

Dental Assisting Program Application Fall 2014 Forms Packet

FORM 1 CONDITIONS FOR APPLICATION

	Complete all portions of this form as directed. List name as indicated in myLane							
L#	FIRST	LAST						
E-mail - required		1st - Phone	2 nd Phone					
All course	s were taken at LCC							
Official Tr	anscripts from other colle	ges have been submitted to Lane Enrollment 5	Services – Attention: HP Transcript					

Application Conditions and Program Progression Completion Requirements

Lane Community College - 4000 East 30th Ave, Eugene, OR 97405

In submitting my DA program application by email to HPApplicationCenter@lanecc.edu , I affirm the following:

- I took all of my prerequisite courses at Lane Community College,
 OR I have submitted official, sealed transcripts from colleges other than Lane to Lane Enrollment Services.
- I have completed the <u>LCC Credit Admission</u> process and have an L number.
 OR I have previously taken credit classes at Lane and have an L number.
- I have completed the Dental Assistant On-line Admissions Application & Payment process, including paying the \$35 non-refundable application fee.
- I understand all information in the Fall 2014 Dental Assistant Application Information Packet. I am NOT considered
 an applicant to the program unless all required forms and documentation are completed and submitted
 according to application instructions prior to the application deadline.
- My application will not be returned and I am responsible for making a personal copy.
- I have read the Fall Enrollment Requirement Section and understand I must attend the mandatory orientation and comply with all other enrollment requirements if I am accepted or considered a program alternate.
- I am a current resident of the State of Oregon and my current Oregon address is listed in myLane.
- I understand it is my responsibility to complete all program requirements for degree completion.
- I understand I must successfully complete all DA prerequisites courses before Fall term 2014 to enter the program.
- I hereby attest that all application information and documentation I have submitted in this packet is accurate and authentic.

Forms 1 and 2 submitted scanned, Google docs, handwritten or delivered in person will not be accepted. Be sure to use the latest version of Adobe Reader to complete this Form.

Macintosh users – do not use "Preview" to view or complete this Form. Set Adobe Reader as the default PDF reader.

Submit all supporting documentation attached to ONE e-mail by the deadline:

HPApplicationCenter@lanecc.edu

Health Professions Application Center

Subject – Student Name L number DA Application Documentation

Change to file name:

DAForms2014LastNameLNumber

On the same date or before:

Lane Transcript and/or submitted transcripts to **Enrollment** Services reflect courses and degree(s) listed on Point Petition Sheet.

Online Dental Assistant Program Admissions Application and Payment has been submitted.

FORM 2 POINT PETITION SHEET See 2014 Dental Assistant Application Information Packet for application requirements and for Course Equivalency & Transfer requirements if course was not taken at Lane.			Courses <u>must meet</u> minimum credit requirement shown and <u>may not</u> exceed maximum credit shown. Enter grade point values in the right hand column 'Points' C- grades are ineligible					
For points prerequisite courses must be completed and transcripted prior to application.	Course/School	Term/ Year	# Credits	Grade C	Grade B	Grade A	Indicate Points Earned	
Part 2A. Courses Required for Progra	m Entry: These courses must be comp	leted prior i	to Fall entry	if accepte	ed to the p	rogram.		
Item 1: Mathematics Requirement: Lar	ne placement testing must be with	last 1 year						
MTH 052, or higher (3 Cr or more),				6	9	12	[
OR tested into MTH065, or higher			N/A	N/A	N/A	9		
Item 2: Writing Requirement:								
WR 115, WR 121, WR 122 or WR 123 (3 / 4 Cr) OR				6	9	12		
Prior Bachelor's degree, must appear on a submitted transcript			N/A	N/A	N/A	12		
Item 3: Choice of either Concepts of C	omputing OR Computer Fundamenta	Is within th	e last 5 yea	ırs				
CS 120 (4 Cr) OR				6	9	12		
CIS 101 (3 Cr)				4	8	10		
Item 4: Human Relations Requirement	: Human Relations prerequisites must b	e selected	from list in	catalog for	r Dental A	ssisting pa	age 97	
HR Requirement (3 Cr or more)				6	10	10		
Part 2B. Program Degree Courses:								
Item 5: Dentistry Law and Ethics								
DA 103 (2 Cr)				2	4	6		
Item 6: Choice of either Health Science Mixed combinations do not count. Maxin					grade poil	nts.		
DA 110 (3 Cr) OR				6	10	12		
BI 231 (4 Cr)				3	6	6		
AND BI 232 (4 Cr) OR				3	6	6		
HO 150 (3 Cr)				3	5	6		
AND HO 152 (3 Cr)				3	5	6	1	
Part 2C. Recommended Additional Co	purses additional admittance points give	n						
Items 7: Medical Terminology and Effe								
HO 100 (3 Cr)				4	8	10		
EL 115 or EL 115H or EL 115R (3 Cr)				2	6	6		
Total Course Points Earned								
Part 2D. Additional Points.							<u> </u>	
Prior college degree: Associate, bachelor	rs, masters, or higher. Transcript must i	ndicate ded	gree grante	d.	=	= 3 pts		
Paid Dental Work Experience: Must be verified by pay stubs or W2s. Submit documentation. 415 or more hours = 3 pts								
Indicate Total Points for Course Comp	3.3			2		- 1010		

Be sure to do the Online Application and Payment Process to complete your final step to apply to the DA Program. List any additional information that didn't fit into spaces provided above: