|  |  |  |
| --- | --- | --- |
| ***Application for Basic Dental Assisting Program***  **Danville Community College**  ***Fall 2023*** |  | 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 may be hand delivered to: Robin Mitchell, Foundation Hall #113

Or mailed to: Robin Mitchell, 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

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

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

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

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

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

SIGNATURE OF SUPERVISING DENTIST

This job shadowing form should be completed and included with your ***Application for Basic Dental Assisting***. 8 Hrs. of Shadowing a Dental Assistant is required.