be received directly from the college or evaluating firm or may be hand delivered in an official sealed envelope. Evaluating agencies can be found at www.naces.org.

  **Date transcripts received, if not submitted at time of application.**

- **Documentation demonstrating that all minimum requirements for consideration have been met (refer to page 4), including completion of science courses.** Note: Science and math courses cannot be older than 10 years.

- **Students whose native language is not English and those who have not completed Grades K-12 in the U.S. must demonstrate English proficiency by having completed ENG101 with a grade of C+ or higher, or have completed a Bachelor’s degree from an accredited U.S. college or university, or score 213 on the computerized version or 550 on the paper vision of the Test of English as a Foreign Language (TOEFL scores).**

I hereby attest I have submitted all documentation required at time of submission for this selective application

_________________________________________________  ________________________
Signature of applicant        Date

_________________________________________________  ________________________
Signature of MWCC Admissions personnel      Date
Dental Assisting Certificate
Admission Form

ATTENDANCE INFORMATION

Name: ____________________________________________________________

Last Name First Name MI Previous Last Name

Social Security Number: _______ - _______ - _______ Email: ______________

Mailing Address: ____________________________________________________________

Street & Apt. or P.O. Box City State Postal/Zip Code

Permanent Address: ____________________________________________________________


Phone Numbers: Home: ___________________________ Cell: ___________________________ Work: ___________________________

Gender: ☐ Male ☐ Female ☐ Prefer not to answer Date of Birth: _______/_____/_____


☐ I am a U.S. Citizen
☐ I am a Permanent Resident. Must provide Alien Registration Number ____________________________.
☐ I am a Lawful Immigrant. Must provide work authorization documentation.
☐ I am a Non-Citizen. My current status is: (check all that apply)

☐ In the country with a (presentation of current visa required): ☐ visitor visa ☐ student visa ☐ other
☐ I wish to obtain a student visa (Must submit International Student Application with additional documentation)

Have you ever applied to MWCC or attended classes? ☐ yes ☐ no

PERSONAL INFORMATION

Ethnic Background: Do you identify yourself as: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer not to answer

Race: Select one or more races, as you identify yourself:

☐ American Indian or ☐ Asian ☐ Black or African American ☐ White
Alaskan Native ☐ Cape Verdean ☐ Native Hawaii or Pacific Islander ☐ Prefer not to answer

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed

Have you, your spouse, or your parents ever served in the U.S. Military: ☐ yes ☐ no

Emergency Contact Person: Name: __________________________________ Relationship to the Applicant: ___________________________

Address: ____________________________________________________________________________ Phone: ___________________________

Street & Apt. # City State Postal/Zip Code

HAVE YOU APPLIED FOR FINANCIAL AID?

☐ I have already applied ☐ I plan on applying ☐ I do not plan on applying

To apply for financial aid, students must complete the Free Application for Federal Student Aid (FAFSA), available on the federal financial aid web site at www.fafsa.gov. Financial aid can be used to pay for tuition, fees, books, transportation, and other educational expenses. MWCC strongly encourages you to complete the FAFSA. If you have questions about your financial aid application or college financial planning, please call the college Financial Aid Office at 978-630-9169 or online at mwcc.edu/financial.
**EDUCATION INFORMATION**

Have you been awarded one of the following:  
- High School Diploma  
- HiSET (GED) Certificate  
- Home School Diploma

Name of High School/Home School/Testing Center: ________________________________  
Location: ________________________________

Date Awarded (month/yr): ______/______/_____  
City  State

If you do not have one of the above items, select and complete one of the following:  
- I am a current high school, home school, HiSET (GED) student at ________________________________ with intent to graduate _____/_____/_____  
  Name of school  City  State  Month  Year

Have you completed courses at a college other than MWCC? If so, what is your highest level of college completed?  
- Some college  
- Associate Degree  
- Bachelor Degree  
- Master Degree  
- Doctor’s Degree  
- Certificate

Please list all colleges you have attended:  
<table>
<thead>
<tr>
<th>College</th>
<th>City</th>
<th>State/Country</th>
</tr>
</thead>
<tbody>
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</table>

**RESIDENCY INFORMATION**  
(Required by all applicants)

Please select one of the following:  
- I have been a Massachusetts resident for six (6) continuous months and intend to remain here. Date began Massachusetts residency _________
  As proof of my intent to remain in Massachusetts, I possess at least 2 of the following documents, which I shall present to the institution upon request. These documents* are dated within one (1) year of the start date of the academic semester for which I seek to enroll (except possibly for my high school diploma). The institution reserves the right to make any additional inquiries regarding the applicant’s status and to require submission of any additional documentation it deems necessary. Please check-off those documents you possess as proof of your intent to remain in Massachusetts.  
  - Valid Driver’s License  
  - Voter Registration*  
  - Military Home of Record*  
  - Other

- Utility Bills*  
- State/Federal Tax Returns*  
- Record of Parents’ Residency for Unemancipated Person*

- Employment Pay Stub*  
- Mass. High School Diploma  
- Other  
- Signed Lease or Rent Receipt*

- Valid Car Registration  
- Other

- I am an eligible participant in the New England Board of Higher Education’s Regional Student Program.

- I do not reside in Massachusetts, but have a parent who provides financial support and who is a legal Massachusetts resident. Therefore, I qualify for in-state residency. (Documentation is required and applies only to students 24 years of age or younger.)
I hereby apply to MWCC. I agree to accept the regulations and requirements of the college and will cooperate with the students, faculty, and administration in the maintenance of high standards and appropriate conduct. I understand that concealment of facts or untruthful statements may result in my application being withdrawn or cause me to be dismissed from Mount Wachusett Community College. The information I have provided is true and correct to the best of my knowledge.

I understand and consent to the information provided on this completed form being used to contact me by automated telephone for matters related to my enrollment at Mount Wachusett Community College. □ Yes □ No

__________________________________________________________  ____________________________
Applicant Signature         Date

__________________________________________________________  ____________________________
Parent or Guardian Signature        Date
(Required if applicant is under the age of 18 at time of application)

Office use only:
Date Received:___________________________
Name:_______________________________________________________________________________________________________________

Healthcare Certifications
List any current healthcare related certifications you hold. (i.e., CNA, PTA, LPN, etc.)

I certify that all the information stated on this application form is accurate and complete. Concealment of facts or false statements may result in dismissal.

Applicant Signature: ___________________________ Date: ___________________________

Mount Wachusett Community College seeks to provide equal educational and employment opportunities and does not discriminate on the basis of race, color, religious creed, age, physical or mental disability, sex, national origin or ancestry, marital status, sexual orientation, genetic information or veteran status.

<table>
<thead>
<tr>
<th>Employer/volunteer organization</th>
<th>Position Certificate</th>
<th>Dates from/to</th>
<th>Supervisor Name &amp; Phone No.</th>
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</thead>
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</table>
REQUIMENTS FOR CONSIDERATION

- College Placement Testing completed within three years of the application deadline. You may schedule your testing online at mwcc.edu/testing/appointment or by calling 978-630-9244. Previous college coursework may be used in place of testing scores.
- ENG101, PSY105, BIO199 & MAT126 or higher or their equivalents with grades of C+ or greater within the last 10 years.
- Those whose native language is not English and who have not completed grades K-12 or a baccalaureate in the U.S. must take the Test of English as a Foreign Language (TOEFL), or ENG101 at MWCC or another accredited U.S. institution.
- Mount Wachusett Community College does not employ an advanced standing application for this program. Students will be accepted on an academically based evaluation. All students must take all coursework unless transferring credits from other accredited dental hygiene programs. Students with healthcare work experience, such as Dental Assistants, will receive additional consideration in the application process.

Consideration for transfer students will include the following criteria:

- All dental hygiene college level coursework completed will be evaluated individually on the basis of objectives and course descriptions. Decisions regarding transfer of dental hygiene credit will be made by the Program Chair of the Dental Hygiene Program.
- If the applicant has taken course(s) which reflect the content of only part of a MWCC dental hygiene course, the course(s) will not be accepted in transfer.
- Any student wishing to transfer credits must obtain an official transcript from the college or university where the courses were taken and submit them to the Records Office.
- A maximum of 30 transfer credits may be applied toward the Dental Hygiene Degree.
- Readmit applicants will be accepted for readmission only once. Please see the Readmission Policy which follows for more complete information.

SPECIAL PROGRAM REQUIREMENTS

1. Health examination conducted within two weeks of fall startup date by a licensed healthcare provider.
2. Proof of current immunizations (Tdap, 2 MMRs, Hepatitis B series – 2 dose required before clinical, varicella, annual TB screening) must be provided to the health office. Contact the health services office at 978-630-9136, for more information.
3. Liability insurance of $1,000,000/$3,000,000 coverage is required. Students will be covered under the college's liability insurance policy, which will be billed through student fees.
4. All dental hygiene students must participate in the Massachusetts Community College Health Insurance or provide accurate information regarding comparable coverage.
5. Completion of CORI/SORI form.
6. Current CPR Certification (Professional Rescuer or Healthcare Provider) is required. A certificate of completion must be presented to the health sciences department prior to entry into dental hygiene courses.
7. Students will be taking all program specific coursework at the Fitchburg Campus. Some clinicals will be provided off campus at sites within the region; all students will be expected to complete clinical rotations on and off site.
8. Drug testing may be mandatory at some MWCC clinical instruction sites.
9. Prior to the start of classes, students will be required to pay approximately $2,800 for student kits and equipment.

PROGRAM COMPETENECIES

Upon graduation from this program students shall have demonstrated the ability to:

1. Communicate effectively and accurately through oral, written and electronic means.
2. Demonstrate the application of theory to practice in achieving optimal patient care.
3. Utilize methods of scientific investigation in developing a comprehensive plan of care.
4. Implement comprehensive education plans that promote health and identify risk behaviors in individuals and groups of patients for both community and clinic settings.
5. Practice within the legal, ethical and regulatory framework of dental hygiene in accordance with the standards set by the State Practice Act and Code of Ethics for Dental Assistants.
6. Demonstrate a commitment to the Dental Assisting profession through assuming responsibility for lifelong learning and professional growth.

ACCREDITATION

The Dental Assisting Certificate Program of MWCC is accredited by the Commission on Dental Accreditation and has been granted the accreditation status of “approval without reporting requirements.” The Commission is a specialized accreditation body recognized by the United States Department of Education. The Commission on Dental Accreditation can be contacted at 312-440-4653 or 211 East Chicago Ave., Chicago, Illinois 60611.
In response to the Americans with Disabilities Act of 1990, the Dental Assisting Certificate Program at Mount Wachusett Community College has identified physical competencies as essential for a dental hygiene student to function safely and effectively in a variety of clinical settings. While a physical disability should not preclude a student from consideration for admission to the program, the disability must not prevent the student, while enrolled in the program and upon graduation, from performing essential functions as a dental hygienist. Students must possess the following:

1. The visual acuity with corrective lenses to identify changes in oral tissues.
2. Ability to discern changes in color, texture and shape of tissues.
3. Ability to differentiate among subtle shades of gray as seen on radiographs.
4. Sufficient physical ability to perform cardiopulmonary resuscitation in the handling of a medical emergency.
5. Sufficient communication (oral and/or written) ability to question the patient about his/her medical condition and to relay information about the patient to others in English.
6. Sufficient manual dexterity with two hands to manipulate instruments with precision and control in the oral cavity without causing damage to tissues. This skill may not be fully evaluated until the preclinical portion of the curriculum.
7. A sense of touch that allows for assessment and palpation of oral tissues.
8. Ability to sit for prolonged (up to four hours) periods of time.
9. Ability to operate and manipulate mechanical equipment, (i.e., dials, switches, push buttons, syringes, and blood pressure measurement devices).
10. Ability to pick up items of very small (2mm in width, 21 mm in length minimum) and varying diameters.
11. Ability to use upper body movements (up to five feet) to grasp, push/pull, reach overhead equipment, and to rotate and reach laterally.
12. Ability to lift, carry and move equipment and supplies of up to ten pounds.
13. Ability to wear protective equipment such as gloves, face masks, face shields, and protective eye wear.

**CORI POLICY (Criminal Offender Records Information)**  **SORI POLICY (Sexual Offender Records Information)**

Criminal Offender Records Information (CORI) check procedure has been implemented for students whose services entails the potential for unsupervised contact with persons from vulnerable population (i.e., children, the elderly, the disabled).

The Criminal History Systems Board has authorized MWCC to receive criminal record information regarding present or prospective employees working with the vulnerable populations, and for trainees/students who will need a CORI clearance to work in education work sites (i.e., day care centers, hospitals and healthcare facilities, schools, etc.).

Beginning September 1, 2002 individuals requiring CORI/SORI checks completed as well as consistent with current Commonwealth of Massachusetts law MGLC 178C-178P. Record storage and usage will be in compliance with, depending upon the result of a CORI or SORI check, a person’s eligibility to participate in the dental hygiene program may be affected.

**CRIMINAL/SEXUAL OFFENDER BACKGROUND CHECK/DRUG TESTING**

As part of the coursework in the Dental Assisting Certificate program, students are required to complete practical hours in clinical facilities working with patients under the supervision of licensed providers. Some clinical sites require the student obtain certain background checks (state/federal criminal or sexual offender) and/or drug testing before coming to the clinic. Cost for certain criminal background checks and drug testing are the responsibility of the student.

Refusing to participate in these background checks or drug testing will result in inability to progress in the program. A positive background check or drug test may also result in the inability to progress in the program. The criminal background check may also be required for employment and/or licensure and/or certification.

The prospective student is encouraged to discuss any concerns with the program director prior to acceptance into the Dental Assisting Certificate program. This information is given to you now just to forewarn you of the potential additional cost and responsibilities. All screenings and background checks are completed AFTER admission/acceptance into the Dental Assisting Certificate program. You DO NOT need to get these background checks done as part of the application to the Dental Assisting Certificate program.

By the signature below, the prospective student understands his/her responsibility to participate in and pay for these background checks/drug tests, if required by the clinical site. By the signature below, the prospective student also understands the consequences of refusing to test, or refusing to undergo the background checks.
As in any healthcare environment, students in the Dental Assisting Certificate Program may have risks of exposure to infectious diseases. The Dental Assisting Certificate Program adheres to all state and federal regulations to reduce the risk of healthcare associated infections. Also the student may be prone to the disability associated with repetitive motion.

Individuals who disclose the presence of bloodborne infectious diseases will be shown the same consideration as non-infected individuals and will be offered reasonable accomodation. Information regarding health status of an individual is considered confidential, and protected by the Family Education Rights and Privacy Act of 1974.

QUESTIONS AND ANSWERS

How do I make an appointment to complete my placement testing?
Once you have submitted this application, you may contact the Testing Center to schedule a time to complete your placement testing by calling 978-630-9244 or go online to mwcc.edu/testing/appointment. Placement testing is available both day and evening. If you completed placement testing in the past three years, these scores can be used if they meet the program requirements. An additional fee of $10.00 will be charged for those individuals who request to retest.

If I will not meet the requirements by the deadline, will my file be reviewed?
No, unfortunately your file will not go to committee. Only those applicants who display all requirements at time of deadline will be reviewed (see requirements for consideration).

I haven't completed the coursework needed to apply to the dental assisting certificate program yet. Can I still apply to MWCC?
YES! Students are encouraged to enter the college as a “Interdisciplinary Studies-Allied Health” student. In this major, you will be identified as a potential dental assistant certificate applicant and will be assigned to an advisor that will assist you in establishing an educational plan. As a student in this major, you may complete any of your non-dental assistant courses (i.e. English, mathematics, sciences, psychology, etc.) then apply to the program when you have met the requirements for consideration.

How is my file evaluated?
Our dental assistant class is selected from a pool of applicants who have displayed the minimum academic requirements for admission to the program. Space is limited and not all applicants are accepted. Applications will be reviewed and candidates will be notified of the decision by mail approximately 60 days after the deadline. The process is competitive and your file will be evaluated using the following:

1. Grades for those courses applicable (via college transcript) to the dental assistant curriculum (i.e. English, psychology, BIO199, MAT126 or higher, etc.)
2. Work experience in healthcare or direct patient care
3. Applicant Status
   - College graduate (AS, BS, Masters)
   - Repeat applicant
4. College placement scores (H.S. students are not eligible to apply)
5. Healthcare professional certificates/licensure (i.e. CNA, RN, LPN, etc.)

If I am not accepted this year, will I automatically be accepted next year?
No, you are not guaranteed acceptance. Applicants who are not granted a seat in the program must reapply again the following year.

Can I work and attend classes full-time?
Dental assistant coursework is rigorous and complex and requires a personal commitment. Part-time employment may be appropriate, but will need to be flexible in order to accomodate school requirements. Students are encouraged to balance their employment and school responsibilities.

Where do I attend a clinical setting or placement, and how do I get there?
Dental Assisting students are responsible for their own transportation to clinical sites which include Community Health Connections (CHC) Dental Services in Fitchburg and other local area healthcare agencies used as dental assisting externship sites.

Is there an interview for admission?
An interview is not required for admission.

Can I transfer to a four-year school and earn a Bachelor’s Degree?
Mount Wachusett Community College currently has an articulation agreement in place with Mount Ida College and Vermont Technical College. For more information regarding this articulation agreement, contact Advising at 978-630-9109.

Can I apply for Financial Aid?
Yes, Inquire at the Financial Aid Office, 978-630-9169. Apply online at fafsa.gov
QUESTIONS AND ANSWERS

I still have more questions, how do I get them answered?
Applicants are encouraged to attend one of the Dental Assisting Information Sessions. Contact the Office of Admissions to RSVP at 978-630-9110 or visit our website for dates. Appointments may also be made with the Program Chair of Dental Assisting by calling 978-878-8564 or 978-878-8563.

Is there an interview for admission?
An interview is not required for admission.

Additionally, what must I know?
• It is up to the applicant to read the Technical Standards and understand that it is your responsibility to discuss any accommodation that you may need by contacting the Counselor for Students with Disabilities at 978-630-9120.
• The applicant is responsible for ensuring that your application file is complete and that all items are received by the deadline.
• The applicant must read the statement on page three of the dental hygiene application packet regarding the CORI/SORI policies. A court conviction may prevent a student from successfully completing the dental hygiene program due to clinical site requirements and/or may prohibit you from taking the Dental Assisting Licensing Board Exam.

In compliance with the Clery Act (20 U.S.C. 1092(a) and (f), all prospective students are entitled to review the MWCC Annual Security Report. This report may be accessed online at mwcc.edu or by request through the Office of Admissions.

Mount Wachusett Community College seeks to provide equal educational and employment opportunities and does not discriminate on the basis of race, color, religious creed, age, physical or mental disability, sex, national origin or ancestry, marital status, sexual orientation, genetic information or veteran status.

2017 PROGRAM REQUIREMENTS OVERVIEW

Dental assistants greatly increase the efficiency of the delivery of quality oral health care and are valuable members of the dental care team. The duties of a dental assistant are among the most comprehensive and varied in the dental office. The duties of a dental assistant are among the most comprehensive and varied in the dental office. The dental assistant performs many tasks requiring both interpersonal and technical skills including: assisting the dentist during a variety of treatment procedures, taking and developing dental radiographs (X-rays), taking impressions of patients' teeth for study models, providing patients with instructions for oral care following surgery or other dental treatment procedures, serving as an infection control officer and preparing and sterilizing instruments and equipment, office management tasks such as recordkeeping, billing, inventory control, scheduling and reception duties. Upon successful completion of the Mount Wachusett Dental Assisting program, students are eligible to take the Dental Assisting National Board Certification Examination to achieve the Certified Dental Assistant (CDA) designation.

Helpful hints: Because of an extensive classroom/clinical commitment, students are encouraged to complete some of the general education requirements prior to beginning dental hygiene courses.

Transfer options: MWCC currently has an articulation agreement in place with Mount Ida College and Vermont Technical College. For more information regarding this articulation agreement, contact Advising at 978-630-9109.

Application deadlines: The Dental Assisting application deadline is August 15. This selective enrollment program requires additional application components. The process is competitive and space is limited.

Special requirements: Applicants must meet all requirements for consideration before entering the program. Students must meet technical standards and additional requirements including immunizations, CPR certification, liability insurance, and a Criminal/Sexual Offender Records Information (CORI/SORI) check. Additional costs apply for the Dental Assisting program.

Career options: For the dental assistant include: private practice, hospitals, clinics, health departments, schools, and educators employed at dental and dental hygiene schools.

Earning potential: $36,000

INFORMATION SESSIONS

The Dental Department offers monthly information sessions that will include program information, the admission process, and financial aid information.

Transcript reviews are not conducted at these sessions.

For more details, go to the Admissions website at: mwcc.edu/admissions/information-sessions/
Outlined below are estimated expenses associated with the Dental Assisting Certificate program. This estimate is based upon Fall 2016 Massachusetts resident tuition and fee day rates of $207/credit. Tuition and fees are subject to change and tuition/fee rates may vary based on course selection. College Semester Fees include a registration fee, technology access fee, student activity fee and LEM/Laboratory, equipment and material fees (if applicable). The Fall 2016 fee for Dental Assisting is $2,225/semester.

<table>
<thead>
<tr>
<th>Prerequisite Courses</th>
<th>Number</th>
<th>Course Title</th>
<th>Cr.</th>
<th>Tuition/Fees</th>
</tr>
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<tbody>
<tr>
<td>ENG101</td>
<td></td>
<td>English Composition I</td>
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<tr>
<td>BIO199</td>
<td></td>
<td>Anatomy &amp; Physiology I</td>
<td>4</td>
<td>868.00</td>
</tr>
<tr>
<td>MAT126</td>
<td></td>
<td>Topics in Mathematics</td>
<td>4</td>
<td>828.00</td>
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<tr>
<td>PSY105</td>
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<td>Introduction to Psychology</td>
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</table>

College Semester Fees $170.00

Approximate Tuition/Fee Cost: $3,108.00

Spring 1st Year

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<tr>
<th>Number</th>
<th>Course Title</th>
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<tbody>
<tr>
<td>DAC101</td>
<td>Dental Assisting</td>
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<tr>
<td>DAC102</td>
<td>Dental Science I</td>
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</table>

College Semester Fees $125.00

Dental Assisting Semester Fees $2,225.00

Approximate Tuition/Fee Cost: $3,839.00

Maymester

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<td>DAC104</td>
<td>Practice Management</td>
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College Semester Fees $125.00

Approximate Tuition/Fee Cost: $539.00

Summer I

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College Semester Fees $125.00

Approximate Tuition/Fee Cost: $746.00

Summer II

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</tbody>
</table>

College Semester Fees $125.00

Approximate Tuition/Fee Cost: $993.00

Fall

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<tr>
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<tr>
<td>DHY103</td>
<td>Dental Radiology</td>
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<tr>
<td>DAC110</td>
<td>Prevention</td>
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College Semester Fees $125.00

Dental Assisting Semester Fees $2,225.00

Approximate Tuition/Fee Cost: $3,592.00

Spring 2nd Year

<table>
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<tr>
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<tr>
<td>DAC115</td>
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</tbody>
</table>

College Semester Fees $125.00

Dental Hygiene Semester Fees $2,225.00

Approximate Tuition/Fee Cost: $3,799.00

Indirect Costs: Uniforms, books, certifications, insurance, dues, exams student kit and equipment.

Approximate Total Program Cost $??????
Dental Assisting Certificate
Application & Information Packet

Application for Entrance: January 2017
Application Deadline: October 1, 2016

Contact & Campuses

Office of Admissions
Tel: 978-630-9110
Fax: 978-630-9554
Email: admissions@mwcc.edu
Web: mwcc.edu/admissions

Financial Aid Office
Tel: 978-630-9169
Fax: 978-630-9459
Email: financialaid@mwcc.mass.edu
Web: mwcc.edu/financial

Student Accounts Office
Tel: 978-630-9386
Fax: 978-630-9459
Email: bursar@mwcc.mass.edu
Web: mwcc.edu/student-accounts

Records Office
Tel: 978-630-9106
Fax: 978-630-9554
Web: mwcc.edu/records

Gardner
444 Green Street
Gardner, MA 01440
978-630-9110

Devens
One Jackson Place
27 Jackson Rd.
Devens, MA 01434
978-630-9569

Leominster
100 Erdman Way
Leominster, MA 01453
978-630-9810

Fitchburg (Dental Only)
326 Nichols Road
Fitchburg, MA 01420
978-878-8564

Dental Assisting Certificate
Application & Information Packet

Application for Entrance: January 2017
Application Deadline: October 1, 2016