Dear Prospective Dental Assisting Student:

Thank you for your interest in the Dental Assisting Program. This program accepts a new cohort of approximately 24 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 March 1. 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

Mail:  MCC-Penn Valley Health Science Institute, 3444 Broadway, Suite 410, Surgical Technology, 3444 Broadway, KCMO, 64111

Sincerely,
Hema Udupa
Program Coordinator – Dental Assisting
816.604.4237
APPLICATION PROCEDURE

Applications are due no later than **March 1st** 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)
      __SPDR 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 **March 1st**.
   - Mail to:
     Dental Assisting Program
     MCC-Penn Valley Health Science Institute
     3444 Broadway
     Kansas City, MO 64111-2764
     Or
     Email to: hema.udupa@mckck.edu or terry.mcdaniel@mckck.edu

   **Program applications received after the March 1 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 late April or early May at the Health Science Institute.

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.
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 (Most recent listed first) School ___________ From ___________ To ___________ GPA ___________

High School/Date of Graduation ___________________________________________________________

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

Date of Graduation/Degree awarded _______________________________________________________

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

Date of Graduation/Degree awarded _______________________________________________________

MCC-Penn Valley-Health Science Institute, 3444 Broadway, KCMO 64111, 816.604.4237
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 ( )
- Written Expression ( )
- Active Learning ( )
- Instructing ( )
- Data recording / reporting ( )
- Time Management ( )
- Work well under stress ( )
- Computer operating Skills ( )
- Basic Math skills ( )
- Hand-Eye Coordination ( )
- Finger Dexterity ( )
- Oral Comprehension ( )
- Speech Recognition/Clarity ( )
- Counsel, instruct, & comfort ( )
- Reading Comprehension ( )
- Critical thinking ( )
- Self-directed ( )
- Active Listening ( )
- Microsoft Word, PowerPoint skills ( )
- Arm-Hand Steadiness ( )
- Quick decision-making ( )
- 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

Metropolitan Community College is committed to a policy of nondiscrimination on the basis of race, color, religion, sex, sexual orientation, age, birth, ancestry, national origin, or disability in admissions; educational programs, services or activities; and employment, as specified by federal laws Title VI, Title VII, Title IX, Section 504, the Americans with Disabilities Act, and state laws and regulations.
(http://www.mcckc.edu/explore/whatdrivesus/diversity/nondiscrimination.asp)
Health Science Institute
DENTAL ASSISTING PROGRAM

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 816-604-4237 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>
</tr>
<tr>
<td>BIOL 109 Human Anatomy and Human Physiology (or BIOL 110 and 210)</td>
<td>6-10</td>
<td></td>
<td></td>
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<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>
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<tr>
<td>**DENA 100 Introduction to Dental Assisting</td>
<td>1</td>
<td></td>
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</tr>
</tbody>
</table>

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*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.