

**Central Florida Community College
Certified Dental Assisting Program
Information Session Attendance Form**

Please complete the following and forward it to:
Deanna Stentiford, Building 35, Central Florida Community College

Date of Information Session: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (Home) _____

(Work) _____

(Cell) _____ Email: _____

SOCIAL SECURITY NUMBER or STUDENT ID NUMBER:

_____-_____-_____ (or) CFCC ID _____

HAVE YOU TAKEN THE TABE TEST YET? _____ Yes _____ No

ARE YOU A RESIDENT OF:

MARION _____ LEVY _____ CITRUS _____

DO YOU HAVE INTERNET ACCESS THAT COULD BE USED FOR YOUR EDUCATION?

YES _____ NO _____

HAVE YOU ATTENDED COLLEGE BEFORE? _____ YES _____ NO

IF SO, WHERE: _____

HOW DID YOU HEAR ABOUT THIS PROGRAM?

For Office Use Only:

Given: _____ Mailed: _____

Dear Applicant:

A very exciting career in dental assisting is available at Central Florida Community College. Because students learn best through a variety of methods, the program is of unique nature and involves various ways of studying. It is designed to study through classroom lectures, skills lab hours, clinical rotations at our Hampton Center and clinical rotations in the dental communities of Marion, Citrus and Levy counties.

The enclosed application and information packet will explain the application process. I encourage you to attend a FREE Dental Assisting information session. To confirm dates and for more information about information sessions, please call (352) 873-5817, option 4 or visit our website at www.cf.edu. There is never a better time than **TODAY** to begin a new and exciting career in the field of dentistry.

Please contact me at **(352) 854-2322 x1529** or by email, stentifd@cf.edu if you are interested in this program so that I may assist you with scheduling and any academic advising needs that you might have or attend an information session. I look forward to working with you in the planning of your future as a health professional.

CENTRAL FLORIDA COMMUNITY COLLEGE
Deanna M. Stentiford, R.D.H., Ed.S.
Dental Assisting Program Coordinator
(352) 854-2322 ext. 1529
stentifd@cf.edu

Dental Assisting Central Florida Community College

PROGRAM INFORMATION PACKET

The Dental Assisting program is designed to train individuals to become professionals in a dental health environment. Upon completion of the program, students are eligible to sit for the Dental Assisting National Board. The Dental Assisting program holds full accreditation status by the American Dental Association Commission on Accreditation.

The philosophy of the program is such that it stimulates student's learning in communication, decision-making, problem-solving, independent thinking as well as knowledge needed for performing dental assisting tasks in the office. The program is designed for the dedicated and motivated students who will graduate with qualifications to sit for the Dental Assisting National Boards and ultimately become professional members of a dental team. The program is a fulltime, three semester daytime program. Students need to be flexible, mature, and responsible.

GOALS:

- ❖ To provide knowledge and skills for the students so they can effectively work in all areas of dentistry
- ❖ To prepare the student for certification in advanced functions
- ❖ To prepare the student to successfully pass the Dental Assisting National Board
- ❖ To meet the job-market requirements for the community
- ❖ To provide additional counseling and coursework for those students who wish to continue their education

In this packet you will find the following information:

- ❖ Admission criteria and other points of interest for admission to Central Florida Community College and the Dental Assisting program
- ❖ Admission criteria and process used to admit students into this limited access program
- ❖ Approximate cost for the program
- ❖ Curriculum for the program
- ❖ Application to the program
- ❖ Applicant's check list

ADMISSION CRITERIA

To be considered for the program the student must complete the following steps:

1. Application to Central Florida Community College

Applications can be obtained from Enrollment Services in Building 5. The "Major Code" to be used on the application for Dental Assisting is **7223**. Students must submit all Official Transcripts from **all** colleges attended and an Official High School transcript. Admission to the college will not be completed until all transcripts are received. Students are not required to attend a college orientation for the overall college. We will hold a mandatory orientation for those accepted to the program in July or August.

THIS IS A LIMITED ACCESS PROGRAM.
ACCEPTANCE TO THE COLLEGE DOES NOT INDICATE
ACCEPTANCE TO THE DENTAL ASSISTING PROGRAM.

2. Information Session

Student can attend a FREE information session on the Dental Assisting program. These sessions are offered most months. For confirmation of session dates, times and location, please call (352) 873-5817, option 4 or visit our website at www.cf.edu.

3. Testing

Students must take the TABE aptitude test prior to application to the program (\$10.00 fee). The test is given in Building 5; you must schedule for the test by calling the Testing Center at (352) 854-2322 ext. 1564. The minimum score necessary for completion of the program is 10 points in each section of Language, Reading and Math. By taking the test prior to application, we can assess areas of potential challenges for the student and work with a plan to overcome those challenges. For assistance or remediation of the TABE test, a program is set up through the Learning Resource Center in the VPI Lab, Building 13, Room 100. For assistance please contact Tony Belden at 854-2322 ext 1462. **Copy of test results must accompany your application.** The program is undergoing research on the use of the Health Occupations Basic Entrance Test. Applicants will be required to take this test if results are indicative of success. This information will be available in Spring of 2008.

4. Observation Hours

For students to get a general idea of a dental assistant's job, the student is required to do some observation. The student must have 8 hours of chairside observation with a dental assistant. To be considered for the program, the student will need to turn in, with their application, documentation of the observation hours. The documentation must be on office letterhead and signed by the dentist. The observation can only be done in a recommended dental office and it must be with a dental assistant (not a dental hygienist). A list of dental offices will be available to students through email to the program facilitator.

5. Observation Written Paper

This paper must be at least one-page typed using a 12 font with 1 inch margins. The paper must answer the following questions:

- What are your expectations of the dental assisting profession?
- Why did you apply to the dental assisting program?
- What knowledge did you gain during your required observation of a dental assistant?

6. **Criminal Background Check**

Various sites that are used for CFCC Health and Human Services programs learning experiences require criminal background checks on their employees and/or volunteers. Therefore, the CFCC Health and Human Services Division must initiate background check on the entering students who will use these facilities during the course of their program. These background checks will be completed at the student's expense and any student not passing the background check may not enter the program.

**To initiate your background check, go to the cashier in Bldg. 5 to pay a \$55.00 fee.
Fingerprinting is done during the following times ONLY – No exceptions can be made.**

**Criminal Justice Building 31
Tuesday from 8:00 am - 4:00 pm (walk-ins)
Thursday afternoons from 2:00 pm - 4 pm (appointments preferred)**

7. **Academic Advisement for Program**

If you need an academic advisement after attending an information session, please schedule an appointment with the Health and Human Services Academic Advisor, Laurie Saputo in Building 35, Room 104B by calling (352) 854-2322 ext. 1586.

8. **Application to the Dental Assisting Program**

For admission to the Dental Assisting program, students must complete and submit a separate Dental Assisting Program application with all appropriate attachments to the Dental Assisting office, Building 35, Room 104. Applications are reviewed monthly. **STUDENTS THAT HAVE SUCCESSFULLY COMPLETED ALL EIGHT (8) STEPS ARE READY TO APPLY TO THE PROGRAM.** Selection of students is based on the time the **COMPLETED** application is submitted. Students will continue to be accepted until the class is full. Students will then be accepted to the next available class. The program begins every August.

Approximate Program Cost for Dental Assisting at CFCC

Approximate Tuition	Florida Resident	Non-Resident
Post Secondary Adult Vocational (41 vocational credits)	\$ 60.38	\$241.50
Total Tuition	\$2,475.58	\$9,901.50

1. Application Process

CFCC Application Fee	\$ 20.00
TABE Test	10.00
Entrance Test	35.00
Criminal Background Check	55.00

2. After Application and Prior to Start of Program

Health Certificate	150.00
Uniforms	100.00

3. First Term

Approximate Tuition (includes tuition, insurances, lab fees & student kit of approximately \$350.00)	1150.58
Books and Supplies	250.00

4. Second Term

Approximate Tuition	750.00
Books and Supplies	250.00
Lab Fees	200.00
DANB Part 1	150.00
Graduation Fee	20.00

5. Third Term

Approximate Tuition	925.00
Books and Supplies	250.00
Lab Fees	20.00
DANB Part 2	150.00
Graduation Pin	50.00
DANB Part 3	175.00

Total Estimated Program Costs:		
Tuition:	\$2,475.58	\$9,901.50
Expenses:	<u>\$2,235.00</u>	<u>\$2,235.00</u>
	\$4,710.58	\$12,136.50

Please note all the above are estimated costs and are subject to change.

APPLICANT'S CHECK OFF LIST

1. _____ Submitted application to Central Florida Community College. Checked to be sure your major code is 7223 for Dental Assisting.
2. _____ Submitted all **OFFICIAL** transcripts from high school and colleges to the Admission Office at CFCC.
3. _____ Have you successfully completed the TABE test and attached a copy of the scores to the Dental Assisting program application?
4. _____ Provided proof of chair side observation with a dental assistant. (8 hours minimum)
5. _____ Written essay. Make sure the essay follows all guidelines mentioned on the admission process page.
6. _____ Have you applied, paid for and completed the Criminal Background Check?
Have you attached the original receipt with the raised seal you are given after being fingerprinted with the Dental Assisting application?
7. _____ Submit application to the Dental Assisting program with all necessary attachments.

TO BE COMPLETED IF YOU ARE ACCEPTED

1. _____ Return the form indicating if you accept or decline your seat in the program to the Dental Assisting Office.
2. _____ Attend a mandatory orientation session on the date specified in your acceptance letter. At that time you will receive further information.
3. _____ Submit a health certificate (including any laboratory test results and immunization records) signed by a physician or ARNP to the Program Coordinator by the date specified in your acceptance letter.
4. _____ Submit a copy of a current CPR card (BLS for Health Care Provider 2 person rescue; adult, infant/child) to the Program Coordinator by the date specified in your acceptance letter.

Failure to follow the above steps may result in the loss of your seat in the Dental Assisting program. The information in this document is informational only and not intended to be contractual in nature.

**Central Florida Community College
Dental Assisting Program Application**

NAME: _____
 First Middle Last Maiden

HOME ADDRESS: _____
 Street/Road

 City County State Zip Code

TERM YOU ARE APPLYING TO THE PROGRAM: August: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ **CFCC ID** _____

HOME PHONE: (____) _____ - _____

WORK PHONE (____) _____ - _____ **CELL PHONE** (____) _____ - _____

TABE TEST SCORES: _____
 Reading Math Language

Name of High School or GED: _____

Name of Colleges or Universities attended: _____

Please list any professional license or certifications:

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misinterpretation or falsification of information is cause of denial of admission or expulsion from the college. I understand that illegal use, possession and/or misuse of any mind altering substances are reasons for immediate dismissal from any programs in the Health and Human Services Division. I understand that any arrests revealed on a criminal background check could be reason for denial of application or immediate dismissal from any program in the Health and Human Services Division.

Signature of Applicant/Date

PLEASE SUBMIT APPLICATION TO:
Central Florida Community College
Dental Assisting Office, 35-104
3001 SW College Road
Ocala, FL 34474
stentfd@cf.edu

For Office Use Only: Date Submitted: _____ Received by: _____
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