|  |  |  |
| --- | --- | --- |
| ***Application for Basic Dental Assisting Program***  **Danville Community College**  ***Fall 2018*** |  | Office  use only.  Date  rec’d:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  |  |  |  |  |  |  |
|  | ­­*First name* |  | *Middle initial* | | |  | *Last name* |
|  |  |  |  | | |  |  |
| Address: |  |  |  | | |  |  |
|  |  |  | *Street address* | | |  |  |
|  |  |  |  | | |  |  |
|  |  |  | *City, State, Zip* | | |  |  |
|  |  |  |  | | |  |  |
| Phone: *Day:* |  | *Night:* |  | | | *Cell:* |  |
|  |  |  |  | | |  |  |
| DCC Empl ID: |  |  | DCC student email: | |  |  |  |

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Please indicate with 🗹 completion of minimum requirements for admission to BDA program:

|  |  |  |
| --- | --- | --- |
| YES | NO |  |
| 🞎 | 🞎 | Satisfactory completion of developmental English ENF1 or ENF2 (if needed) |
| 🞎 | 🞎 | Satisfactory completion of developmental math MTE1, 2, & 3 (if needed) |

Please indicate with 🗹 completion of preferred selection criteria for admission to BDA program:

|  |  |  |
| --- | --- | --- |
| YES | NO |  |
| 🞎 | 🞎 | 8 hours of job shadowing with a dental assistant (Job Shadowing form on reverse side of this application) |
| 🞎 | 🞎 | Satisfactory completion of DCC’s SDV100 |
| 🞎 | 🞎 | Satisfactory completion of ENG111 |
| 🞎 | 🞎 | Completion of a lecture-and-lab biology course (within specified time & with specified grade) |

List any college degrees/certificates earned (*Applicant must submit official transcript verifying degree/certificate awarded.*)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| *Degree or certificate earned* |  | *Institution of higher learning from which degree/certificate was earned* |  | *Date awarded* |
|  |  |  |  |  |
| *Degree or certificate earned* |  | *Institution of higher learning from which degree/certificate was earned* |  | *Date awarded* |

I verify that all information in this application is true and correct to the best of my knowledge.

Applicant signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application may be hand delivered to: Dewitt Drinkard, Temple #112

Or mailed to: Dewitt Drinkard, Danville Community College, 1008 S. Main St., Danville, VA 24541.

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Application is due by May 1.

*.Danville Community College promotes and maintains educational and employment opportunities without regard to race, color, sex, ethnicity, religion, gender, age (except when age is a bona fide occupational qualification), disability, national origin, or other non-merit factors. Danville Community College prohibits sexual harassment including sexual violence.*

DANVILLE COMMUNITY COLLEGE

DENTAL ASSISTING

JOB SHADOWING FORM

APPLICANT’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DENTAL OFFICE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMBER OF HOURS COMPLETED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATES OF SHADOWNING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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SIGNATURE OF SUPERVISING DENTIST

**Note:** Students who have taken DCC’s HLT195 will have done job shadowing as part of the course   
and do not need to have this form completed or to do additional job shadowing.

Persons applying for dental assisting who have done job shadowing should include this form with their completed ***Application for Basic Dental Assisting***.