

FOOTHILL COLLEGE DENTAL ASSISTING APPLICATION

NAME: _____
Last First Middle

Foothill Student **CWID Number (required):** _____

If you don't have a FH ID number, you will need to register at: <http://www.foothill.edu/admissions.php>

There is no cost involved to register for the college.

Please list any other name(s) by which you have been known:

_____ City State Zip

_____ Home Phone Cell Phone

Valid Email Address: _____

Have you previously applied to the Foothill College Dental Assisting Program? Yes No

Indicate year(s) of previous applications: _____

PRIOR EDUCATION

High School from which you graduated: _____ Year: _____

(If you received your HS Diploma/degree outside of the United States, please indicate the City and Country where you've received it)

_____ City Country

Do you have a high school diploma? Yes No

If no, do you have any of the following?

a. GED certificate Yes No

b. High school diploma outside the U.S. Yes No

Please list the name, starting and ending dates, and any degrees or certificates, for **all** colleges, universities, technical and vocational schools attended. You must include colleges in which courses were attempted although they may not have been completed: **Do not leave this area blank if you attended any school/college after high school.**

	Name of School/College	City and State	Dates Attended	Degree/s Received
1				
2				
3				
4				
5				
6				



**TECHNICAL STANDARDS FOR THE FOOTHILL COLLEGE
DENTAL ASSISTING PROGRAM**

The following statements identify the technical standards needed for the dental assistant and for students enrolled in the Foothill College Dental Assisting Program.

The Dental Assistant/student must possess sufficient strength, motor coordination and manual dexterity. Please answer the following questions.

Do you possess sufficient finger dexterity and eye/hand coordination to perform large and small motor coordination?	Yes <input type="radio"/>	No <input type="radio"/>
Are you able to perform skills related to emergency procedures?	Yes <input type="radio"/>	No <input type="radio"/>
Are you able to communicate both verbally and non-verbally in an effective manner to explain procedures and give instructions?	Yes <input type="radio"/>	No <input type="radio"/>
Are you able to understand and react quickly to verbal instruction?	Yes <input type="radio"/>	No <input type="radio"/>
Do you possess eyesight capable of viewing small visual images, and distinguish between black, white, and subtle shades of grey?	Yes <input type="radio"/>	No <input type="radio"/>

If you cannot perform one or more of the technical standards identified above, you will have difficulty performing the jobs required of a dental assistant. **Please explain any difficulties you might have below.**

If you're unable to obtain any transcripts, please explain why. Or, if there is anything else you'd like to include with your application you're welcome to type it below or attach any pdf document on the Checklist page.

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

Are you interested in receiving ONLY the certificate in Dental Assisting? Yes No

Have you completed your college's General Education Requirements? Yes No In Progress

(You must complete them to be eligible to receive a Dental Assisting Associate's Degree.)

DENTAL ASSISTING APPLICATION CHECKLIST

✓	Please make a ✓ or attach the documents in the available box/es to insure you have completed everything in your application. Note: the documents you upload must be PDF files.
<input type="checkbox"/>	I fully read the Dental Assisting Online Application Instructions before applying. (Required)
<input type="checkbox"/>	I accurately filled the Dental Assisting Online Application. (Required)
<input type="checkbox"/>	I am able to comply with the technical standards and I understand that failure to perform any of these standards may be cause for action by the program in accordance with the policies and procedures of the Dental Assisting Student Handbook, including dismissal. (Required)
<input type="checkbox"/>	If accepted into this program, I will abide by all the program policies and procedures. I certify that the statements and information in this application are true and complete to the best of my knowledge. (Required)
<input type="checkbox"/>	If I am accepted and enroll in the program, I understand that I need to order and send official electronic transcripts or bring official transcripts to Foothill College Admissions and Records by October 1. The transcripts should be sent directly to Foothill College Admissions and Records. (Required) Note: Those with an A.S./A.A./B.S./B.A. degree don't have to submit High School Transcripts. If your transcripts are unavailable, please include a short explanation on page 2. You don't have to order Foothill and De Anza college transcripts. If your college does not offer official electronic transcripts, please order official transcripts and have them mailed directly to Foothill College Admissions and Records.
	Other: Attach any other documents that may need to be considered with your application, such as: certificate of graduation from a country outside the U.S., or other foreign documents or transcripts.

Please review your application thoroughly, before signing it.

Signing the application will submit your _____ application.

To submit your application, please sign it. No changes will be allowed after you have signed the application. Applicants may submit one application per year. Please make sure to review your application thoroughly, for accuracy. This is very important.

You will be emailed a copy of the application, for your records. Please review the email you have provided.

My signature verifies the accuracy of my application:

Signature Printed Name Date