



PHOENIX COLLEGE

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Phoenix College Department of Dental Programs

1202 W. Thomas Road
Phoenix, AZ 85013
Dental Assisting Program Director (602) 285-7326

Application to the Dental Assisting Program

Complete and submit application to Ted Bland, Allied Health Advisor

To be considered for the lottery, your application must be **postmarked** by **March 1st** for fall enrollment and **October 15th** for spring enrollment.

Please check your enrollment status: (Check all that you are interested in.)

Enrollment Status: Fall - August		Enrollment Status: Spring - January	
Full Time	_____	Full Time Only	_____
Part Time	_____		

Name _____
(last) (first) (middle)

Former name(s) (maiden) that may identify transcripts: _____

Social Security Number _____ Phone Number(s) _____
(home) (work)

Permanent Address: _____
(street) (city) (state) (zip)
(cell) (message)

E-Mail Address: _____

Arizona resident as defined by Phoenix College Catalog? _____ yes _____ no

Education:

List the name and location of each college attended and attach an unofficial transcript from each:

Name	City	State	Dates Attended

Check the highest level of education you have completed:

GED _____ High School Diploma _____ AA _____ Other _____

If other, please identify _____

Transcripts:

Unofficial Transcripts from each college attended must be attached to this application and sent to:

Ted Bland, Allied Health Advisor . 1202 W. Thomas Road . Phoenix, AZ 85013

Official Transcripts must be sent directly to:

Phoenix College Admissions and Records . 1202 W. Thomas Road . Phoenix, AZ 85013

Out-of-State Transcripts must be evaluated by Admissions and Records at the request of the student.

Prerequisite Coursework:

Indicate courses completed, or in progress, with the name of the college where the course was taken. All courses must reflect a grade of "C" or better in order to be considered:

Course Pre-Requisites:	College	In Progress <i>(check)</i>	Date Completed
HCC Courses:			
HCC 130 Fundamentals in Health Care Delivery <i>(or 130 AA - 130 AF)</i>			
HCC 130 AA Health Care Today			
HCC 130 AB Workplace Behavior in Health Care			
HCC 130 AC Personal Wellness and Safety			
HCC 130 AD Communication in the Health Care Setting			
HCC 130 AE Ethics, Legality in Health Care			
HCC 130 AF Decision Making in the Health Care Setting			
HCC 145AA Medical Terminology for Health Care			
HCC 109 or CPR for the Health Care Provider EMT 101 <i>(or current CPR card)</i>			
*General Studies:			
ENG 101/107 Freshman English			
BIO 160 Intro. To Human Anatomy & Physiology			

***Associate Degrees: Dental Assisting and Dental Office Management:**

Students pursuing an AAS in Dental Assisting or Dental Office Management should see an advisor regarding additional general education requirements.

I Certify That:

1. The information provided in this application is true and complete to the best of my knowledge. If any information changes (such as name, phone number or address), it is my responsibility to notify the Dental Assisting Program so that the changes can be made in my file.
2. I understand that all prerequisites must be completed prior to enrolling full-time in the Dental Assisting Program. Part-time registrants must have all prerequisites completed during the first year of enrollment in the program.
3. It is my responsibility to provide all requested information to complete my file.
4. I understand as a Health Care Worker, I should have the following immunizations: Hep B, MMR, DPT, and a TB screening.
5. Admission into the program is conditional until all requirements have been satisfactorily completed.
6. I understand and agree to fully participate in classroom, laboratory or clinical settings and program activities.
7. I understand that many procedures performed as a dental assistant would expose me to bloodborne pathogens, requiring strict adherence to infection control protocols.
8. I understand that I will be required to submit to a drug test after acceptance into the program, and that I am responsible for this expense.
9. I understand that I will be required to submit to a current fingerprinting clearance card, and that I am responsible for this expense.

Applicant Signature _____ Date _____

Note: Program policies for providing a safe dental environment from bloodborne and infectious diseases are available upon request.