Thank you for considering the Dental Assisting Certificate at Mount Wachusett Community College.

This information packet explains the admissions process, as well as the entrance requirements for the Dental Assisting Certificate Program. Please read this information carefully.

Those who complete the Dental Assisting Certificate Program become eligible to take the Dental Assisting National Board exam for certification as a Certified Dental Assistant. Admission to this program is competitive and seats are limited. Therefore, everyone who applies may not be admitted to the program. All application materials must be received by the application deadline in order to be eligible for review by the Admission Committee. If, after reading this information packet, you still have questions concerning admission, we strongly encourage you to attend one of our Dental Information Sessions. Please call the Office of Admissions at 978-630-9110 for a listing of available dates or visit our website at mwcc.edu.

The Certified Dental Assistant is the member of the dental healthcare team who typically is chair side assisting the dentist during procedures. In addition, a Certified Dental Assistant takes dental x-rays, and provides other supportive clinical procedures like taking impressions, performing lab procedures and basic office skills. Students will take the Dental Assisting National Board Examination at the successful completion of the dental assistant program.

Applicants are notified of the admissions decision approximately 60 days following deadline.

**Application Deadline**

**July 1st**
REQUIREMENTS FOR CONSIDERATION

• Annual health examination conducted and dated two weeks before first day of classes by a licensed health care provider.
• Proof of current immunizations (DPT, MMR, Mantoux, Varicella, Hepatitis B series with a follow-up TITRE and TB screening) must be provided to the Health Office. Contact the Health Office at 978-630-9136 for more information.
• 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.
• All dental assistant students must participate in the Massachusetts Community College Health Insurance or provide accurate information regarding comparable coverage.
• Current CPR Certification (Professional Rescuer, Health Provider) is required. CPR certification will be offered prior to the start of classes for a $35.00 fee. This is good for two years and at the proper level of certification. It will be strongly suggested all students take these courses.

Please note that the above information must be received prior to registering for Dental Assistant Courses.

• A certificate of completion must be presented to the Health Sciences Department prior to entry into dental assisting courses. Students will be taking all program specific coursework in Fitchburg at the Burbank 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.

Special Requirements:
Applicants must meet all requirements for consideration before entering this program. Students must meet technical standards and additional requirements including immunization, CPR certification, liability insurance and a CORI check.

CONSIDERATION FOR TRANSFER STUDENTS

Consideration for transfer students will include the following criteria:

• All dental assisting college level coursework completed will be evaluated individually on the basis of objectives and course descriptions. Decisions regarding transfer of dental assistant credit will be made by the Director of the Dental Hygiene/Assisting Program in conjunction with the Associate Vice President of Enrollment Management once the review of these materials are complete.
• Should the applicant have taken courses which reflect the content of only part of a MWCC dental assistant course, that course/courses 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 to the Office of Admissions for review.

TECHNICAL STANDARDS

In response to the Americans with Disabilities Act of 1990, the Dental Assisting Program at Mount Wachusett Community College has identified physical competencies as essential for a dental assistant 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 assistant. 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) to instruct and inform patient(s) and interact within a professional setting exhibiting appropriate skills.
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 pre-clinical 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. Ability to wear protective equipment such as gloves, face masks, face shields, and protective eye wear.
PROGRAM COMPETENCIES

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. Practice within legal, ethical and regulatory framework of dental assisting in accordance with the standards set by the State Practice Act and Code of Ethics for Dental Assistants.
4. Demonstrate a commitment to the Dental Assisting profession through assuming responsibility for life long learning and professional growth.

The Dental Assisting Program of MWCC holds the status of “accredited eligible” by the Commission on Dental Accreditation which is a specialized accrediting body recognized by the United States Department of Education. Upon successful completion of the Certificate in Dental Assisting (DAC) program, graduates will take the Dental Assistant National Board. The Commission on Dental Accreditation can be contacted at 312-440-4653 or 211 East Chicago Ave., Chicago, Illinois 60611.

FREQUENTLY ASKED QUESTIONS

How do I make an appointment to complete my placement testing?
Once you have submitted your application, you may make an appointment by registering online at mwcc.edu/testing/appointment or by contacting the MWCC Testing Services Office by calling 978-630-9244. 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.

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

How is my file evaluated?
Our dental assisting 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 admissions decision by mail approximately 60 days after the deadline. The process is competitive and your file will be evaluated using the following:

- Grades for those courses applicable to the dental assistant curriculum (English, Psychology, Biology and Mathematics).
- Work experience in healthcare of direct patient care.
- Current MWCC student/MWCC graduate.
- College degree AS, BAC, Masters.
- College placement scores (current high school students only).
- Healthcare professional certificates/licensure (i.e. OJT, RN, LPN, etc.).

If I am not accepted this year, will I automatically be accepted next year?
No. No student is 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?
The Dental Assistant program is sufficiently flexible to meet the needs of students who have other responsibilities while enrolled in the program. The Dental Assisting program is a part-time, evening program distributed over a 15 month time frame. Courses will be offered two evenings per week, until the last semester, when students will be able to create a schedule for externship of 20 hours per week.

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 and private practices used as dental assistant externship sites. All efforts will be made to place students in evening placements however, day/late afternoon may need to be scheduled.

Is there an interview for admission?
No, an interview is not required for admission.
FREQUENTLY ASKED QUESTIONS

Can I transfer to the Dental Hygiene Program?
Mount Wachusett Community College Dental Assisting program graduates may be eligible for consideration into the Dental Hygiene program if the following criteria are met:
• Minimum grades of C+ in Dental Radiology and Dental Materials courses
• Minimum grades of C+ in all Dental Hygiene prerequisite courses
  These courses must be transferred within one year.

Can I apply for Financial Aid?
Yes. Inquire at the Financial Aid Office, 978-630-9169 or financialaid@mwcc.mass.edu

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 Director of Dental Education Programs by calling 978-630-9367 or 978-630-9413.

Additionally, what must I know?
• It is up to the applicant to read the Technical Standards and understand that it is his/her responsibility to discuss any accommodation that he/she may need by contacting the Counselor for Students with Disabilities at 978-630-9120.
• The applicant is responsible for ensuring that his/her application file is complete and that all items are received by the deadlines.
• Family Education Rights and Privacy Act of 1974. In compliance with the Clergy 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. As in any healthcare environment, students in the Dental Assistant Program may have risks of exposure to infectious diseases. The Dental Assistant 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 blood borne infectious diseases will be shown the same consideration as non-infected individuals and will be offered reasonable accommodation. Information regarding health status of an individual is considered confidential.
ATTENDANCE INFORMATION

Name: ____________________________ ____________________________ ____________________________
Social Security Number: __________ - ______ - ______ Email: ____________________________
Mailing Address: ____________________________ ____________________________
Permanent Address: ____________________________ ____________________________
Phone Numbers: Home: ____________________________ Cell: ____________________________ Work: ____________________________
Gender: ☐ Male ☐ Female 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)
I plan to begin classes: ☐ Fall, Sept. _____(Yr.) ☐ Spring, Jan. _____(Yr.) ☐ Summer, May _____(Yr.) or ☐ July _____(Yr.)
Have you ever applied to MWCC? ☐ yes ☐ no Have you attended classes? ☐ yes ☐ no

PERSONAL INFORMATION

Ethnic Background: Do you identify yourself as: ☐ Hispanic or Latino ☐ Not Hispanic or Latino
Race: Select one or more races, as you identify yourself:
☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ White
☐ Cape Verdean ☐ Native Hawaii or Pacific Islander
Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed
Military Service (important to assist with determining possible eligibility for education benefits):
☐ Member of the armed forces on active duty
☐ Member of the armed forces (or spouse/unemancipated child) on active duty in MA.
☐ Member of the National Guard/Reserve
☐ Military Veteran
Emergency Contact Person: Name: ____________________________ Relationship to the Applicant: ____________________________
Address: ____________________________ ____________________________ ____________________________ Phone: ____________________________

EDUCATION INFORMATION
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): _______/______ (documents awarded outside of the U.S. must be evaluated to meet U.S. standards)         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

□ I am not a high school student or do not have my HiSET (GED) certificate.

Have you completed courses at a college other than MWCC? If so, what is your highest level of college completed?

□ Completed some college   □ Associate Degree   □ Bachelor Degree’s   □ Master Degree   □ Doctor’s Degree   □ Certificate

Please list all colleges you have attended:

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<th>College</th>
<th>City</th>
<th>State/Country</th>
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RESIDENCY INFORMATION (Required by all applicants)

Please select one of the following:

□ I have lived in Massachusetts continuously since: (Month/Year) _______/_______
   If less than (6) months, previous state of residence: ____________________________

□ I do not live in Massachusetts. Current state of residence: ____________________________

□ 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 have been a Massachusetts resident for six (6) continuous months and intend to remain here.
   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      □ Utility Bills*   □ Employment Pay Stub*   □ Valid Car Registration
   □ Voter Registration*        □ State/Federal Tax Returns* □ Mass. High School Diploma  □ Signed Lease or Rent Receipt*
   □ Military Home of Record*   □ Record of Parents’ Residency for Unemancipated Person*
   □ Other

SIGNATURE

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.

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: ________________________________________________________________________________________________________________________

MWCC Student ID (if known)__________________________________________Social Security Number:___________ - ___________ - ___________

Current Email Address: ____________________________________________________________________________________________________

List employment with the most recent positions first. Attach additional sheets if necessary. (Resumes are acceptable)

- does not apply

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<tr>
<th>Employer</th>
<th>Position/Certification</th>
<th>Dates From/To</th>
<th>Supervisor Name &amp; Phone No. (required)</th>
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Healthcare Volunteer Experience

List volunteer and/or work in observation in the fields of healthcare. List direct patient care if applicable.

- does not apply

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<th>Facility</th>
<th>Supervisor Name &amp; Phone No. (required)</th>
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Healthcare Certifications

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

- does not apply

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.

Signature of Applicant: __________________________________________________________________________ Date __________________________________________________________________________ Parent/ Guardian Signature (if applicant is under the age of 18) __________________________________________________________________________

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.
Dental Assisting Certificate
Application & Information Packet

Application for Entrance: January 2016
Application Deadline: July 1, 2015

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

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