



2012-2013 DENTAL ASSISTING APPLICATION FOR ADMISSION

Requirements listed on the reverse side of this form must be completed before you will be **FORMALLY** accepted into DENTAL ASSISTING Program. You will be **CONDITIONALLY ACCEPTED** upon application (as space permits), pending completion of pre-requisites. (Your application is encouraged anytime. In the event of a tie with completing pre-requisites, date of application is considered for selection of accepted students.

***** The Dental Assisting Diploma Program is a pre-requisite to the Dental Assisting AAS Degree. (This application is used for both the Diploma & AAS Programs.)**

Today's Date: _____

Have you applied as a general applicant to CLC? _____

Have you attended CLC in the past? _____

STUDENT INFORMATION

First Name: _____ MI _____ Last Name: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Social Security Number : _____
E-Mail Address: _____ Student ID Number: _____

EDUCATION

High School/GED _____ Year of Graduation: _____

Do you have a Bachelor's Degree? Yes: _____ No: _____

University/College Attended: _____
City: _____ State: _____ Degree Earned: _____

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City: _____ State: _____ Degree Earned: _____

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City: _____ State: _____ Degree Earned: _____

(OVER – IMPORTANT INFORMATION REGARDING DENTAL PROGRAM PRE-REQUISITES)

DENTAL ASSISTING PROGRAM PREREQUISITES

**** PLEASE NOTE:** The Dental Assisting Diploma Program is a pre-requisite to the Dental Assisting, AAS Program.

1. Completion of the DENTAL ASSISTING DIPLOMA PROGRAM on _____
2. **ACCUPLACER** Test Results:

Required minimum scores	Reading:	Date of test: _____	55 or higher	Your Score: _____
	and			
	Arithmetic:	34 or higher	Your Score: _____	

If a student's score falls below the minimum requirements for application to the Dental Assisting Program, the student must **EITHER** reassess and attain appropriate scores **OR** take recommended classes and receive a "C-" grade (or a "P" grade for Math 0581) or higher before acceptance to the Dental Assisting Program. If the student does not achieve a "C-" grade (or "P" grade for Math 0581) or higher, the student has the option to **RETAKE** the class(es) **OR** to retake the Accuplacer at personal cost. Requirements for acceptance remain as above.

3. BIOL 1404 HUMAN BIOLOGY I _____
OR
BIOL 2467, ANATOMY & PHYS I AND BIOL 2468, ANATOMY & PHYS II _____

The Biology requirement must be completed with a grade of "C-" (1.67) or above.

IN ADDITION to the pre-requisites to the Dental Assisting Program:

CPR Certification is a requirement **before working on patients.**

CPR CERTIFICATION: *MUST BE* American Heart Association. – Healthcare Provider
Expiration Date: _____

Misrepresentation of application information is grounds for canceling admission. I certify that the information I have provided on this application form and all other admission materials is complete, accurate and true to the best of my knowledge.

STUDENT SIGNATURE REQUIRED: _____ **DATE:** _____

NOTE: Central Lakes College is asking you to provide information that includes private and/or confidential information under state and federal law. Central Lakes College is asking for this information in order to process your application.

You are not legally required to provide the information; however, Central Lakes College may not be able to effectively process your application if you do not provide sufficient information. With some exceptions, unless you consent to further release of private information, access to this information will be limited to school officials, including faculty who have legitimate educational interests in the information. Under certain circumstances, federal and state laws authorize release of private information without your consent:

- To other schools in which you seek or intend to enroll, or are enrolled, if you are first notified of the release;
- To federal, state or local officials for purposes of program compliance, audit or evaluation;
- As appropriate in connection with your application for, or receipt of, financial aid;
- To your parents, if your parents claim you as a dependent student for tax purposes;
- If the information is sought with a subpoena, court order, or otherwise permitted by other state or federal law, and
- To an organization engaged in educational research or an accrediting agency.

ADA statement:

CLC is committed to a policy of nondiscrimination in employment and education opportunity. No person shall be discriminated against in the terms and conditions of employment, personnel practices, or access to and participation in, programs, services, and activities with regard to race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, sexual orientation, or membership or activity in a local commission as defined by law. This information is available in alternative format upon a 48-hour advance request by contacting Paula Huss in Disability Services, office C111 at 800-933-0346 ext 8175. Deaf and Hard of Hearing users or TTY communication contact the "Minnesota Relay Service at 7-1-1 or 1-800-627-3529." 10/10