

## **Dental Assisting Program Application Fall 2024**

## **Forms Packet**

FURI	11 CONDITIONS FOR APPLIC	ATION								
	Complete all portion	ns of this form as directed. List name as in	ndicated in myLane							
L# L_	FIRST	LAST								
E-mail	l - required	1 <sup>st</sup> – Phone-	2 <sup>nd</sup> Phone							
	All courses were taken at LCC									
	Official Transcripts from other colleges have been submitted to Lane Enrollment Services – Attention: HP Transcript – Lane Community College - 4000 East 30th Ave, Eugene, OR 97405									
Applic	cation Conditions and Program P	rogression Completion Requirements								
In subi	mitting my DA program application	by email to HPApplicationCenter@lanecc.ed	<u>ı</u> , I affirm the following:							
•	• • • •	ses at Lane Community College, aled transcripts from colleges other than Lane	to Lane Enrollment Services.							

- I have completed the LCC Credit Admission process and have an L number. **OR** I have previously taken credit classes at Lane and have an L number.
- I have completed the Dental Assistant On-line Admissions Application & Payment process, including paying the \$35 non-refundable application fee.
- I understand all information in the Fall 2024 Dental Assistant Application Information Packet. I am NOT considered an applicant to the program unless all documentation and required forms are completed and submitted according to application instructions prior to the application deadline.
- My application will not be returned and I am responsible for making a personal copy.
- I have read the Fall Enrollment Requirement Section and understand I must attend the mandatory orientation and comply with all other enrollment requirements if I am accepted or considered a program alternate.
- I am a current resident of the State of Oregon and my current Oregon address is listed in myLane, **OR** I have an F1 Visa and a copy is included with my application.
- I understand it is my responsibility to complete all program requirements for certificate completion.
- I understand I must successfully complete all DA prerequisite courses before Fall term 2024 to enter the program.
- I hereby attest that all application information and documentation I have submitted in this packet is accurate and authentic.

Be sure to use the latest version of Adobe Reader to complete this form and submit as a fillable pdf form. Forms 1 and 2 that are submitted scanned, via Google docs, handwritten or delivered in person will not be accepted. Macintosh users - do not use "Preview" to view or complete this Form. Set Adobe Reader as the default PDF reader http://get.adobe.com/reader/

Submit the Application Packet to a new Lane **Application Portal**, along with all supporting documents by the deadline.

Label all uploaded docs as:

DA2024\_LastName LNumber

- Submit all non-Lane transcripts to Enrollment Services.
- Application fee is paid via the application portal.
- Be sure to click the final SUBMIT button.

For Questions—Email:

HPApplicationCenter@lanecc.edu

FORM 2 POINT PETITION SHEET  Lane DA Fall 2024  See 2024 Dental Assistant Application Information Packet for application requirements and for			Courses <u>must meet</u> minimum credit requirement shown and <u>may not</u> exceed maximum credit shown.  Enter grade point values in the right hand 'Points'						
Course Equivalency & Transfer requirement			column. <b>C-</b>				na i oints		
For points: courses must be completed and transcripted prior to application.	Course # & School Required or Enter N/A	Term/ Year	# Credits	Grade C	Grade B	Grade A	Indicate Points Earned		
	Entry: These courses must be completed pri		ntry if acce	oted to th	e progra	т.			
•	placement testing must be within the last 1 y	rear							
MTH 052, or higher (4 Cr or more),				6	9	12			
OR tested into MTH065, or higher			N/A	N/A	N/A	12			
Item 2: Writing Requirement: Choice of O	NE of the writing courses below.	-							
WR 115, WR 121, WR 122, WR 123				6	9	12			
(3 /4 Crs.)									
OR Prior Bachelor's degree, must			N/A	N/A	N/A	12			
appear on a submitted transcript Item 3: Choice of DA 110. OR both HP co	ourses OR both BI courses: within the last	7 vears							
	n of 12 points for this item. Submit points fo		urse taken	in a spe	cific sec	uence.			
DA 110 <b>OR</b>				6	10	12			
HP 150 (3 Cr) <b>AND</b>				3	5	6			
HP 152 (3 Cr) <b>OR</b>				3	5	6			
BI 231 (4 Cr) <b>AND</b>				3	5	6			
BI 232 (4 Cr)				3	5	6			
Part 2B. Recommended Additional Cours	ses additional admittance points given								
ltems 4: Medical Terminology, Health Off	fice Procedures and Effective Learning O	ptions:							
HP 100 (3 Cr)				4	8	10			
HP 110 (3 Cr)				2	6	6			
EL 115 or EL 115H or EL 115R (3 Cr)				2	6	6			
CS 120 (4 Cr) or CIS 101 (4Cr.)				2	4	4			
-			Total	Course	Points	Earned			
Part 2C. Additional Points.									
Prior college degree: Associate, bachelors,	masters, or higher. Transcript must indicate	degree gra	nted.	= 3 p	ts				
Military Service: Must provide copy of DD-214. Current or Veteran with Honorable Discharge. = 2 pts									
Paid Dental Work Experience: Must be verif	fied by pay stubs or W2s. Submit documenta	ition: 415 h	ours or mor	e. =6	ots				
Dental Assisting Clinic Observation: 6 hours total. Submit signed documentation form. = 3 pts									
Basic Healthcare Certificate. Lane transcrip		= 2 pts							
Indicate	<b>Total Points for Course Completion a</b>	nd Addit	ional Poin	<b>ts</b> (Poin	ts Possi	ble 78)			
Part 2D. Interview Points									
	e invited to a scored interview to assess prog dded to the point total above to determine pla								
	nold will disqualify the applicant for this appli	cation year	. Failure to	attend the	e schedu	led			
interview will forfeit your application. <b>The In</b>	terview portion will NOT be held in 2024.			0.00					
D					<b>Jse:</b> Tota				
be sure to do the Unline Application a	and Payment Process to complete your fi information that didn't fit into spaces p	-		ne DA Pi	rogram.	LIST any	additional		