Application for Dental Assisting Program

*Answers should be typewritten or printed in black or blue ink. Please limit responses to space provided.

Student ID if applicable_____   Date Submitted _____

This application is for: **Fall (Day) Start**_____   **Spring (Evening) Start** _____

Name: _____
             Last   First   Middle

Address: _____
                 No. & Street   City   State   Zip

Phone # (   ) _____ Cell Phone # (____) _____

Email _____Soc. Sec. #_____ Date of Birth ____/____/____
Students will only be notified of their status by email. Please print clearly

Legal Resident of**:** _____
                            State   Country   Citizenship

Optional:

Ethnicity Background _____Asian/Pacific Islander _____African American _____Caucasian, Non-Hispanic

_____Hispanic   _____Native American   _____Other

Gender: M/F   Age_____

Colleges Attended: (Most recent listed first) Please list City & State	School	From	To	GPA	Degree	

Are you a U.S Veteran or spouse of a U.S. Veteran? _____No _____Yes **(must provide a copy of DD214)**

List: Honors or Special Achievements and the year received

_____

_____

Have you previously been accepted to a Dental Assisting Program: YES / NO
If yes, please list school, year of acceptance, and any courses completed:

_____

_____

How did you hear about WEST's Dental Assisting Program? (Check all that apply)
_____Through a friend/another dental assistant/dentist   _____WEST Dental Assisting brochure
_____Through a graduate from our program   _____High School Counselor/Career Day
_____ Allied Health Office   _____Advertisement (movie, newspaper etc)
                                                _____Website
Other_____

Indicate any experiences that would demonstrate your ability to work with your hands

_____

_____

_____

_____

Indicate any experiences that would demonstrate your ability to work effectively with people

_____

_____

_____

_____

Financial Aid:
Requested financial aid ( ) YES   ( ) NO   Receiving financial aid ( ) YES ( ) NO

Indicate your plans upon graduation from the Dental Assisting Program
_____ Private Practice   _____Specialty Practice   _____Dental Hygiene   _____Teaching
_____Dental School   _____AS Degree completion   _____Military   _____Other

CHECKLIST

The following checklist was designed to assist you in the application process. Please follow it very carefully. **Early application is advised as class is limited. Please check the items below that you have included and/or review the information as stated with this application.**

Application to the college/Financial Aid
✓ If an applicant is not a current WLAC student (i.e., you have not been enrolled in classes within the past two semesters), the applicant must submit an online application to West Los Angeles College. For assistance, please contact (310)287-4501.
✓ Apply to Financial Aid

Application to the Dental Assisting Program
✓ Complete an application to the Dental Assisting Program and provide a copy of unofficial transcripts.
✓ Applications are accepted before **April 1st (Fall start) or November 1st (Spring start)**.
✓ Official Transcripts should be sent to:

> West Los Angeles College
> Attn: Admissions & Records
> 9000 Overland Ave.
> Culver City, CA 90230

Schedule an Appointment
Once you have filed both applications and have been accepted by WLAC for admission and your transcripts are on file, schedule an appointment with a counselor (310) 287-7242.

Registration
Upon acceptance into the Dental Assisting Program, you will receive a specific packet with detailed registration information. For more information specific to the registration process contact (310)287-4464

Blood Borne Pathogens
In accordance with standard 5.1 as set forth by the American Dental Association Commission on Dental Accreditation and in an effort to minimize risk to student and staff, we strongly encourage that all students obtain immunization against infectious diseases (mumps, measles, rubella, TB, and hepatitis B). Each student accepted into the program must have completed and returned the WEST Health Clearance form prior to the first day of classes in the first semester. Additional information is available upon request in the Allied Health Office MSB 100.

Additional Program Cost
If accepted into the Dental Assisting program, I understand that there will be additional cost to enrollment in the Dental Assisting Program in additional to tuition, parking, health fees, etc., that include but not limited to:
- Instrument kits (Est. $1,300)
- 3 Sets of Uniforms (Est. $75)
- Books (Est. $150)
- Immunizations/Health Form requirements (est. $126-442, depending on need)
- Licensing applications fees (Est. $500)
- Background Check / HIPAA (Est. $75)
- Livescan (Est. $60)
- Misc. (Est. $ 200).
    - ❖ **It is recommended that you apply for financial aid early**

☐ **CPR (Cardiopulmonary Resuscitation)**

 Each Student accepted into the Dental Assisting program must provide proof of and maintain a current CPR/Basic Life Support card. (can be taken in program)

☐ **Driver's License/CA identification/Student ID**

Each student accepted into the Dental Assisting program must provide a copy of his or her driver's license or ID and a copy of your current student ID

☐ **High School Graduation/Equivalency & Math/English Assessment**

A proof of high school graduated level Math and English skill. Must submit the college assessment examination offered in the Student Assessment Center.