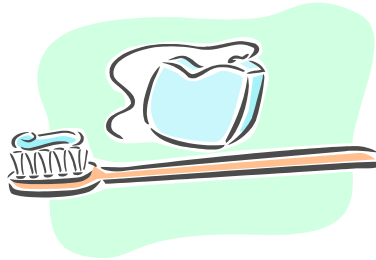




Dental Assisting Program Application Packet Fall, 2010



Packet Includes:

- Program Information***
- Application Information, Process and Deadlines***
- Program Prerequisites***
- Immunizations/CPR Flyer***
- Technical Standards***
- Program and College Application Forms***

It is the policy of Chemeketa Community College and its Board that there will be no discrimination or harassment on the basis of race, religion, color, sex, age, national origin, ethnic origin, sexual orientation, gender identity, marital status, citizenship status, pregnancy and related conditions, family relationship, veteran's status, disabilities and tobacco usage in any educational programs, activities or employment. Persons having questions about equal opportunity/affirmative action should contact the Affirmative Action Officer at 4000 Lancaster Dr. NE, Salem, Oregon 97309-7070, or call 503.399.4784. To request this publication in an alternative format, please call 503.399.5192.

Dental Assisting Program Information

The Dental Assisting Program is a 9-month, full-time limited enrollment certificate program that admits 30 students in the FALL term only. The first step to entering this program is to take part in an assessment process which includes taking the college's free placement test and meeting with Counseling and Career Services. Then your advisor will help you develop an individualized program of study.

Criminal Background Check/Drug Testing

All students admitted to the Dental Assisting Program will be required to pass a criminal background check which fulfills the requirements of clinical sites. If a student does not pass the criminal background check, program registration will not be possible. If a student is arrested during the time he/she is enrolled in the Program, he/she must notify the Program Chair of the Dental Assisting program of the arrest. The student's status in the Program will be reviewed by the Dental Assisting Program Chair and the Health Sciences Coordinator, and a possible outcome of the review may be the student's inability to continue in the Program. Students may also be required to submit to a five-panel drug screen urinalysis (UA) prior to spring term practicum placement as requested by practicum sites.

Disclosure of Student Information

In compliance with the Family Educational Rights and Privacy Act (FERPA), Chemeketa Community College releases only very limited information regarding students. All Dental Assisting students, including those who have filed a Request for Non-Disclosure of Student Information Form, should be aware that some confidential information may be shared. Contracts with practicum placement sites require that the following information be made available about students placed at these sites: CPR certification, immunization status, TB screening test results, and criminal background check. Students may also be required to submit to a five-panel drug screen urinalysis (UA) prior to spring term practicum placement, and the results of this test will be made available to the requesting practicum site. This information is needed for purposes of student and patient safety. Every effort is made to limit access to confidential student information to those who have a need to know. For more information regarding Non-Disclosure of Student Information, contact the Registrar office at 503 399-2511.

National Program Accreditation

This program is accredited by the Commission on Dental Accreditation and has been granted the accreditation status of "approval without reporting requirements." The Commission on Dental Accreditation will review complaints that relate to a program's compliance with the accreditation standards. The Commission is interested in the sustained quality and continued improvement of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for individuals in matters of admission, appointment, promotion, or dismissal of faculty, staff, or students. A copy of the appropriate accreditation standards and/or the Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, IL 60611-2678 or by calling 1-800-621-8099 extension 4653.

QUESTIONS?

*Contact Joyce Vaughan, Program Chair
Phone: 503.399.5269 – email: joyce.vaughan@chemeketa.edu*

Dental Assisting Program Fall 2010 Application Information

APPLICATION PROCESS:

Submit the following required materials as a packet to Admissions in Enrollment Services in Building 2:

- ❑ Dental Assisting Program Application Form
- ❑ A copy of your high school diploma, or high school transcripts showing graduation date, or GED certificate and/or GED scores
- ❑ A copy of your ASSET or COMPASS Placement Test scores (if waiving the reading and/or math requirement)
- ❑ Documentation of job shadow experience (see Dental Assisting Application Scoring Sheet for details)
- ❑ Documentation of military-related dental experience (see Dental Assisting Application Scoring Sheet for details)
- ❑ Current College Admission Application Form

Other College Transcripts:

Applicants may submit transcripts from another college/university to be evaluated. Students must request an evaluation through Enrollment Services, and evaluations may take several months.

IMPORTANT: You are **NOT** an applicant to the Dental Assisting Program until you have submitted an application packet that includes all items listed above. **You may submit an application packet BEFORE you have taken all the required prerequisites.** The receipt you receive from admissions is proof of your application submission.

APPLICATION DEADLINE:

Application packets will be accepted from **Monday, March 29, 2010 to Friday, May 21, 2010**. Any application packets received after May 21, 2010 may be considered if the program has not been filled. Applicants will be notified by Admissions of their status beginning in early July by mail. *It is important that you notify Admissions if you have changed your mailing address.*

Note: All courses must be completed with a "C" grade or higher by the end of spring term, 2010.

PROGRAM ORIENTATION:

Students who accept an offer of Program Admission **must attend a program orientation on Thursday, August 12, 2010** at the Salem Campus. Students will be notified by mail of the time and location of the orientation.

**Chemeketa Community College
Dental Assisting Program Prerequisite Courses
Program Entry - Fall 2010**

Prerequisite Requirement	Criteria for Fulfilling Requirement
BI060 Basic Science for Dental Assistants	<ul style="list-style-type: none"> • BI060 Basic Science for Dental Assistants taken within the past 5 years; OR • BI071 and BI072 (OR BI171 and BI172) with a C grade or higher taken within the past 5 years; OR • BI231 and BI232 with a C grade or higher taken within the past 5 years
CIS101 Introduction to Microcomputer Applications	<ul style="list-style-type: none"> • CIS101 completed with a C grade or higher taken within the past 5 years (includes College Credit Now); OR • CS101 completed with a C grade or higher taken within the past 5 years (includes College Credit Now); OR • Comparable college level computer science or computer applications course, 3 or more credits, with word processing, spreadsheet, and data base. No high school coursework or other non-college level training will be accepted. •
MTH060 Introductory Algebra	<ul style="list-style-type: none"> • MTH060 or higher with a C grade or higher; • Placement test score for MTH070 or higher
PSY101 Psychology of Human Relations (or higher)	<ul style="list-style-type: none"> • PSY101 or higher with a C grade or higher; OR • Comparable college transfer course from another institution with a C grade or higher
RD115 Academic Thinking and Reading	<ul style="list-style-type: none"> • RD115 or higher with a C grade or higher; OR • Placement test score for RD120 or higher
SP111 Fundamentals of Public Speaking (or higher)	<ul style="list-style-type: none"> • SP111 or higher with a C grade or higher; OR • Comparable college transfer course from another institution with a C grade or higher
SSP112 Strategic Studying	<ul style="list-style-type: none"> • Highly recommended if placement test score for reading is below RD120
WR121 English Composition – Exposition (or higher)	<ul style="list-style-type: none"> • WR121 or higher with a C grade or higher • Comparable college transfer course from another institution with a C grade or higher

Please note: Chemeketa Community College reserves the right to modify the criteria and process for admission to the Dental Assisting program on an annual basis.

**Chemeketa Community College
Dental Assisting Program Application Scoring Sheet
Fall 2010**

**FOR APPLICANT INFORMATION ONLY
(Do not submit this form with your application)**

1. Prerequisite Grades:	<u>Points Possible</u>
<i>*Reading and/or math course waived with ASSET or COMPASS scores will receive full points.</i>	24
<input type="checkbox"/> BI060 or equivalent	A or B = 6 pts. C = 3 pts. _____
<input type="checkbox"/> MTH060 or higher	A or B = 4 pts. C = 2 pts. _____
<input type="checkbox"/> RD115 or equivalent	A or B = 4 pts. C = 2 pts. _____
<input type="checkbox"/> WR121 or higher	A or B = 4 pts. C = 2 pts. _____
<input type="checkbox"/> CIS101 or equivalent	A or B = 2 pts. C = 1 pts. _____
<input type="checkbox"/> PSY101 or higher	A or B = 2 pts. C = 1 pts. _____
<input type="checkbox"/> SP111 or higher	A or B = 2 pts. C = 1 pts. _____
<i>*To determine if a class you have completed meets these requirements, please refer to the criteria on page 4.</i>	

**Any course with a "P" (Pass) grade will receive points equivalent to a "C" grade.

2. Job shadow or volunteer in a dental setting (minimum 8 hours)	<u>Required</u> <u>(No Points)</u>
<i>Must be documented on the dental office or dental organization letterhead and signed by the dentist or office manager. This experience must occur within 12 months prior to Program entry.</i>	Yes No

3. Military service in dental setting	<u>Points Possible</u>
<i>Must be documented from military supervisor listing length, date and type of experience.</i>	3 _____

4. Qualified Dental Assisting program applicant from previous year	<u>Points Possible</u>
	5 _____

Total Possible Points: 32 points Applicant Score: _____/32

In the event of a tie, the following tiebreakers will be applied in the order listed below:

1. **Legal residence in the Chemeketa Community College service district**
2. **A grade of "A" in SP111 only (no substitutes)**
3. **Cumulative GPA from Chemeketa Community College**
4. **Random selection**



Health Sciences TB Screening, Immunizations, CPR Requirements, & Health Exams

Oregon state law requires that all persons working in healthcare facilities be screened for tuberculosis (TB). Regulations from the Oregon Occupational Safety and Health Administration require students in healthcare occupations to be immunized for hepatitis B. In addition, clinical facilities require proof of current immunization against tetanus, diphtheria, varicella (chicken pox), rubella, mumps, and rubeola.

All reports of TB screening and immunization status must be on official records, signed by a qualified healthcare professional, and must be complete before you are eligible to register for Health Sciences courses. **The following are due by August 2, 2010, but may be submitted any time before that date.**

- 1) **TB screening report.** Screening shall consist of a Mantoux PPD Tuberculin skin test administered and **read after July 1, 2010.**
Note: the written report of a TB skin test must include the results of the test as read by a health professional. Be aware that the results take 48 hours to obtain. Upon entry, those with positive reactions to the skin test, or with a history of known positive reactions, must submit a recent medical evaluation certifying that they do not have active infectious tuberculosis. Students continuing from first to second year, who were positive reactors upon program entry, must complete a TB risk factor self-evaluation form (available in the Associate Dean's office) and may need a recent medical evaluation certifying that they do not have active infectious tuberculosis.
- 2) **Proof of current immunizations** shall consist of written documentation of:
 - a. **Td—Tetanus and Diphtheria** vaccination within the last ten years, **OR**
Tdap—Tetanus, Diphtheria and Pertussis. It is recommended that adults receive a single dose of Tdap to replace a single dose of Td. To protect against pertussis, Tdap may be given at an interval shorter than 10 years since receipt of the last dose of Td.
 - b. **Measles, mumps, and rubella: two doses** of MMR vaccine (reported by month and year of each dose) administered at least 30 days apart with first dose on or after the first birthday, **OR** 2) physician-documented disease, **OR** 3) positive titer.
 - c. **Hepatitis B**—1) Series of three injections **OR** 2) positive titer. At least the first injection is required before registration for fall term. Be aware that the recommended minimum timeframe between the first and the second injection is one month and between the second and third injection is six months. The series of three must be completed by March 31, 2010.
 - d. **Varicella (chicken pox)**—1) **one dose** if vaccine was received before age 13, **OR** 2) **two doses** if vaccine was received after age 13, **OR** 3) physician-documented disease **OR** 4) positive titer.

NOTE: Immunization requirements are subject to change. Updated information will be included with student program letter of acceptance.

Exemptions to the requirements for immunizations may be claimed by students for medical or religious reasons.

- a. Medical exemption requires a written statement signed by an appropriate healthcare professional that identifies the specific contraindication(s) for receiving the immunization(s).
- b. Religious exemption requires a written statement signed by the student claiming the exemption that they are not immunized because they are an adherent to a religion the teachings of which are opposed to such immunization.

Note: Students who exempt themselves from the vaccination requirements should be aware that circumstances may arise that would require their exclusion from clinical and/or classroom settings. Also, illness that may result from lack of immunizations may prevent students from attending class or clinical sessions. Either exclusion from clinical and/or class or missed time due to illness may result in an inability to meet course requirements and, therefore, the need to drop out of a Health Sciences Program.

- 3) **Current (dated after July 1, 2010) CPR certification.** The two cards accepted are American Heart Association, **Healthcare Provider Level**, **OR** American Red Cross "**CPR for the Professional Rescuer.**"
- 4) Medical evaluations of physical capacity **may** be necessary to provide information needed to accommodate functional limitations. When needed for this purpose, reports of an examination conducted by a licensed healthcare professional may be required from students. Students requesting accommodations should make an appointment with Rebecca Bolante in the College's Office for Services for Students with Disabilities (503 399-5276).

Reports of the above requirements may be submitted to Karen Haury, Building 8, Room 149, Salem campus anytime after acceptance into your Health Sciences Program, but no later than August 2, 2010. They may be mailed, delivered in person Monday-Thursday between the hours of 8:00 a.m. and 5:00 p.m., or faxed to 503 399-5113.

Dental Assisting Application Technical Standards

Introduction

Certain functional abilities are essential for the delivery of safe, effective dental assisting care. These abilities are essential in the sense that they constitute core components of a dental practice. There is a high probability that negative consequences will result for patients and/or co-workers of the dental assistant who fails to demonstrate these abilities. A program preparing students for the profession of dental assisting must attend to these essential functional abilities in the education and evaluation of its students.

This statement of the Technical Standards of the Dental Assisting Program at Chemeketa Community College identifies the functional abilities deemed by the dental assisting faculty to be essential to the practice of dental assisting. Reference materials used in the development of these standards include Division 42 of the Oregon Administrative Rules of the Oregon Board of Dentistry, the Oregon Health Division, the American Dental Association Commission on Dental Accreditation, OSHA Standards, and the Centers for Disease Control and Prevention guidelines. The Technical Standards are reflected in the Dental Assisting Program's Performance-based Outcomes, which are the basis for teaching and evaluating all dental assisting students.

Students with disabilities who think they may require accommodation in meeting the Technical Standards of the Dental Assisting Program should contact the Office of Disability Services to discuss the process of identifying reasonable accommodations. This office is located in Building 2, first floor (telephone 503.399.5192 [voice/TTY] or email disability@chemeketa.edu). Students should seek accommodation advising as soon as possible after admission to the dental assisting program so that a plan for accommodation can be in place at the beginning of the program. Applicants seeking admission into the dental assisting program who may have questions about the technical standards and appropriate reasonable accommodations are invited to discuss their questions with the Office of Disability Services.

Reasonable accommodation will be directed toward providing an equal educational opportunity for students with disabilities while adhering to the standards of dental assisting practice for all students.

If a student is dissatisfied with any outcomes from Disability Services, they may appeal the decision through the Health Sciences Coordinator.

Standards

The practice of Dental Assisting requires the following functional abilities with or without reasonable accommodations:

Motor skills

A dental assisting student must be able to perform all required activities needed for laboratory procedures, clinical practice, patient care and emergency procedures. The ability to effectively manipulate all instruments, equipment, and materials utilized in the dental assisting process is essential.

Sensory Skills

A dental assisting student must have adequate control of all sensory functions so that the student, patients, peers, and instructors/operators will be able to work and respond in ways that contribute to a safe environment and provide sound evaluation and treatment services. Visual acuity, auditory ability and tactile ability must be sufficient to receive directions or instructions and safely participate in the laboratory and/or clinical procedures.

Communication Skills

A dental assisting student must be able to communicate effectively and efficiently in oral and written forms with all members of the healthcare team. Effective communication includes the ability to read, write, speak and comprehend in English and understand body language. The dental assisting student must be able to write inclusive, clear, and legible chart notations and descriptions of clinical findings as dictated by the operator. A dental assisting student is expected to participate and communicate well in teams during the many opportunities in the dental assisting program.

Cognitive Skills

A dental assisting student must be able to collect, analyze, and integrate information and knowledge to participate safely in laboratory and chairside procedures.

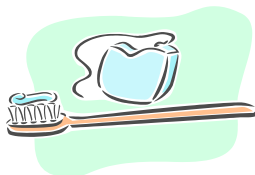
Physical Endurance, Strength and Mobility

A dental assisting student must be able to tolerate physically taxing workloads that include but are not limited to sitting or standing for long periods of time in one position, or lifting at least 25 pounds. Additionally, fine motor skills are required to safely manipulate instruments, equipment, containers, and dental materials.

Behavioral Skills

A dental assisting student must be able to work effectively under stressful situations. He/she must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the clinical problems of patients. A dental assisting student must be able to manage apprehensive patients with a range of moods and behaviors in a tactful, congenial, and personal manner so as not to alienate or antagonize them. A dental assisting student is expected to be prepared to accept reasonable, instructive, and professional criticism, and to respond with a professional attitude and appropriate modification of behavior. A dental assisting student is expected to abide by The Creed and The Pledge of the American Dental Assistants Association as well as the regulations in the Dental Assisting Program Student Handbook.

**Chemeketa Community College
Dental Assisting Program Application Form
Fall, 2010**



APPLICATION DEADLINE – MAY 21, 2010

Name (Print): _____

Address (Print): _____

City, State, Zip (Print): _____

Telephone Number (Include area code): _____

Student ID/K#: _____

I have attached the following documents to this application form:

1. A current College Admission Application Form for 2010-2011
2. A copy of my high school diploma, or high school transcripts showing graduation date, or GED certificate and/or GED scores
3. A copy of my ASSET or COMPASS Placement Test scores (if waiving reading and/or math course)
4. College transcripts (unofficial transcripts are accepted for application review)
5. Documentation of 8-hour job shadow experience
6. Documentation of military dental experience (if applicable)

- I have detached the Program Application Information accompanying this form and will retain it for my reference.
- I have read and accept the statement on page 2 regarding a) disclosure of student information to practicum sites; b) criminal background check; and, c) possible drug screening.
- I have read and understand the requirements regarding immunizations, CPR certification, and Technical Standards.
- I understand that an offer of admission to the Dental Assisting program for this fall is dependent on my having completed all prerequisite courses required with at least a "C" grade. I also understand that if I qualify for admission, I will be placed on a Dental Assisting program admission or alternate list based on the evaluation of my application packet. I have noted that if offered admission, I will attend the program orientation in August.
- I hereby attest that all of the documentation I have submitted with this packet is accurate and authentic.

Signature: _____ Date: _____



Providing your social security number is voluntary. If you provide it, the college will use your social security number for keeping records, doing research, aggregate reporting, extending credit and collecting debts. Your social security number will not be given to the general public. If you choose not to provide your social security number, you will not be denied any rights as a student. Please read the statement on the inside back cover of the schedule of classes which describes how your number will be used. Providing your social security number means that you consent to use of the number in the manner described. Contact the Admissions Office for additional information.

Term I plan to enroll at Chemeketa Community College (choose one):
 Summer (June) Fall (Sept.) Winter (Jan.) Spring (March) 20

Social Security Number or ID Number: - -

First Name: Middle Name:

Last Name:

Former Last Name:

Mailing Address:

City: State: Zip Code:

Daytime Phone Number: - - Evening Phone Number: - - Date of Birth (mm/dd/yyyy): / / Age:

Email Address (Preferred):

Please choose one: (voluntary) American Indian or Alaskan Native Asian Black or African American Hispanic or Latino Native Hawaiian or Pacific Islander White Male Female

Do you plan to earn a degree/certificate/diploma at Chemeketa Community College? (Choose one)

Yes, certificate or associate degree
 Yes, high school diploma or GED
 No, here to take classes
 Undecided

High School Name (no abbreviations please):

City: State:

Select a major code from the list on the reverse side of this form that best describes your area of study or area of interest: **P R D A**

I have completed high school as follows: (choose one)
 Did not complete high school Still in high school High School Graduate Year: GED Year: Alternative high school diploma
 Certificate of Initial Mastery Certificate of Advanced Mastery External diploma program Attendance completion Proficiency exam

Prior to Chemeketa, I have completed college as follows: (choose one)
 Have not attended college Associate degree
 Short-term training, private vocational school award, or other Bachelor's degree
 One-year certificate from a community college Master's degree
 Doctorate or professional degree

Name of last college attended other than Chemeketa:

City: State:

Pick the one MAIN reason you are here this term: (Choose one)
 Take classes to transfer to a 4-year college Learn skill to get a job Improve Job Skills
 Explore career or educational options Take classes to finish high school or GED Improve writing, reading, or math skills
 Learn English Personal Enrichment Other

Are you currently employed? (Choose one)
 Yes, 35+ hrs/wk Yes, under 35 hrs/wk
 No, not at this time Retired

Chemeketa Community College releases only very limited information regarding students: enrollment status, dates of enrollment, degree or certificate, program of study, athletic statistics, or honors awarded. If you do NOT want any person outside the college, including prospective employers, to know any of these, you must file a Request for Non-Disclosure of Student Information Form with Admissions.

I certify that all statements on this application are complete and true. I also understand that if I am admitted and do not enroll for the term to which I am admitted, I will need to reapply for admission. Submitted materials will not be returned nor duplicated.

Signature: X _____ Date: _____

Please send this form to:
 Enrollment Services • Bldg. 2-200 • Chemeketa Community College • PO Box 14007 • Salem, OR 97309-7070
 Phone: 503.399.5006 Fax: 503.399.3918
www.chemeketa.edu



Chemeketa Community College is an equal opportunity, affirmative action institution.