Dear Prospective Dental Assisting Student:

Thank you for your interest in the Dental Assisting Program. This program accepts a new cohort of approximately 18 – 20 students every spring to begin classes in June. The program is a full time, five day a week program so there is no opportunity for students to work during the day while in the program.

The purpose of this application packet is to help you navigate through the procedures for applying to this exciting limited enrollment, selective admission program. It is your responsibility to make sure that all forms and information required for program admission are submitted by the stated deadline of Feb 15th. Please do not hesitate to contact the program coordinator, division administrative assistant or campus advising/counseling for assistance.

Completed application packets can be emailed, mailed through the US Postal Service or hand delivered to the Allied Health Division, Suite 410, M-F between 7 a.m. to 3 p.m.

Email: hema.udupa@mcckc.edu or terry.mcdaniel@mcckc.edu

Mailing Address: Dental Assisting Program
Health Science Institute, MCC-Penn Valley
3444 Broadway Kansas City, MO 64111-2764

Sincerely,
Dr. Hema Udupa, DDS MS Dip.ABOMR
Program Coordinator – Dental Assisting
816.604.4237
APPLICATION PROCEDURE

Applications are due no later than **Feb 15th** for entry into the Dental Assisting program.

Application Steps:

1. Verify eligibility to apply. Eligible applicants have completed or in the process of completing:
   A. The following general education requirements are for Certificate:
      ___*ENGL 101 Composition and Reading (3 credits) (JCCC: ENGL 121, 3 credits)
      ___*DENA 100 Intro to Dental Assisting Course (1 credit)
      ___PSYC 140 Psychology (3 credits) (JCCC: PHYC 130, 3 credits)
      ___COMM 100 Fundamentals of Speech (3 credits) (JCCC: SPDR 121, 3 credits)
      (*ENGL 101 should be completed prior to the start of the program and DENA 100 may be completed before application deadline or currently enrolled)
   B. Have a cumulative GPA of at least 2.5 for all college coursework
   C. Possess a high school diploma or GED certificate
   D. Complete the prerequisite course: ENGL 101
   E. Complete OR be currently enrolled in the co-requisite course: DENA 100

2. Fill out the **Program Application** EXACTLY as directed.

3. Fill out the **Curriculum Checklist** by highlighting those classes you have completed, indicating your grade for the course as well as the number of credit hours earned.

4. Have official **transcripts** from other schools sent to the MCC-Student Data Center, 3200 Broadway, Kansas City, MO 64111. Copies of your transcripts should be sent as part of your program application packet.

   - Gather your completed **Program Application, Curriculum Checklist and Copies of Relevant Transcripts** and submit to the DA program by **Feb 15th**.
   
   Mail to:
   Dental Assisting Program
   MCC-Penn Valley Health Science Institute
   3444 Broadway
   Kansas City, MO 64111-2764
   Or
   Email to: hema.udupa@mcckc.edu or terry.mcdaniel@mcckc.edu

   **Program applications received after the Feb 15th deadline will only be reviewed and considered if there are open seats in the program.**

   - Qualified applicants will be contacted within two weeks of the application deadline to set up a time to meet with the Dental Assisting Program Coordinator to assure students understand the requirements and rigor of the full time day program.

   - Students accepted into the program will be required to attend a mandatory new student orientation session that will be scheduled in mid-April at the Health Science Institute.

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*Metropolitan Community College is committed to a policy of nondiscrimination on the basis of age, color, creed, disability, marital or parental status, national origin, race, religion, or gender in admissions, educational programs or activities, and employment, as specified by federal laws Title IX of the Education Amendments of 1972, Titles VI and VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1997, the Americans with Disabilities Act, and state laws and regulations.*
Student Application for Admission

2017-2018

Contact Information:

Name ___________________________ ___________________________ ___________________________
Last First Middle

Maiden Name ______________________________________________________________

Current Mailing Address _____________________________________________________________

City/State/Zip ____________________________ ____________________________

Permanent Home Address ___________________________________________________________

City/State/Zip ____________________________ ____________________________

Home Phone ____________________________ Work Phone ____________________________ Cell Phone ____________________________

Email address _________________________________________________________________

Emergency Contact Information _______________________________________________________

Relationship ____________________________ Contact’s Phone ____________________________

MCC Student ID ______________________________________________________________

Academic Information:

High Schools attended School From To GPA
(Most recent listed first) ____________________________ ____________________________ ____________________________ ____________________________

High School/Date of Graduation _______________________________________________________

Community College Attended School From To GPA
(Most recent listed first) ____________________________ ____________________________ ____________________________ ____________________________

Date of Graduation/Degree awarded ___________________________________________________

Universities Attended School From To GPA
(Most recent listed first) ____________________________ ____________________________ ____________________________ ____________________________

Date of Graduation/Degree awarded ___________________________________________________
Indicate your plans following dental assisting education:

Private Practice  Dental Hygiene  Dental School  Teaching  Military

☐  ☐  ☐  ☐  ☐

Have you made previous application to the Dental Assisting program?
If yes, please list all years for which you have filed applications: _____________________________

Work/Volunteer Experience:  ____________________________________________________________

____________________________________________________________________________________

Why are you interested in pursuing a career in dental assisting?

____________________________________________________________________________________

____________________________________________________________________________________

To pursue this career, I feel that I have the following skills (please check all that apply)

Oral Communication skills ( )  Oral Comprehension ( )
Written Expression ( )  Speech Recognition/Clarity ( )
Active Learning ( )  Counsel, instruct, & comfort ( )
Instructing ( )  Reading Comprehension ( )
Data recording / reporting ( )  Critical thinking ( )
Time Management ( )  Self-directed ( )
Work well under stress ( )  Active Listening ( )
Computer operating Skills ( )  Microsoft Word, PowerPoint skills ( )
Basic Math skills ( )  Arm-Hand Steadiness ( )
Hand-Eye Coordination ( )  Quick decision-making ( )
Finger Dexterity ( )  Physical stamina ( )

I am (check one):

_____ Currently enrolled at MCCKC
_____ Transferring to MCCKC from another college
_____ Returning to MCCKC after one or more semesters of absence
_____ Returning to the MCCKC _____________ Program after one or more semester absence

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(http://www.mcckc.edu/explore/whatdrivesus/diversity/nondiscrimination.asp)
Application Checklist:

- Completed application
- Official Transcripts included (High school and/College; Non MCC)
- ENGL 101 Completed
- DENA 100 Completed / currently enrolled
- My GPA meets minimum 2.5 requirements
- Schedule an application review process with Dental Assisting Program Coordinator (Call 816-604-4232 for an appointment)

Note: The Dental Assisting program admissions committee will not review your application if any of the items is missing or criteria’s listed above are not met and your application will be considered incomplete. You are encouraged to verify that the office has received your transcripts prior to the deadline for admissions.
### Curriculum Checklist

<table>
<thead>
<tr>
<th>General Education Course Requirements</th>
<th>Credit Hours</th>
<th>Date Completed</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOL 100 Cell Biology (or CHEM 105)</td>
<td>3-5</td>
<td></td>
<td></td>
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<tr>
<td>BIOL 109 Human Anatomy and Human Physiology (or BIOL 110 and 210)</td>
<td>6-10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIOL 208 Microbiology</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*ENGL 101 Composition and Reading I</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIST 120 United States History to 1865 or HIST 121 United States History Since 1865 or POLS 135 Introduction to Political Science or POLS 136 Introduction to American National Politics or POLS 137 Introduction to State and Local Politics</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSYC 140 General Psychology</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMM 100 Fundamentals of Speech</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DENA 100 Introduction to Dental Assisting</strong></td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*ENGL 101 must be successfully completed prior to beginning the dental assisting program

**DENA 100 must be successfully completed prior to beginning the program or during the first semester in the program.

All courses required for the dental assisting certificate and AAS degree plan must be completed with a grade of “C” or better.
Dental Assisting Program - Curriculum Checklist (Certificate)

Name: _________________________________ Student ID#: _____________________

Please consult the Program Coordinator for any changes in curriculum sequencing.

<table>
<thead>
<tr>
<th></th>
<th>Hours</th>
<th>Grade</th>
<th>Hours Earned</th>
<th>Grade Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM PREREQUISITES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENGL 101 *Composition &amp; Reading I (JCCC: ENGL 121, 3 Cr)</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DENA 100 *Intro to Dental Assisting</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMM 100 *Fundamentals of Speech (JCCC: SPDR 121, 3 Cr)</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSYC 140 *General Psychology (JCCC: PHYC 130, 3 Cr)</td>
<td>3</td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>10</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

| SUMMER SEMESTER |       |       |              |              |
| EMS 100 Basic Emergency Care | 1     |       |              |              |
| DENA 101 Body structure and Function | 2     |       |              |              |
| DENA 102 Head and Neck Anatomy | 2     |       |              |              |
| DENA 103 Dental Anatomy | 2     |       |              |              |
| DENA 104 Dental Anatomy and Pharmacology | 2 |     |              |              |
| DENA 105 Dental Materials I | 2.5   |       |              |              |
| **TOTAL** | 11.5  |       |              |              |

| FALL SEMESTER |       |       |              |              |
| DENA 108 Oral Microbiology and Infection Control | 1.5   |       |              |              |
| DENA 110 Chairside Assisting I | 5     |       |              |              |
| DENA 115 Dental Radiology I | 4     |       |              |              |
| DENA 125 Clinical experience I | 2     |       |              |              |
| DENA 205 Dental Materials II | 3     |       |              |              |
| **TOTAL** | 15.5  |       |              |              |

| SPRING SEMESTER |       |       |              |              |
| DENA 210 Chairside Assisting II | 5     |       |              |              |
| DENA 215 Dental Radiology II | 2     |       |              |              |
| DENA 225 Dental Office Management | 2 |     |              |              |
| DENA 230 Oral Pathology | 1     |       |              |              |
| DENA 250 Clinical Experience II | 4 |     |              |              |
| DENA 260 Dental Assisting Seminar | 2 |     |              |              |
| **TOTAL** | 16    |       |              |              |

| COLL 100 **First year seminar (or HLSC 100) | 1     |       |              |              |

**TOTAL PROGRAM CREDIT HOURS** 54

*General education courses can be sequenced in any manner, however, ENGL 101 should be completed prior to the start of the program and DENA 100 can be completed prior to the start of the program or currently enrolled.

** COLL 100 is only required if student has less than 12 college credits already earned

1 CPR Certification will not exempt you from class – **MUST** be taken in summer.