



## FOOTHILL COLLEGE PROCEDURES FOR DENTAL ASSISTING PROGRAM APPLICANTS

Dear Applicant:

Thank you for your interest in the Foothill College Dental Assisting Program. Admission is limited to 30 full-time students. For more information please visit our website at:

<http://www.foothill.edu/bio/programs/dentala/app.php>

### ADMISSION INSTRUCTIONS

Please read the following instructions carefully:

1. The prerequisites for admission are:
  - high school diploma or equivalent
  - 2.0 GPA or higher
  - eligibility for ENGL 110 or ESL 25 or higher
  - eligibility for MATH 220 or higher
  - compliance with the Technical Standards on page 6
2. Applicants who have previously applied must submit the current application and all necessary transcripts with coursework they have completed since the previous application. We keep documentation for one year.
3. One official (unopened) copy of high school and college transcripts are required for all applications. If high school was not completed or official records are not available, (example: political situations or inaccessibility in another country), you must submit a letter with a short explanation of the situation.
4. Your completed application, with transcripts attached should be mailed to:

**Foothill College  
Dental Assisting Program  
12345 El Monte Road  
Los Altos Hill, CA 94022  
Attn: Cara Miyasaki**

**\*We strongly recommend you mail your application Certified Mail, so you can track its delivery online.**

5. **Application deadline:** Applications are available year-round. The earlier a complete application is submitted, the earlier a student can be screened for Fall admission to the program. Applications on file before June 15<sup>th</sup> for the incoming Fall class will have priority. Students can continue to apply after June 15<sup>th</sup>, and will be notified if/when there are openings in the program.

### ADMISSION PROCEDURES

1. Admission is based on criteria approved by Foothill College and consistent with State and Federal law, regulations and program accreditation guidelines.
2. As stated in #5 above, Applications are available year-round. The earlier a complete application is submitted, the earlier a student can be screened for fall admission to the program. Applications on file before June 15<sup>th</sup> for the incoming Fall class will have priority. Students can continue to apply after June 15<sup>th</sup>, and will be notified if/when there are openings in the program.

3. Applicants who qualify for entry into the dental assisting program will be asked to complete a "Statement of Acceptance". Upon receipt of the signed Statement of Acceptance, information concerning the school schedule, financial responsibilities, and complete admission instructions will be **emailed** to the applicant, so inclusion of a valid email address is crucial.

#### **Physical Examination:**

All applicants admitted into the program will be required to complete a physical examination by a physician of their choice, or on campus through Health Services. Admission will be contingent upon completion of the examination form, and must be returned to the Foothill College Dental Assisting Program by the first day of school, September 24, 2012. This evaluation will help us determine your ability to comply with the technical standards of the program, which are listed on page 6 of the application. Physical examinations and immunizations are also required to attend most clinical internships.

#### **Background Screening and Drug Testing:**

Background screening and drug testing is required of all accepted Allied Health students at Foothill College. Positive results could impact a student's chance of attending clinics, completing the program requirements, or gaining a license to practice upon graduation. If you are an international student and do not have a Social Security number, there is a special comments section on the background check form to explain the details of your visa, green card, etc. **Please be aware that a valid Social Security number is absolutely necessary to apply for, take the California state licensing examination, and obtain an X-ray certificate at the end of the Dental Assisting program.**

**The cost of the required physical examination, background screening, and drug test will be paid by the student.** Students accepted into the program will be provided with specific details in the Admission packet.

### **FINANCIAL INFORMATION**

**\*For current registration fees, go to this link: <http://www.foothill.edu/reg/fees.php>**

Additional program expenses are included on the attached list. Please be advised that most books and uniforms are purchased at the beginning of the program and used throughout the year.

Thank you for your interest in the Dental Assisting program.

Sincerely,

*Cara Miyasaki*

Cara Miyasaki, RDHEF, MS  
Director, Dental Assisting Program  
miyasakicara@foothill.edu

## DENTAL ASSISTING EXPENSES 2011 – 2012

The following is an estimated expense list for items that will be needed during the Dental Assisting Program for full-time students. The Dental Assisting Kit is a required purchase by the vendor chosen by the Dental Assisting Program for all full-time students, and no substitutions are allowed.

**The cost of the required physical examination, background screening, and drug test will be paid by the student.** The cost will vary according to the location the student chooses for the physical examination.

**\*Note: All expenses subject to change.**

| <b>Fall quarter</b>  | <b>(\$24.00 per unit x 13 units)</b> |                    |
|--|--------------------------------------|--------------------|
| 1. Registration for Fall quarter<br>• Paid at time of class registration by internet or phone registration |                                      | \$ 500.00          |
| 2. Books (required list only)<br>• Books can be purchased from the bookstore                               |                                      | 300.00             |
| 3. Student kit (Fall Qtr. only)<br>• Paid to UCLA Health Sciences Store during Summer, 2011.               |                                      | 380.00             |
| 5. Uniform (not including shoes)<br>• Purchased independently by student                                   |                                      | 250.00             |
| 6. Hepatitis B vaccine<br>• Use personal doctor or Foothill's Health Services Dept.                        |                                      | 120.00             |
| 7. Background Check  |                                      | 65.00              |
| 8. CPR   |                                      | 75.00              |
| 9. Physical Exam   |                                      | 200.00             |
| <b>Total Fall Quarter Expenses</b>   |                                      | <b>\$ 1,890.00</b> |

| <b>Winter quarter</b>   | <b>(\$24.00 per unit x 14 units)</b> |                  |
|---|--------------------------------------|------------------|
| 1. Registration for Winter quarter  |                                      | \$ 300.00        |
| 2. Books  |                                      | 100.00           |
| 3. Clinical experience:<br>Transportation to clinical working sites is necessary and the responsibility of the student. This will occur twice a week in Winter quarter.<br><br>Fuel and parking costs |                                      | 200.00           |
| 4. Student kit  |                                      | 100.00           |
| <b>Total Winter Quarter Expenses</b>  |                                      | <b>\$ 700.00</b> |

|  |                                      |                  |
|--|--------------------------------------|------------------|
| <b>Spring quarter</b>  | <b>(\$24.00 per unit x 14 units)</b> |                  |
| 1. Registration for Spring quarter   |                                      | \$ 300.00        |
| 2. Books   |                                      | \$ 100.00        |
| 3. Clinical experience<br>Transportation to clinical working sites<br>Fuel |                                      | 100.00           |
| 4. Student Kit (Spring only)   |                                      | \$ 250.00        |
| <b>Total Spring Quarter Expenses</b>                                       |                                      | <b>\$ 750.00</b> |

|                                |                                    |                 |
|--------------------------------|------------------------------------|-----------------|
| <b>Summer, 2010 quarter</b>    | <b>(\$24.00 per unit x 1 unit)</b> |                 |
| 1. Pit & Fissure Sealant Class |                                    | \$ 50.00        |
| 2. Summer Kit                  |                                    | \$ 30.00        |
| <b>Total Summer Expenses</b>   |                                    | <b>\$ 80.00</b> |

|  |  |                  |
|--|--|------------------|
| <b>Other Fees</b>                      |  |                  |
| State Registered Dental Assisting Exam |  | \$ 250.00        |
| Dental Assisting National Board Exam   |  | \$ 125.00-225.00 |

**Grand Total (Approximately) \$ 3,799.00- 4,020.00**

*Keep this Information Section – Keep this Information Section*

**DO NOT SUBMIT pages 1-4 WITH APPLICATION**

# CHECKLIST for 2012 Dental Assisting Application

Must be completed and submitted along with  
your other application materials.

**Mark one of the following:**

\_\_\_\_\_ **My application packet is 100% complete. All required materials and information are included.**

**List high school transcript(s) included:**

1. \_\_\_\_\_

2. \_\_\_\_\_

**List college transcripts included:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_ **My application packet is incomplete. One or more required documents are missing. I understand it is my responsibility to see to it that my packet is complete or I will be disqualified.**

**The following required items are missing:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

**APPLICATION FOR ADMISSION  
FOOTHILL COLLEGE  
DENTAL ASSISTING PROGRAM  
2012**

**TECHNICAL STANDARDS - DENTAL ASSISTING PROGRAM**

The following statements identify the technical standards appropriate to the profession of Dental Assisting and students enrolled in the Dental Assisting Program.

- A. Do you possess sufficient finger dexterity and eye/hand coordination to perform large and small motor coordination?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- B. Are you able to perform skills related to emergency procedures?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- C. Are you able to communicate both verbally and non-verbally in an effective manner to explain procedures and give instructions?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- D. Are you able to understand and react quickly to verbal instruction?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- E. Do you possess eyesight capable of viewing small visual images, and distinguish between black, white, and subtle shades of grey?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- F. At the end of the training program, the Dental Assistant must be able to:
  - 1. handle stressful situations related to technical and procedural standards of patient care situations, thus avoiding injury to the patients.
  - 2. provide physical and emotional support to the patient during procedures.
  - 3. follow directions effectively and work closely with members of the health care community.
  - 4. perform skills related to emergency procedures required in the field

If you cannot perform one or more of the technical standards identified above, please explain:

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I have read and understand the Technical Standards - Dental Assisting Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you answered, "No" to any of the questions above, you may still submit an application however, be advised that your inability to meet one or more of these standards may preclude you from meeting some of the program requirements, or finding employment in the field. It is strongly recommended you schedule a meeting with the Program Director to discuss your individual situation.

**APPLICATION FOR ADMISSION  
FOOTHILL COLLEGE  
DENTAL ASSISTING PROGRAM  
2012**

1. Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last Name) (Middle Initial) (First Name)

Social Security Number # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. Permanent Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

3. Telephone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

4. Current **VALID** E-mail Address **Required:** \_\_\_\_\_

5. Education:

| Dates<br>From - To | School or College/Location | Major/Degrees<br>Units Completed |
|--------------------|----------------------------|----------------------------------|
| / to /             | High School:               |                                  |
| / to /             |                            |                                  |
| / to /             |                            |                                  |
| / to /             |                            |                                  |

6. Do you have a high school diploma? Yes No

7. If no, do you have any of the following?

- |  |     |    |
|--|-----|----|
| 1. GED certificate                           | Yes | No |
| 2. Secondary school diploma outside the U.S. | Yes | No |

8. What is your cumulative High School GPA? \_\_\_\_\_

9. What is your cumulative college GPA? \_\_\_\_\_

**\*For help calculating your cumulative college GPA, please visit:**  
<http://www.foothill.edu/counseling/gpacalc.php>

**Mail this completed application (pages 5-8 only) with transcripts to:**

**Foothill College  
Dental Assisting Program  
12345 El Monte Road  
Los Altos Hills, CA 94022  
Attn: Cara Miyasaki**

**\*We strongly suggest mailing your application via certified mail, so you can track its delivery online.**

## SUPPLEMENTAL INFORMATION

**THE FOLLOWING INFORMATION IS NOT REQUESTED OR UTILIZED IN THE SELECTION PROCESS. IT IS DESIGNED TO PROVIDE THE MOST EFFECTIVE COUNSELING AND GUIDANCE TO THOSE ACCEPTED INTO THE PROGRAM.**

### FINANCIAL INFORMATION

While in the program, you will require significant financial support. The following questions are intended to identify the means by which you will meet this end.

- A. Dental Assisting students are commonly assigned clinical activities at hospitals or clinics removed from the campus.  
Will you be able to provide transportation for such assignments? Yes \_\_\_\_\_ No \_\_\_\_\_
- B. Will you be able to assume financial responsibility for your travel and parking costs to such assignments? Yes \_\_\_\_\_ No \_\_\_\_\_
- C. Do you think it will be necessary for you to work while enrolled?  
During the first year? Yes \_\_\_\_\_ No \_\_\_\_\_  
During the second year? Yes \_\_\_\_\_ No \_\_\_\_\_
- D. For how many individuals other than yourself are you partially or fully responsible financially? \_\_\_\_\_
- E. Will any of the following present serious financial problems?  
\_\_\_\_\_ housing      \_\_\_\_\_ transportation      \_\_\_\_\_ food      \_\_\_\_\_ clothing  
\_\_\_\_\_ uniforms      \_\_\_\_\_ medical care      \_\_\_\_\_ books

### GENERAL INFORMATION

- A. Do you have any objection to occasional evening, Saturday, or Sunday class or clinical assignment? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- B. Have you ever been arrested and convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: This information may be extremely important in identifying potential licensure problems that graduates may face after completion of the program.**

I verify the information supplied is complete and accurate.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date