|  |  |  |
| --- | --- | --- |
| ***Application for Basic Dental Assisting Program*****Danville Community College*****Fall 2024*** |  | **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: |  |  |  |

­­­­­­­­­­­­­­­­­­­­

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

|  |  |  |
| --- | --- | --- |
| YES | NO |  |
| 🞎 | 🞎 | Completed developmental English EDE 10 or equivalent (if needed) or placed into EDE 11/ENG 111 |
| 🞎 | 🞎 | Completed developmental math MDE 10 or equivalent (if needed) or exempted from MDE 10 |

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 SDV 100 |
| 🞎 | 🞎 | Satisfactory completion of ENG 111 |
| 🞎 | 🞎 | 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 (including signed job shadowing form) may be hand delivered to: Tina Gauldin, Foundation Hall #126

Or mailed to: Tina Gauldin, Danville Community College, 1008 S. Main St., Danville, VA 24541.

There is no guarantee that an emailed application will be reviewed.

*.*

**Application is due by April 15th.**

*.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

**STUDENT INFORMATION & INSTRUCTIONS**

* Dental practices are professional healthcare facilities. It is imperative that you *conduct yourself in a professional manner.* This not only includes *being polite, using your manners, and speaking clearly and professionally*, but it also includes *avoiding the use of your phone* while in the office and making sure your *clothes are clean and wrinkle free*. Keep in mind that you are a guest in a place of business.
* Although offices vary, the *dress code is usually business casual or uniforms/scrubs.* No open-toes shoes or jeans are permitted. Socks are required. Long hair should be pulled back. *Do not wear strong smelling perfumes, colognes, lotions*, etc. as these can cause headaches or allergic reactions for patients.
* Additionally, the identity of patients and their health records are private and should not be discussed or shared with anyone.
* Call the office manager to inquire about:
	+ The dress code requirement
	+ What time to be there
	+ Where to park
	+ Other office policies that you should be aware of

NAME OF APPLICANT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

DATES OF SHADOWING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF SUPERVISING DENTIST

**If the dental practice has questions or concerns …**

Contact Tina Gauldin, Dental Hygiene Site Coordinator, Dental Hygiene & Dental Assisting Advisor

Email: tina.gauldin@danville.edu Phone: 434.797.8548

This job shadowing form should be completed and included with your ***Application for Basic Dental Assisting***.

8 hours of Shadowing a Dental Assistant is required.