APPLICATION REQUIREMENTS

This is a limited access program that admits 12 students in the fall of each year. Application packets will be available the 2nd week in January and the deadline to return completed applications will be the 2nd Friday in April.

In addition to the admission requirements of the College, the following are requirements for admission to the Dental Assisting Program:

1. College Entrance Testing (SFSC Testing Center is in Building B, Room 255; Telephone: 863-784-7214 or 7114):
   a. Students must have ONE of the placement tests scores with minimum scores from any combination of the following:
      See Allied Health Advisor in Advising and Counseling Department for appropriate range of scores.
      1. TABE (Recommended)
         …OR…
      2. CPT
         …OR…
      3. ACT
         …OR…
      4. SAT
         …OR…
      5. CLAST (passing grade)
         …OR…
   b. Students must have already taken and passed Freshman English I, ENC 1101 and Prep Algebra, MAT 0024, with a C or higher. These courses can be taken in high school as dual-enrollment.
      … OR…
   c. Have an A.A., A.S. or higher

2. Competency in basic computer skills.
   a. This competency must be demonstrated before a student is accepted into the Dental Assisting program.

3. A completed application for the Dental Assisting Program (A separate application is required for admission to the College.)

SELECTION CRITERIA

Specific criteria are used when selecting students for the Dental Assisting Program. Criteria are:

1. Applicants must have a college degree, high school diploma, OR GED.
2. Applicants must have been residents of Highlands, DeSoto, Hardee, and Polk County for one year immediately prior to the time of application. Documentation is required.
3. Submission of completed medical/dental history examination. A form is provided in the acceptance packet.
ADMISSION PROCEDURES

Applicants are responsible for following the admissions procedures and for ensuring that their records are complete in the admissions office. **No application will be considered unless it is complete.**

1. The following should be submitted to the College Admissions Office (Building B) prior to applying to the Dental Assisting Program:
   a. Completed College Application
   b. OFFICIAL high school or GED transcript
   c. OFFICIAL transcript from EACH college attended for credit courses
   d. College placement test scores

2. The following should be submitted to the Allied Health Advisor (Advising and Counseling Department) when applying to the Dental Assisting Program:
   a. An application for the Dental Assisting Program. Applications will be considered up to the day **before** the student orientation in August; however, applications received by 2nd Friday in April are given priority.
   b. Copy of CPR certification (a CPR course will be offered prior to the fall semester).

3. All applicants will be notified of their status by mail after ALL eligible applications have been reviewed.

SELECTION PROCESS

1. Applicants meeting the minimum application requirements will be considered for admission into the program on a **first-come, first-served basis.**

2. In cases where all credentials are equal, the following criteria will be used in the noted sequence to determine who will be admitted into the Dental Assisting Program:
   a. Previous degree(s)
   b. Date of receiving application

3. Notification of acceptance into or rejection from the fall class will occur immediately upon receipt of qualified applications, and continue up to the day **before** the student orientation in August.

The Dental Assisting Program is a limited enrollment program.

UPON NOTIFICATION OF ADMISSION, STUDENTS ARE REQUIRED TO COMPLETE THE FOLLOWING PRIOR TO THE START OF THE FALL SEMESTER

1. Completion of a medical/dental examination and a record of immunizations from a licensed physician or nurse practitioner. A form will be provided upon notification of admission.

2. A Florida Department of Law Enforcement background check. (Form to be provided upon notification of admission.)

**NOTE:** Failure to complete these requirements will result in loss of eligibility for admission to the Dental Assisting Program.

ADVANCED STANDING

Applicants to South Florida Community College’s Dental Assisting Program who have attended a Dental Assisting Program at an accredited community college or university in the State of Florida **MAY** be admitted to the Dental Assisting Program with advanced standing credit. The Dental Assisting Program Coordinator determines if the course or courses (whether from a State of Florida Dental Assisting Program or an out of state Dental Assisting Program) are the same in content and credit hour(s) as those offered at South Florida Community College. A grade of “C” or higher must be earned for each course equivalent. A maximum of 488 vocational contact hours of transferable Dental Assisting courses will be accepted. However, student must attend a minimum of 1 semester of Dental Assisting courses must be completed in residence in classroom and clinical activities at the College.
GENERAL INFORMATION

1. South Florida Community College reserves the right to deny admission to any applicant who demonstrates the lack of required qualifications for the Dental Assisting Program.
2. Applicants must reapply if they wish to be considered for a subsequent class. Each class is selected from the new applicant pool.
3. South Florida Community College provides equal access to education programs to all, regardless of gender, race, religion, age, national origin, marital status, or disability.
4. The College adheres to federal and state laws controlling equal access/equal opportunity.
5. Non-smoking -- while being a non-smoker is not one of the criteria for admission to the Dental Assisting Program at SFCC, candidates who smoke are strongly encouraged, because of the responsibilities of health care providers, to consider a smoking cessation program.
6. Smoking is not permitted in the Dental Education Center.
7. All applicants should understand that completion of all of the application requirements does not guarantee acceptance into the Dental Assisting Program.
8. Students are expected to be punctual in attending every lecture, laboratory, clinical session, and off campus rotation.
9. Students with excessive absences will be dropped from the Dental Assisting Program (excessive absences are defined as being absent from 10% or more scheduled class contact hours with an average less than 75%, or being absent from 15% or more scheduled class contact hours regardless of the grade).
10. If applicants have life or health conditions that might hinder attendance, they may wish to consider another program or delay application until a strong commitment to attendance can be made.
11. Criminal Background Check - While a criminal history may not prevent entry into the Dental Assisting Program, an official criminal history background check will be required of each student. Some of the major providers of clinical experiences for students do not allow students with certain types of criminal history to participate in their facility. This fact may be cause for denial of entry into the Dental Assisting Program because the student cannot successfully complete clinical portions of the Dental Assisting Program.

PERFORMANCE STANDARDS (For Admission, Progression, and Graduation in the Dental Assisting Program)

Successful participation and completion of the Dental Assisting Program requires that a candidate be able to meet the demands of the program. Dental Assisting students must be able to perform academically in a safe, reliable and efficient manner in classrooms, laboratory and clinical situations. The student must demonstrate behaviors, skills and abilities to be in compliance with legal and ethical standards as set forth by the American Dental Assistant’ Association Code of Ethics and the American Dental Association Commission on Dental Accreditation.

Throughout the program, students acquire the foundation of knowledge, attitude, skills and behaviors that are necessary to function as a Dental Assistant. Those abilities that the Dental Assistant must possess to practice safely are reflected in the standards that follow. Candidates for the degree must be able to meet these minimum standards, with or without reasonable accommodation, for successful completion of degree requirements.

CRITICAL THINKING

Demonstrates critical thinking ability sufficient for clinical judgment and problem solving.

EXAMPLES:
- Applies critical thinking processes to their work in the classroom and various clinical settings.
- Exercises sound judgment in class, laboratory and clinic situations.
- Follows safety procedures established for each class, laboratory and clinic.
- Demonstrates ability to self evaluate.
- Demonstrates ability to identify problems and offer possible solutions.

INTERPERSONAL

Demonstrates the ability to relate to other people beyond giving and receiving instructions. Cooperates with others.

EXAMPLES:
- Demonstrates interest in classmates, staff, patients, and faculty.
- Demonstrates ability to cooperate with others and works as a team member.
- Demonstrates ability to maintain poise and flexibility in stressful or changing conditions.
- Demonstrates ability to establish rapport and working relationship with colleagues and patients.
- Recognizes and responds appropriately to individuals of all ages, genders, races, socioeconomic, religious, sexual preferences, and cultural background.
COMMUNICATION
Demonstrates the ability to communicate clearly with patients/clients, physicians, other health professionals, family members, significant others, caregivers, community or professional groups, and colleagues. Communication includes: speech, language, nonverbal, reading, writing and computer literacy.

EXAMPLES:
- Reports clearly and legibly through progress notes in patient’s charts.
- Participates in group discussions to deliver and receive information and responds to questions from a variety of sources.
- Explains treatment, preventive procedures, and disease process to patient and/or caregiver.
- Communicates with patient and faculty regarding patient care and referrals.

MOTOR SKILLS
Demonstrates the ability to execute motor movements reasonably required to provide general and emergency care and treatment to patients/clients.

EXAMPLES:
- Moves around in classroom, laboratory, and clinical operatory.
- Moves to and from sterilization, reception room, business office, x-ray rooms and clinical operatories.
- Provides for patient safety and well being in positioning of dental chair, dental light and x-ray equipment.
- Exhibits sufficient manual dexterity to manipulate small and large equipment.
- Performs Dental Assisting instrumentation with hand instruments.
- Performs expanded duties.
- Performs CPR.

HEARING
Demonstrates functional use of hearing to monitor and assess health needs.

EXAMPLES:
- Demonstrates ability to obtain appropriate information from instructors and classmates in laboratory settings and examinations.
- Demonstrate ability to ascertain a patient experiencing a medical emergency.
- Demonstrates ability to obtain appropriate medical history and data collection directly from the patient or guardian.

VISUAL
Demonstrates visual acuity and perception sufficient for observation and assessment.

EXAMPLES:
- Demonstrates ability to observe lectures, and laboratory demonstrations.
- Receives information via observation, assessment and evaluation of oral tissues in regards to normal and abnormal conditions.
- Observes patient’s response to care and assesses and evaluates level of oral Assisting.

TACTILE
Demonstrates tactile abilities sufficient to gather assessment information and provide intervention.

EXAMPLES:
- Demonstrates ability to detect calculus and evaluate debridement.
- Demonstrate ability to palpate soft tissue and detect patient’s pulse.

SELF CARE
Maintains general good health and self care in order not to jeopardize the health and of self and individuals with whom one interacts in the academic and clinical setting.

EXAMPLES:
- Maintains personal hygiene.
- Demonstrates safety habits and safety work area neatness.
- Maintains a healthy lifestyle.

**INTELLECTUAL ABILITIES**
Demonstrates ability to read, write, speak, and understand English at a level consistent with successful course completion and development of a positive patient-student relationship.

EXAMPLES:
- Demonstrates ability to comprehend and follow verbal and written instruction.
- Demonstrates ability to perform simple and repetitive tasks.
- Can learn to reconcile conflicting information.
- Written communication: Demonstrate ability to use proper punctuation, grammar, spelling; work is neat and legible.

**COMMITMENT TO LEARNING**
Demonstrate a positive attitude towards decision-making, policies, and operating methods, rules, etc.

EXAMPLES:
- Complete reading assignments and other activities outside of class.
- Demonstrates initiative, motivation and enthusiasm.
- Demonstrates ability to complete all work without evidence of cheating or plagiarism.
- Attends all class, laboratory, and clinicals assigned.
- Is consistently punctual to all classes, laboratories, and clinical assignments.

**AFFECTIVE LEARNING SKILLS (behavioral & social attitudes)**
Demonstrate appropriate affective behaviors and mental attitudes in order not to jeopardize the mental, emotional, physical, and behavioral safety of clients and other individuals with whom one interacts in the academic and clinical setting. Acknowledges and respects individual values and opinions in order to foster harmonious working relationships with colleagues, peers, and patients/clients.

EXAMPLES:
- Demonstrates ability to sustain the mental and emotional rigors of a demanding educational program, which includes academic and clinical components that are presented within set time constraints.
- Demonstrates willingness to accept challenges.
- Open to feedback.
- Listens actively.
- Follows guidelines and rules for the program and College.

If a student cannot demonstrate the skills and abilities identified above, it is the responsibility of the student to request an appropriate accommodation. The College will provide reasonable accommodation as long as it does not fundamentally alter the nature of the program offered, and does not impose an undue hardship such as those that cause a significant expense, difficulty, or are unduly disruptive to the educational process.
PLEASE PRINT OR TYPE ALL ENTRIES:

Name: ______________________________________________________________________________________

Last          First          Middle

Mailing Address: ______________________________________________________________________________

PO Box or Street       City       State       Zip Code

Home Telephone: _________________________

SFSC Student ID#: ________________________________       Work Telephone: ________________________

Date of Birth: ________________________________       Cell Phone: _____________________________

Email: ______________________________________________________________________________________

Emergency Telephone: _______________________

Place number in the box below in order of preference.

Nursing  Dental  EMS  Radiography

☐ RN       ☐ Hygiene       ☐ EMT       ☐ Radiography

☐ LPN       ☐ Assistant       ☐ Paramedic

☐ Transition

Certificate Programs

☐ Phlebotomy       ☐ Medical Assisting       ☐ EKG       ☐ Nursing Assistant

Please list reason(s) for applying to the program(s).

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

I certify that all information on this application is correct. I understand that it is my responsibility to provide all necessary documentation required to process this application, including proof of residency and official transcripts.

Signature of Applicant _______________________       Date ____________

VERIFICATION OF TIME SPENT OBSERVING OR WORKING
IN A DENTAL OFFICE OR CLINIC
(This sheet may be copied, but must be returned with the application)

APPLICANT

LAST NAME ___________________________________________  FIRST NAME ____________________________

MI _____________________________

I verify that the above named applicant has

☐ Observed  ____________ Years ____________ Months ____________ Days

☐ Been Employed  ____________ Years ____________ Months ____________ Days

(A minimum of 16 hours is required)

NAME OF DENTIST, DENTAL PRACTICE OR CLINIC

_________________________________________________________________________________

PRINT NAME OF VERIFYING DENTIST

_________________________________________________________________________________

SIGNATURE OF VERIFYING DENTIST

____________________________________

LICENSE NUMBER

_________________________________________________________________________________

STREET ADDRESS OF DENTIST OR DENTAL PRACTICE OR CLINIC

_________________________________________________________________________________

CITY ____________________________  COUNTY (STATE IF NOT IN FLORIDA) ___________  ZIP ____________

Complete and return the application, health questionnaire, and verification of dental experience to

South Florida State College
Department of Dental Education
600 West College Drive, Avon Park, FL 33825

Questions? 863-784-7290

South Florida Community College is an Equal Access/Equal Action/Affirmative Action Institution