



**DENTAL ASSISTANT PROGRAM  
PROGRAM REQUIREMENT  
PACKET**



## How a prospective student enters the Dental Assistant Program.

1. We encourage prospective students attend an information session that is given on the 2<sup>nd</sup> and 4<sup>th</sup> Wednesday of every month at 3:00pm via Zoom.
2. Go to the CPTC website, click on the dental assistant page, and download the "Program Requirement Packet".
3. Complete the **entire** packet. Packets that are not complete will not be accepted.
4. Email one of the instructors to have your completed packet reviewed for completion.
5. If the packet is complete, the instructor will inform the prospective student that a position in the program's next available class will be held for them, and the class/quarter the student can plan on beginning (spring or fall).

### **PLEASE REMEMBER: IT IS THE PACKET THAT SECURES A POSITION IN THE DENTAL ASSISTANT PROGRAM**

Once we have 24 completed packets, we will continue to accept completed packets, informing the prospective student of the next available program opening.

6. At the same time, the student will be informed that they will receive an email alerting them of the date and time of the **mandatory orientation**. They will be told that they must attend this mandatory orientation or make arrangements with the instructor if they cannot possibly come on the date of the orientation, or their spot in the program will be given to the next eligible student. We will give them the necessary registration codes at this mandatory orientation.



## DENTAL ASSISTANT ASSOCIATES OF APPLIED TECHNOLOGY (AAT Degree)

- All Dental Assistant courses (DAS)
- College level English, math, and Social Science (psychology or sociology)
- Pass all three (3) national certification exams
- Three (3) credits of Computer Applications (CAH or CAS courses) of your choice
- All Dental Business Office Administrator (DBOA – online courses):
  - DBOA 103 Dental Terminology and Procedures (4 credits)
  - DBOA 111 Dental Charting & Scheduling – Intro to Dentrix (5 credits)
  - DBOA 119 Dental Correspondence & Inventory Systems (4 credits)
  - DBOA 135 Advanced Dentrix (2 credits)

The DBOA courses are all offered every quarter. Faculty would recommend taking them in order if taking them one at a time, or DBOA 103 and 111 together, then DBOA 119 and 135 together. **All DBOA courses are fully online and can be taken prior to being admitted to or starting the Dental Assistant program.**

Faculty strongly recommends completing the general education and DBOA courses prior to starting the Dental Assistant program full time. This, however, is not mandatory.



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Lakewood, WA 98499  
<https://www.cptc.edu/>

## DENTAL ASSISTANT APPLICATION

PLEASE REFER TO THESE PAGES FOR INFORMATION REGARDING THE ADMISSION PROCESS.

You are responsible for reading and understanding all material given to you. You will not be notified if your packet is incomplete.

This document is intended to assist you in completing the necessary steps to successfully apply to the Dental Assistant program. After reading this admission packet, if you have any questions about the process, contact one of the faculty members: Hannah Precour, [hannah.precour@cptc.edu](mailto:hannah.precour@cptc.edu) or Roberta Wirth, [roberta.wirth@cptc.edu](mailto:roberta.wirth@cptc.edu).

Included in this packet is the Application to the Dental Assistant program. This is a separate application from the college general admission application. **Applications are accepted year-round. Students are accepted into the program on a first come, first served basis based on the completion date of their packet.** Once the packet is completed, please email it to one of the faculty members. At that time, you will be notified of your start date/quarter. Faculty will send out an email notifying accepted students of a mandatory orientation. The mandatory orientation will typically be held in February for the spring class and in July for the fall class. If the prospective student does not attend the orientation, or make alternate arrangements with faculty, their spot in the class will be given to the next person on the waitlist – no exceptions.

If you are transferring credits from another college or university, submit official transcripts to registration, credentials evaluator.

## PROGRAM OVERVIEW

The dental assistant program is designed to prepare students for positions in the dental field, including both front office and dental assistant career tracks.

Graduates of the program will have a foundation of knowledge of dental sciences, dental assisting skills, dental materials, dental laboratory procedures, radiography, infection control, and dental business office management skills.

Students will develop an understanding of the role of the dental assistant and dental business office assistant within the dental care team. Graduates are qualified for entry-level positions as expanded duties dental assistants and coordinating assistants, as well as dental business office assistants within a dental office.

This program is accredited through the American Dental Association (ADA).

Each student is strongly encouraged to carry personal health/medical insurance throughout their clinical rotations. Quarterly based insurance for students may be purchased; further information is available through the counseling office.

This program is approximately four quarters in length, depending on the time students need to satisfactorily complete all graduation requirements.

Students pursuing an AAT degree must complete all college degree requirements prior to graduation. This includes courses that meet the capstone project, diversity, and computer literacy requirements.

**To enter the program, a student must be eligible to take Math 92 during the first quarter of the program, and be eligible to take college-level English, and psychology or another social science or humanities course.** The student **must have** proof of eligibility when turning in the completed packet "Application to the Dental Assistant program" that they can take these classes. All general education courses **MUST** be satisfactorily completed prior to enrolling in DAS 239 Clinical Experience II.

# DENTAL ASSISTANT PROGRAM DOCUMENT CHECKLIST

All documents must be submitted to Dental Assistant program faculty with your application packet. You are responsible for reading and understanding all material given to you.

Name: \_\_\_\_\_ SID # \_\_\_\_\_

Please initial all of the areas below to insure you have read, understood, and will comply with the requirements for entry into the Dental Assistant program.

I am enclosing the following **REQUIRED** documents:

- \_\_\_\_\_ Student Information Form
- \_\_\_\_\_ Copy of completed Education Plan from Counseling & Advising
- \_\_\_\_\_ Dental Examination and Authorization Form (by the end of second quarter)
- \_\_\_\_\_ Proof of High School Completion, GED or College Degree
- \_\_\_\_\_ Copy of Current CPR from the American Heart Association or American Red Cross (by the end of second quarter)  
(The card must be current during your attendance in the program. Include a copy of both sides of the card with your application. Online CPR courses are not accepted.)
- \_\_\_\_\_ Documentation of Immunizations or Titters (see attached list of required immunizations)
- \_\_\_\_\_ Student Authorization for Release of Background Information
- \_\_\_\_\_ Copy of Receipt of Payment for WSP Background Check (\$12 paid to cashier in Bldg. 17)

# STUDENT INFORMATION FORM

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP CODE:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**PREVIOUS EDUCATION:** (Please mark the box of the highest level of past education)

- |  |  |
|--|--|
| <input type="checkbox"/> High School Diploma or GED    | <input type="checkbox"/> Less than one year of college |
| <input type="checkbox"/> One year of college           | <input type="checkbox"/> Two years of college          |
| <input type="checkbox"/> Associate Degree              | <input type="checkbox"/> Three years of college        |
| <input type="checkbox"/> Four years of college         | <input type="checkbox"/> Baccalaureate degree          |
| <input type="checkbox"/> Other – please specify: _____ |  |

**EMPLOYMENT OR FAMILY CARE RESPONSIBILITIES:**

Are you employed? Part-time or Full-time (circle one if it applies)

Do you have family members to care for? Yes or No (circle all that apply)  
Children      Parents      Siblings

**FINANCIAL AID:**      REQUESTED: Yes or No (circle one)      APPROVED: Yes or No (circle one)

If yes, which type of financial aid you were awarded (Please circle all that apply):

Federal financial aid      Grants or Scholarships

Does the financial aid cover all program tuition and fees: Yes No

Does the financial aid partially cover program tuition and fees: Yes No

**RACE/ETHNICITY (check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> Hispanic                  | <input type="checkbox"/> White                               |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> American Indian           | <input type="checkbox"/> Two or more races (not Hispanic)    |
| <input type="checkbox"/> Asian                     | <input type="checkbox"/> Unknown                             |

**ARE YOU A U.S. CITIZEN:** Yes or No (circle one)

**DENTAL ASSISTANT PROGRAM**  
**DENTAL EXAMINATION AND AUTHORIZATION FORM**

This form is to be completed by the prospective student's dentist. If treatment is required please document when treatment will be completed.

**Date:** \_\_\_\_\_

**Prospective Student's Name:** \_\_\_\_\_

**AUTHORIZATION**

The above named prospective student is authorized **to have** a full mouth series of x-rays (FMX) taken on him/her for training purposes in the Dental Assistant program. \_\_\_\_\_  
Dentist's Initials

The above named prospective student **is not** authorized to have a full mouth series of x-rays (FMX) taken for the following reason \_\_\_\_\_  
\_\_\_\_\_  
Dentist's Initials

The above prospective student **is / is not** authorized to use tooth whitening gel \_\_\_\_\_  
Dentist's Initials

**EXAMINATION**

I have examined the above named prospective student and found him/her to be in good dental health and in need of no treatment at this time. \_\_\_\_\_  
Dentist's Initials

I have examined the above named prospective student and found he/she in need of the following dental treatment \_\_\_\_\_  
\_\_\_\_\_

Treatment to be completed (date) \_\_\_\_\_

**Dentist Signature** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip Code** \_\_\_\_\_



## IMMUNIZATIONS OR TITERS

Submit Documentation of the following immunizations or titers. Immunization requirements are based on CDC recommendations for Health Care Workers.

**\*\*\*Note:** All immunizations must be documented by an official form printed from the doctor, clinic, or pharmacy which includes immunization and date. We also will accept the Washington State Immunization booklet ONLY IF the immunizations have been stamped by the clinic or doctor. All documentation of titers must include the type of titer, date, and the results.

- Hepatitis B
  - Proof of immunity by series of three vaccinations **OR**
  - Negative titer
- MMR (Measles, Mumps, Rubella)
  - Proof of vaccination **OR**
  - Proof of immunity by titers for each Rubeola, Mumps, Rubella
- Tetanus, Diphtheria, Pertussis
  - Tdap required one time in the previous 10 years
  - Proof of vaccination (2 doses) **OR**
  - Proof of immunity by titer
  -
- COVID19
  - Proof of vaccination
- TB Skin Test (Must be done in the last year)
  - 1 step PPD required **OR**
  - 3 year concurrent history of annual tests **OR**
  - Quantiferon serum test **OR**
  - If history of TB tests results, a chest x-ray report with the results is required.
- Varicella (Chicken Pox) (recommended, not required)
- Influenza (recommended, not required)
  - Seasonal Influenza immunization when available

