



# Application to the Dental Assisting Program

## Phoenix College

### Department of Dental Programs

1202 W. Thomas Road

Phoenix, AZ 85013

602-285-7324

**Complete and submit application to: Phoenix College Allied Health Advisor in the PC One Stop Center**

*To be considered for entry into the program, your application must be received or postmarked by the application deadline. Program acceptance is determined by the date the **complete** application is received. All applicants will receive an email from the department confirming receipt of their application.*

**Check enrollment preference:**

Fall - August   
Due **March 1**

Spring - January   
Due **October 1**

Name: \_\_\_\_\_  
(last) (first) (middle)

Former name (s) (maiden) that may identify transcripts: \_\_\_\_\_

Maricopa Student ID #: \_\_\_\_\_ Phone Numbers (s): cell: \_\_\_\_\_

Permanent Address:

\_\_\_\_\_  
(street) (city) (state) (zip)

Maricopa E-mail Address: \_\_\_\_\_

#### Education:

**List the name and location of each college attended and attach an unofficial transcript from each:**

**\*Applications without attached unofficial transcripts will not be considered.\***

Name	City	State	Dates Attended

**Check the highest level of education you have completed:**

GED \_\_\_\_\_ High School Diploma \_\_\_\_\_ Associates degree \_\_\_\_\_ Other \_\_\_\_\_

If other, please identify \_\_\_\_\_

**For Official Use Only:**

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

**Transcripts:**

**Unofficial Transcripts** from each college attended must be attached to this application and sent to:  
Phoenix College, Allied Health Advisor, 1202 W. Thomas Rd. Phoenix, AZ 85013

**Official transcripts** must be sent directly to:

Phoenix College Admissions and Records at 1202 W. Thomas Rd. Phoenix, 85013

**Out-of-State Transcripts** must be evaluated prior to admissions to Phoenix College.

Program Pre-Requisite Courses	College	In Progress	Date Completed
COM Course within the general education designation (3 credit)			
HCC 109, EMT 101 Cardiopulmonary Resuscitation <b>OR</b> Current CPR card for the Healthcare Provider			
BIO 160 Intro. to Human Anatomy & Physiology <b>OR</b> BIO201 Human Anatomy and Physiology I <u>AND</u> BIO202 Human Anatomy and Physiology II			
CRE 101 Critical Reading ( <b>OR Attach</b> Placement Test Scores to this application showing exemption)			
ENG 101/107 First-Year Composition			

**Associates in Applied Science or Certificate of Completion, Dental Assisting Degree:**

**I attest to understanding and complying with the following:**

1. The Information provided in this application is true and complete to the best of my knowledge. I understand that if any information changes (such as name, phone number and address), it is my responsibility to notify the Dental Assisting (DA) Program so that changes can be made to my file.
2. Although I can apply for the DA Program while still enrolled in Prerequisite courses, I understand that *all* prerequisites must be completed with a grade of "C" or better, prior to participating in the Dental Assisting program.
3. It is my responsibility to provide *all* requested information to complete my student file.
4. I understand that as a student in a MCCD Allied Healthcare program, I am required to have health and safety documentation complete prior to clinical instruction, including immunizations and TB screening, medical clearance by a healthcare provider, and the completion of other MCCD requirements including a drug screening, background clearance, the acquisition of a Level One Fingerprint Clearance card by DPS, CPR certification, and other requirements as prescribed by MCCD, Phoenix College or the Program. I understand that I will be financially responsible for obtaining and maintaining these requirements. (*Details are provided by the MCCD Healthcare Education Office [www.healthcare.maricopa.edu](http://www.healthcare.maricopa.edu).*)
5. Admission into the DA Program is conditional until all requirements have been satisfactorily completed. Retention in the DA Program is based on successful completion of courses and satisfactorily meeting all other program requirements, as well as adhering to program and campus policies.
6. I understand that many procedures performed as a dental assistant would expose me to physically demanding work and bloodborne pathogens, requiring an adherence to safety and infection control protocols, which I will be taught in my pre-clinical instruction.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_