

Welcome!

Dear Prospective Dental Assisting Student:

Thank you for your interest in the Dental Assisting program here at OWC. We are excited about your future! This packet is designed with you in mind. It contains information about Dental Assisting admissions criteria and procedures, the OWC Dental Assisting Program course sequence and other information to assist you in your career goals. As you read this information, if you have any questions, please contact an OWC Academic Advisor or the Dental Assisting Program Coordinator at 729-6444.

The demand for qualified, professional and caring dental assistants is expected to increase in the Okaloosa and Walton County areas and nationwide in the future. The Dental Assisting program is designed to help meet the demand by providing an environment for you to learn and grow personally and professionally. The dental assisting faculty serves as professional role models and they will work closely with you throughout your professional training. This exciting and rewarding career choice is available to you through Okaloosa Walton College Dental Assisting Program! We wish you the best as you pursue your goals. We look forward to receiving your application.

Mary Thomas, CDA, Coordinator
Dental Assisting Program

General Program Information

The OWC Dental Assisting Program is a limited access 1 year vocational program leading to a Certificate in Dental Assisting. It provides the student with the educational background and clinical competencies necessary for safe practice in the field of dental assisting. The curriculum includes content in dental sciences, communications, dental assisting clinical science, and expanded functions. The program is a rigorous, full-time program that requires commitment and hard work. All dental courses require at least a grade of "C" for successful completion and continuation in the program. Students who successfully complete the program will receive a certificate for dental assisting in the state of Florida including those expanded duties legally delegated to dental assistants according to the Florida Dental Practice Act. Students will be strongly encouraged to take the Dental Assisting National Board examination to receive a national credential. To receive the certificate of program completion, students must meet requirements of the Test of Adult Basic Education (TABE), validating basic skills in mathematics, language and reading at the 10th grade level (students must sit for the TABE examination no later than the first five weeks of the beginning of the program). Contact the Vocational Testing Center on the Niceville campus: 729-6059 for a testing appointment and for information regarding tutorial assistance.

For a portion of their laboratory learning experiences, it is necessary for students to practice on each other. If for any medical, dental, or personal reason a student is unable to participate, it is the student's responsibility to provide a physician's statement for verification.

Selection Criteria and Information

All eligible applicants will be accepted unless the number exceeds space availability, in which case a point system will be used to select students.

Students with the highest point totals will be admitted first. If there is a tie among point totals, a random lottery among tied students will be used to determine admission.

Application Process and Checklist

You must provide proof of High School graduation or GED to be eligible for admission.

Completing the following procedures will help you complete the required application process:

- _____ Submit a signed completed OWC Application for Admission to the Office of Enrollment Services, Building C-1; 100 College Boulevard, Niceville, FL 32578. Students who have applied to the college and have a current application on file or who are currently enrolled in classes do not need to reapply, but should verify all information on record is current and accurate.
- _____ Submit signed and completed OWC Information for Residence Classification form.
- _____ Request that your official high school, GED, and college/university transcript(s) (electronic or paper) from all institutions you have attended be sent directly to: Office of Enrollment Services, Okaloosa-Walton College, 100 College Boulevard, Niceville, FL 32578. An unofficial copy of all of your transcripts must be submitted with the Dental Assisting Program application for initial advisement purposes.
- _____ Submit documentation of health related work experience if applicable. (See attached Health Related Work Experience Form).
- _____ Submit documentation of current CPR Card (infant and adult) with AED training.
- _____ Submit completed application to the OWC Dental Assisting Program, Building E; 100 College Boulevard, Niceville, FL 32578 or fax to (850) 729-6460 by the published application deadline **for Fall enrollment.**

Completing the application process does not guarantee acceptance to the program. After the selection process is completed, students will be notified by letter via U.S. Mail regarding their admission status.

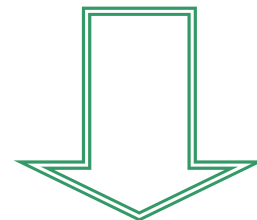
The process of Application and Selection is as follows:

Pool of Eligible Applicants	
▪ Admitted to OWC	▪ Submitted support documentation (work experience form, CPR card)
▪ Verified High School Graduation/Equivalency	▪ Completed all application requirements by deadline
▪ Official Transcripts on file	



All eligible applicants will be accepted unless the number exceeds space availability, in which case the weighted point system will be used to select students. Students with the highest point totals will be admitted first. If there is a tie among point totals, a random lottery among tied students will be used to determine admission.

Weighted Point System	
Category	Maximum Points Awarded
▪ High School / State GED GPA	20
▪ High School Classes	10
▪ College GPA	20
▪ College Credit Courses	15
▪ Health Related Work Experience	15
▪ Current CPR Card (Infant and Adult)	10
▪ Residency in Okaloosa or Walton Counties	5
▪ Attendance at a Dental Assisting Information Session	5
Total Maximum Points	100



Final Group of Students Attend Orientation

Selection Criteria/Points System

CATEGORY		POINTS AWARDED
HIGH SCHOOL / STATE GED GPA 1 (Unweighted)		
Maximum 20 points		
<u>High School GPA</u>	<u>State GED Composite Score</u>	
3.50-4.00	90 Percentile	20 points
3.00-3.49	80 Percentile	15 points
2.50-2.99	Minimum Passing Score	10 points
HIGH SCHOOL CLASSES		
Maximum 10 points		
Algebra II or higher level math, Chemistry, Biology, Anatomy & Physiology		<u>Grade</u> A – 4 points B – 3 points C – 2 point
COLLEGE GPA 1 (Cumulative Undergraduate College Coursework – All Institutions Attended)		
Maximum 20 points		
3.50-4.00		20 points
3.00-3.49		15 points
2.50-2.99		10 points
COLLEGE COURSES 1,2		
Maximum 15 points		
BSC 1085C-Anatomy & Physiology MCB 2010C-Microbiology HUN 2201-Nutrition		(Any 2) 6 points (All 3) 8 points
Chemistry		3 points
Intro to Health Care-HSA1101		2 points
College Success- SLS1101		2 points
HEALTH RELATED WORK EXPERIENCE 3		
Maximum 15 points		
3 or more years		15 points
1-2.99 years		10 points
Volunteer Work (minimum 100 hours) or work experience(1 month up to .99 years)		5 points
CPR		
Current CPR Card (Infant and Adult)		Maximum 10 points
RESIDENCY & INFO SESSION ATTENDANCE		
Current Okaloosa or Walton County Residency		Maximum 5 points
Dental Assisting Info Session (available online)		Maximum 5 points

1. Points will be awarded for grades, where applicable, on all coursework completed prior to the advertised deadline (see GPA reference on page 43 of the 2005-06 College Catalog).
2. College coursework includes all college and vocational credit courses taken at OWC, and any applicable transfer credit as determined by the OWC College Registrar and posted on the OWC transcript. College Prep or developmental courses will not be included.
3. Verified experience in a direct patient care services environment. (e.g., Dental Assistant, Nursing, Nurses Aide, Medical Assistant, etc.)
4. The online information session can be viewed and points awarded at www.owc.edu/dental.
To receive points in any area, the proper documentation must be submitted and on file in the OWC Registrar's Office.

Dental Assisting Program Curriculum

The following are the required dental assisting courses in the Dental Assisting Curriculum Plan:

Course Number	Course Title	Vocational Credits
Fall Semester		
DEA0020	Pre-Clinical Procedures Theory	2.0
DEA0020L	Pre-Clinical Lab	3.0
DES0400	Dental Anatomy	2.0
DES0130	Dental Materials	1.0
DES0130L	Dental Materials Lab	2.0
DEA0803L	Clinical Practice I	3.0
DES0600	Pharmacology & Dental Office Emergencies	1.0
DES0305	Interpersonal Communications Skills	1.0
DES0840	Dental Science	1.0
Spring Semester		
DEA0830	Expanded Function Theory	1.0
DEA0830L	Skills Seminar	2.0
DEA0852L	Clinical Practice II	5.0
DEA0130	Allied Dental Theory	1.0
DES0502	Practice Management	1.0
DES0210	Dental Radiology	1.0
DES0210L	Dental Radiology Lab	3.0
Summer Semester		
DEA0851L	Clinical Practice III	6.0
DEA0936	Dental Assisting Seminar	2.0
DES0211L	Dental Radiology Lab II	3.0
TOTAL VOCATIONAL CREDITS		41.0

One (1) set of the following sets of college credit courses may be substituted for DES 0840 - Dental Science if they have been completed with a grade of "C" or higher.

Set 1:

MCB 2010C	Microbiology for Allied Health	4.0C
BSC1085C	Anatomy & Physiology	4.0C
HUN2201	Nutrition	3.0C

Set 2:

HSA1101	Introduction to Health Care	2.0C
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To Improve Your Chances of Future Selection

Eligible students who are not admitted will be placed on a waiting list in the order in which their names were drawn in the random lottery. The waiting list will expire at the end of the drop/add period of the first term of the program. After that time, students still seeking admission to the program must reapply in a subsequent admission period.

Students who decline admission, fail to enroll, fail to attend or who fail to satisfy conditions of enrollment as listed on page 6 and who still seek admission to the program must reapply for admission in a subsequent admission period.

For students not meeting the program admission criteria the following services are provided:

Career Assessment

Contact: Career Resource Center, (850) 729-6059.

***Adult Basic Education (ABE)**

ABE classes offer students with academic skills below 9th grade level the opportunity to improve their skills in reading, writing, math, and English. After successfully completing an Adult Basic Education course a student may enter the GED preparation course.

***GED Preparation**

These classes offer students with academic skills at the 9th grade level or above the opportunity to prepare for the GED examination to obtain the State of Florida High School Diploma.

***Adult General Education**

Adult General Education includes Adult Basic Education, English-as-a-Second-Language, GED Orientation, GED Preparation and GED and ABE classes on-line. These courses and classroom instructional materials are FREE of charge to qualified adults age 16 or older. In general, those who have academic skills below the ninth grade level, those who do not have a high school diploma, or those who have a primary language other than English are provided FREE classes and materials.

A tuition fee applies only to students who do not meet fee waiver requirements.

***English-As-A-Second Language (ESOL)**

ESOL classes offer students who have a primary language other than English the opportunity to acquire or improve oral and written English communication skills. Students who complete all levels of ESL course competencies may enter the GED Preparation course and/or college credit classes.

*Contact Nancy Ordonia, (850) 729-6020

Financial Aid, Scholarships, and Grants

Students requiring financial assistance are directed to the Financial Aid office located in Student Services (Building C-1, Niceville Campus).

Completing the Admission Process

Students who have been provisionally admitted to the program must satisfy the following items to ensure final admission to the program. All items must be completed by the stated deadlines.

For Students Notified of Provisional Admittance:

1. Return signed program acceptance form by the deadline date on the acceptance letter.
2. Have a medical examination and a dental examination documented on the Physical/Dental forms provided in the Application Packet. Date of examination must be within one year of the start date of the program.
3. Provide proof of up-to-date immunizations including TB skin test or chest x-ray. Initial documentation of Hepatitis B is acceptable upon entry into program and proof of completion must be provided by the end of program completion or signed declination statement must be submitted.
4. Submit signed Dental Assisting Program Performance Standards Agreement.
5. Provide copy of current CPR card with training in infant and adult with AED training provided by one of the following approved sources:

American Red Cross

CPR for the Professional Rescuer;
Infant and Child CPR; Adult,
Infant and Child CPR; Adult CPR; or Community CPR

American Heart Association

Heartsaver: Heartsaver SED; Heartsaver FACTS; Healthcare Provider; Advanced Cardiac Life Support (ACLS); PBLS Plus (Pediatric Basic Life Support Plus); PALS (Pediatric Advanced Life Support); or BLS Instructor (Basic Life Support Instructor)

National Safety Council (Green Cross)

First Aid CPR: Infant and Child CPR: Adult and Child CPR; Standard CPR; or Professional Rescuer CPR

American Safety and Health

Institute
CPR Pro

Medic First Aid

Basic Life Support for Professionals

Canadian Red Cross

CPR-Level C or CPR for the Professional Rescuer

6. Complete the Hogan Personality Inventory Test (for advising purposes only) Call (850) 729-5227 for testing appointment.
7. Attend Orientation and process registration.

**VOCATIONAL CERTIFICATE PROGRAM
Okaloosa-Walton College
Niceville, Florida**

DENTAL FORM

PATIENT'S NAME _____

RESULTS OF EXAMINATION _____

FOLLOW-UP _____

Dentist (Please Print)

Signature

Date

To be completed prior to first clinical class of the enrollment term if accepted into the program.

TO PHYSICIAN OR NURSE PRACTITIONER: Each item on the pre-entrance medical form must be completed.

PHYSICAL EXAMINATION (Physician or Nurse Practitioner)

Student Name _____ D.O.B. _____ Height _____ Weight _____

General State of Health _____

Vital Signs: Temp _____ Pulse _____ Resp _____ B/P _____

Nutritional Status _____

Mental Status _____

Skin (color, turgor, scars, hair, nails) _____

Head (address neurologic status) _____

Eyes, Ear, Nose, Throat (describe vision/hearing/teeth) _____

Lungs _____

Heart (rhythm, murmur, rub) _____

Back _____

Abdomen _____

Musculoskeletal _____

Genitourinary (please include menstrual history, bowel/bladder problems) _____

IMMUNIZATIONS (If not performed at the time of the physical exam, documentation is required):

	Disease/Date	Vaccine/Date	Titer/Result
Polio	_____	_____	_____
Mumps	_____	_____	_____
Rubeola (measles)	_____	_____	_____
DPT (Diphtheria, Pertussis, Tetanus)	_____	_____	_____
Chickenpox (Varicella)	_____	_____	_____

PPD or Tine Test

_____ PPD _____ TINE Date: _____
(must be within the last 6 months)

If positive, or if student has received BCG, date of last chest X-Ray: _____

Childhood immunizations must be current. If not, you will need measles/rubella vaccine or titer and diphtheria toxoid (DT) or tetanus toxoid. If you have not had chickenpox you must have a titer done. PPD or chest x-ray must be current within last six months.

The Center for Disease Control is recommending that students have an updated measles, mumps, and rubella vaccination or be considered immune. Women of child bearing age must not take the rubella vaccine if there is any chance that she may be pregnant. In addition, she must not become pregnant within 3 months after receiving the rubella vaccine. Proof of disease by Rubella Titer is the safest way to prove immunity to rubella. Please indicate proof of immunity to rubella by one of the following:

1. Dates of 2 vaccinations after 1st birthday _____ and _____ OR
2. Physician documentation of disease (physician signature & date) _____ OR
3. Rubella Titer: Date _____ \ Results _____ OR
4. Birth after 1957 (list DOB) _____

HEPATITIS B VACCINE: All students must document evidence of immunity to Hepatitis B by titer or a series of 3 immunizations. (If receiving immunizations, student must begin the series by date of entry into Dental Assisting).

1. Titer: Date _____ \ Results _____ OR
2. Date of immunization and initials of administering personnel:

1 st Injection	Date	Initials & Title
2 nd Injection	Date	Initials & Title
3 rd Injection	Date	Initials & Title

Tuberculin Test or Chest X-ray: Date _____ \ Reaction-Results _____
 Hemoglobin or Hematocrit _____

NOTE: If elevated temperature above 99 degrees F, obtain WBC

Hepatitis B Declination Statement

I understand the risk/benefits of the Hepatitis B vaccine as explained to me by: _____

 and decline the vaccine series.

 Signed

 Witnessed

Certificate of Good Physical and Mental Health and Latex Exposure Counseling Statement

I hereby certify that _____ has been examined by me on _____ and is found to be in good physical and mental health and is able to undertake the training of this program. In addition, the individual has been advised of exposure to latex/latex-based products in health care environments and the associated potential health risk for individuals with sensitivities or allergies.

In my professional opinion through physical examination and consultation, I find no apparent reason why the individual could not perform the program standards as stated.

 Examiner's Signature

 Examiner's Name (print)

Licensed as a (circle one) MD

DO PA ARNP

License Number: _____

State/Country Licensed: _____

Telephone: () _____

Address: _____
 Street

 City State Zip Code

I attest the information above is accurate to the best of my ability to determine.

 Signature of physician or nurse practitioner

 Date

Address _____

**OKALOOSA-WALTON COLLEGE
HEALTH TECHNOLOGY PROGRAMS
APPLICATION FOR ADMISSION**

APPLICATION MUST BE SUBMITTED BY PROGRAM APPLICATION DEADLINE

PLEASE TYPE OR PRINT LEGIBLY

NAME _____ OWC ID _____

NO. _____
 LAST FIRST MI MAIDEN

MAILING ADDRESS _____

Street City State Zip
 HOME PHONE _____ WORK PHONE _____ CELL PHONE _____ EMAIL _____

CURRENT PLACE OF EMPLOYMENT: _____

EMERGENCY CONTACT _____

NAME RELATIONSHIP PHONE NO.

I am applying for: **(Check all programs you are applying for – submit only 1 application)**

____ Nursing (AS/RN) ____ Nursing (LPN Bridge to RN) ____ Dental Assisting ____ EMT
 ____ Radiography ____ Paramedic ____ Surgical Technology

Are you: ____ A beginning student ____ A transfer student

If transfer student: Program area previously enrolled in _____ Dates of attendance _____

Name/location of School _____

Reason for leaving program _____

Do you currently have a CPR card? No ____ Yes ____ (Attach copy of card, if “yes”)

Are you currently enrolled at another institution? No ____ Yes ____ (If yes, where? _____)

PREVIOUS EDUCATIONAL BACKGROUND

Name of School	City/State	Dates of Attendance	Diploma/Certif/ Degree Received	Major Area of Study
High School or GED				
College or University				

LICENSE CERTIFICATION – Complete this section if you are currently licensed or hold certification in applicable area

Certification or License	Issued by Which State Agency	License Number	Date Issued	Expiration Date

The following items must be sent to the OWC Office of Enrollment Services no later than the application deadline.

- ____ OWC admissions application and residency documents
- ____ Official college transcripts from all institutions previously attended, including AP and CLEP credits
- ____ Official high school transcript or GED certificate or score report, as applicable
- ____ Verification of all testing (FCPT, TABE, HPI) and completion of all college prep courses as applicable to the program.
- ____ Verification of OWC orientation completion – complete online at www.owc.edu/orientation
- ____ If you are transferring from another program, letter from former program director verifying good standing

I attest that the information provided on this application is true and accurate. I understand that any falsification of information invalidates my application. I understand that I am responsible for submitting all of the above information and any omission may result in denial of my application.

Applicant Signature _____ Date _____

Submit application to OWC Health Technology Department by mail (must be postmarked by application deadline), fax, or in person to:

OWC, Health Technology Department, Building E, 100 College Boulevard, Niceville FL 32578 FAX: (850) 729-6484

Office Use Only Admission Year _____ Application Expires: _____ to be completed by **Technology Department**

**HEALTH RELATED WORK AND/OR VOLUNTEER EXPERIENCE
RELEASE OF INFORMATION CONSENT
COMPLETE THIS SECTION ONLY IF YOU ARE APPLYING FOR DENTAL ASSISTING, SURGICAL TECHNOLOGY,
OR PARAMEDIC**

Please complete if you have been previously enrolled in a health related program at another college/university OR if you have been employed or performed volunteer work in a health related area.

APPLICANT'S NAME (Please print)

I, hereby, authorize the release of information related to my previous performance as a student in other health-related programs and/or employment records from the employers listed below to the Director of the Health Technology Department at Okaloosa-Walton College.

Signature _____ DATE _____

Employer _____ Phone No. _____ Ext. _____

Mailing Address

Zip Street City State

Supervisor's Name _____ Title _____

Dates Employed: From _____ To _____ Full Time _____ Part time _____ Job Title _____

Job Duties

Signature of Employer/Supervisor _____ Date _____

Employer _____ Phone No. _____ Ext. _____

Mailing Address

Zip Street City State

Supervisor's Name _____ Title _____

Dates Employed: From _____ To _____ Full Time _____ Part time _____ Job Title _____

Job Duties

Signature of Employer/Supervisor _____ Date _____

Employer _____ Phone No. _____ Ext. _____

Mailing Address

Zip _____ Street _____ City _____ State _____

Supervisor's Name _____ Title _____

Dates Employed: From _____ To _____ Full Time _____ Part time _____ Job Title _____

Job Duties

Signature of Employer/Supervisor _____ Date _____
(Attach duplicate forms as needed)