



## 2012 Dental Assisting Program Application

Select the program you are applying to:

- Dental Assisting **AAS degree** Program (Deadline: April 27, 2012)
- Dental Assisting **Certificate** Program (Deadline: April 27, 2012)

**Student Information**

Please type or print neatly in blue or black ink.

|                               |                                 |                      |                       |
|-------------------------------|---------------------------------|----------------------|-----------------------|
| Last Name                     | First Name                      | Middle Initial       | Previous Last Name(s) |
| Male <input type="checkbox"/> | Female <input type="checkbox"/> | Email address: _____ |                       |

|                   |                            |
|-------------------|----------------------------|
| Student ID # (S#) | Date of Birth (mm/dd/yyyy) |
|-------------------|----------------------------|

|   |      |       |     |
|---|------|-------|-----|
| Current mailing address number and street | City | State | Zip |
|---|------|-------|-----|

|               |                 |
|---------------|-----------------|
| Message Phone | Alternate Phone |
|---------------|-----------------|

**Education Information**

Please complete the following information about your high school or GED:

**GED:** \_\_\_\_\_

|          |      |       |
|----------|------|-------|
| Location | Year | Score |
|----------|------|-------|

**High school:** \_\_\_\_\_

|      |      |       |                 |
|------|------|-------|-----------------|
| Name | City | State | Graduation year |
|------|------|-------|-----------------|

**\*If you have already sent official copies of your transcripts to Records Office, please call 719.549.3016 to verify receipt and check corresponding box below.**

**Note: A minimum of a 2.25 GPA is required for program entrance.**

Please complete the following information for colleges/universities where you completed a prerequisite course:

| College/University | State | Dates of Attendance | Degree earned | Transcripts in Student Records* | For Office Use Only |
|--------------------|-------|---------------------|---------------|---------------------------------|---------------------|
|                    |       |                     |               |                                 |                     |
|                    |       |                     |               |                                 |                     |
|                    |       |                     |               |                                 |                     |

This application and all required materials must be mailed or hand-delivered to:  
 Pueblo Community College Dental Assisting Program  
 900 W. Orman Ave., MT-122  
 Pueblo, CO 81004



## 2012 Dental Assisting Program Application

### Prerequisite completion

Math, Reading, and English competencies for entry to the program can be met with the Accuplacer test. Please visit the Testing Center for testing information rm. DAB 134 or contact 719.549.3091.

Dental Assisting prerequisites. Please complete the following if you are applying for the **AAS degree** Dental Assisting program.

**\*Accuplacer tests for MAT 45-60 EA or if EA <45 USE AR, REA 80-Above, and ENG 95-Above must be completed or have ACT/SAT scores.**

| Prerequisite                 | Course | Completion Term/Year | Institution |
|------------------------------|--------|----------------------|-------------|
| BIO 105 or higher            |        |                      |             |
| ENG 121                      |        |                      |             |
| CIS 110                      |        |                      |             |
| MAT 106 or higher            |        |                      |             |
| PSY 101                      |        |                      |             |
| COM 115                      |        |                      |             |
| HPR 102 or current CPR cert. |        |                      |             |

Dental Assisting prerequisites. Please complete the following if you are applying for the **Certificate** Dental Assisting program.

**\*Accuplacer tests for MAT 45-60 EA or if EA <45 USE AR, REA 80-Above, and ENG 95-Above must be completed or have ACT/SAT scores.**

| Prerequisite                 | Course | Completion Term/Year | Institution |
|------------------------------|--------|----------------------|-------------|
| CIS 110                      |        |                      |             |
| HPR 102 or current CPR cert. |        |                      |             |

**\*ACT Reading Score of 17 or SAT Verbal Score of 430 Places in College Level**

**\*ACT English Score of 18 or SAT Verbal Score of 440 Places Into ENG 121**

**\*ACT Math Score of 19 or higher or SAT Verbal Score of 460 Places into Mat 121 or Higher**

### Supplemental Essay

Please include a minimum two (2) page essay on the profession/career of dental assisting. Essay must be typed – 12 font, doubled spaced and have a work cited/bibliography page. Essay must address the following:

- A. Nature of work of the dental assistant      B. Employment opportunities      C. Education requirements of Pueblo Community College

### Supplemental Paragraph

Please include a **hand-written paragraph**, on a separate sheet of paper titled "Why I Want to Become a Dental Assistant".

### Application Checklist

Please complete or enclose the following items:

- |   |   |
|---|---|
| <input type="checkbox"/> Completed and signed PCC Dental Assisting Program Application  | <input type="checkbox"/> Immunization Form                          |
| <input type="checkbox"/> Official high school transcripts or copy of GED certificate with scores                                    | <input type="checkbox"/> Supplemental Essay/ Supplemental Paragraph |
| <input type="checkbox"/> Essential Function Form  | <input type="checkbox"/> Criminal background verification           |
| <input type="checkbox"/> 2 Letters of Recommendation (on the required "Evaluation of Applicant for Admission" form)                 |   |
| <input type="checkbox"/> Official college transcripts, from all colleges/universities, where you completed a prerequisite/GE course |   |

I have read and understand the admission criteria for the Dental Assisting Program. It is my responsibility to meet all the program and application criteria. I verify that all statements on this application are complete and true. I understand that falsification of any information may lead to disqualification or dismissal from the program.

Signature

Date