



**DENTAL ASSISTANT PROGRAM
PROGRAM INFORMATION PACKET**



How a prospective student enters into the Dental Assistant Program.

1. We encourage prospective students to attend an information session that is held on the 2nd and 4th Wednesday of every month located in Building 14 RM 107 or via Zoom. (Find the schedule here [CPTC Events Calendar | Clover Park Technical College](#))
2. Visit and connect with the Welcome Center located in Building 17. [How to Apply to CPTC | Clover Park Technical College](#)
3. If you have any questions about the program and process, contact one of the faculty members: Hannah Precour (spring instructor), hannah.precour@cptc.edu or Roberta Wirth (fall instructor), roberta.wirth@cptc.edu.
4. **Students are accepted into the program on a first come, first served basis based on registration and enrollment in all required DAS courses.**
5. If you are transferring credits from another college or university, submit official transcripts to registration, credentials evaluator.

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. However, is not mandatory.



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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 enrolling that they can take these classes. All general education courses **MUST** be satisfactorily completed prior to enrolling in DAS 220 Clinical Experience II and DAS 225 Clinical Experience III.

DENTAL ASSISTANT PROGRAM DOCUMENT CHECKLIST

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

Name: _____ SID # _____

Documentation due the 1st day of the class:

- Student Information Form
- Copy of Completed Education Plan from Counseling & Advising
- Proof of High School Completion, GED or College Degree
- Student Authorization for Release of Background Information AND Copy of Receipt of Payment for WSP Background Check (\$11 paid to cashier in Bldg. 17)

Documentation due during the 1st Quarter (See attached list and instructor for due date)

- Documentation of Immunizations or Titters

Documentation due at the end of 2nd Quarter

- Dental Examination and Authorization Form
- Copy of Current CPR Card (Course must be from the following list of providers [CPR Providers | DANB](#))

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

Student Authorization for Release of Background Information

Instructions: Please read the following authorization carefully, fill in all areas, and sign at the bottom of the page providing permission for the college to conduct a personal background check.

Please Print Clearly

All Fields Must Be Completed

Social Security # _____ Student ID # _____

Drivers License or ID # _____ State of License _____

Gender (circle one) M F Date of Birth _____ Race _____

Name _____
LAST FIRST MI

OTHER NAMES YOU HAVE BEEN KNOWN BY:

Name _____

Name _____

Name _____

I, _____ (please print full name), hereby authorize Clover Park Technical College to collect and process my Washington State Patrol background check which may be required to secure my placement in an affiliated clinical education site* permitting me to participate in my capstone training course. I understand my enrollment with Clover Park Technical College in my clinical education site for my capstone course in any of the Health and Human Services programs is contingent upon a favorable background check as described above.

Furthermore, I authorize Clover Park Technical College to keep in secured files copies of such information and to release it, if necessary, to any affiliated clinical education site requesting such information in order to finalize my externship placement/capstone course with those facilities.

Student Signature

Date

**An affiliated clinical education site is any business or agency that the college has signed a contract with to define roles and responsibilities in providing a clinical education experience to the student. Some affiliated clinical education sites require more documentation of student history than others. A list of current affiliated clinical education sites is available from the Clinical Placement Coordinator.*