Dental Assisting Program

Information Guidelines
2016 – 2017

Revised 6-2016
Arkansas Northeastern College  
Dental Assisting Technology Program  
Information Guidelines  
2016 – 2017

The Dental Assisting Program at Arkansas Northeastern College is a one year technical certificate program designed to train students in the role of dental assisting and upon program completion perform their duties in all areas of the modern dental office. The program consists of the training necessary to assist the dentist in the dental operatory, the laboratory, and the dental business office. The formal training contains technical knowledge pertaining to dentistry and clinical application of this knowledge.

ANC Dental Assisting Program is approved by the Arkansas State Dental Examiners Board and is accredited by the Commission on Dental Accreditation and has been granted the accreditation status of approval without reporting requirements. The commission is a specialized accrediting body recognized by the Commission on Recognition of Postsecondary Accreditation and by the United States Department of Education. The Commission on Dental Accreditation can be contacted at 312-440-4653 or at 211 East Chicago Avenue, Chicago, IL 60611.

The Dental Assisting Program selects a class each year and begins instruction in the Fall Semester according to the ANC Academic Calendar. The Program continues through the following Spring Semester and completes at the end of June or Summer I Term for a total of 10.5 months of instruction and supervised clinical performance. Students successfully completing the Dental Assisting Program at ANC are qualified to apply and sit for the Dental Assisting National Board (DANB) to become a Certified Dental Assistant.

Admission Criteria
Admission to the Dental Assisting Program at Arkansas Northeast College is based on a selective process. To be considered for admission to the program, students must meet the following minimum criteria:

1. Complete ANC Application for Admission.
2. Submit official High School Transcript or General Education Diploma (GED) to the Registrar’s office and an unofficial copy to the Dental Assisting Department.
3. Submit official transcripts from any College(s) previously attended to the registrar’s office and unofficial copies to the Dental Assisting Department.
5. Meet with the Nursing and Allied Health Advising Specialist to ensure any required ACT or ASSEST/COMPASS scores meet the minimum skill level.
6. Submit updated Immunization records to Registrar’s Office and copy to Dental Assisting Office.
7. Must have a minimum 2.0 cumulative GPA on any previous completed College courses.
8. Complete the Pre-Dental Assisting Entrance Exam.
9. Complete and submit the ANC Dental Assisting Application for Admission as indicated.
10. Must attend a mandatory orientation/advising session.
Selection Process
Applicants who meet the required admission criteria will receive a letter inviting them to attend a mandatory orientation. The session will provide a detailed overview of the DA Program and expectations for program success. Eligible students meeting admission criteria will then sign a Letter of Intent to enroll in the Dental Assisting courses for the Fall semester. The DA Program Director will accept and enroll students based on number of eligible students meeting admission criteria, seat availability and signed letters of intent.

Admission is competitive. If there are more applicants that meet the minimum requirements for admission than positions available students will be ranked based on Pre-Dental Assistant Entrance Exam and GPA on any previous College work completed. The Pre-Dental Assisting Entrance Exam will be available for students to begin testing by January 2015. More information including testing fees will be provided by the Nursing & Allied Health Advisor in Student Success Center and through the Testing Center at ANC.

ADMISSION REQUIREMENTS

Admissions and Records
Arkansas Northeastern College offers equal educational opportunity to all persons without regard to race, sex, creed, color, national origin, age, marital status, or handicap. Admission inquiries should be addressed to the Admissions Office. This office receives and processes all applications for admission, high school transcripts, and college transcripts, immunization records (two MMR’s), and issues notices of acceptance to qualified applicants. Students may enter at the beginning of the fall, spring, or either of the summer semesters. Students wishing to enter any of the Associate in Applied Science programs should check with the appropriate department in order to be familiar with any special admission requirements. Admission to the College does not ensure admission to any particular program of study. Refer to ANC Catalog for Admission details. NOTE: As of July 1, 2013, all high schools and colleges must send transcripts electronically.

Advisement and Placement
Students entering Arkansas Northeastern for the purpose of obtaining a certificate or degree are required to submit placement scores before registering. The Arkansas State Legislature established in Section 19 of Act 1052 of 1987 a testing and evaluation program for all degree or technical certificate students in the state. The Arkansas Department of Higher Education followed the established guidelines and issued cut-off scores for student placement in college level or preparatory level courses in math, English composition, and reading skills. Students may submit scores from the American College Test (ACT), the Scholastic Aptitude Test (SAT), or the COMPASS.

Students transferring to Arkansas Northeastern are not required to submit test scores for placement if they have successfully completed a college level course in English composition, a college level math course, and/or made satisfactory progress in other college level courses. Arkansas Northeastern requires ACT, SAT, or COMPASS scores prior to enrollment in college level math, English composition, and selected occupational courses.

Students without one of these test scores at the time of registration will be required to take the COMPASS evaluation at Arkansas Northeastern College. * Students should arrange to take COMPASS before registration. Students may schedule the COMPASS assessment, at their convenience, through the Testing Center. This evaluation, advisement, and placement service is free to the student.
In order to be admitted, prospective students must score an ACT of 11 or above (or the equivalent COMPASS score) in all three areas: Reading, Writing, or Math. Students scoring an ACT of 15 or above (Reading, Writing, and Math) or the equivalent COMPASS score may declare any degree or certificate program. Students scoring between 11 and 14 on the ACT (Reading, Writing, and Math) will have a limited menu of program options. Students who do not achieve the required score will be given the opportunity to improve their basic skills and retest through the Adult Education Center.

*Exception: See requirements for admission into the Dental Assisting Program.*

**OTHER ADMISSION and ACADEMIC CONSIDERATIONS AND GUIDELINES**

**ANC Transfer Policy**

Students transferring to Arkansas Northeastern College from another college or university must request that official transcripts of their academic records be sent to the Registrar at the college. All transcripts should be received and evaluated prior to admission. Individual’s transcript records at Arkansas Northeastern will be withheld if transcripts are not received by the Registrar’s Office by the end of the term.

Credit accepted for transfer must have been earned at an accredited college or university with a grade of “C” or better for which Arkansas Northeastern offers equivalent courses. Transfer courses with no Arkansas Northeastern equivalent offerings will be evaluated for possible general elective credit. Transcripts from nonaccredited colleges will, in general, be evaluated on the same basis as that used by the state university of the state in which the transfer college is located.

Transfer students must be in good academic standing at the last institution attended. Entering transfer students should have a cumulative grade point average which falls within Arkansas Northeastern College’s guidelines for good academic standing. Students on academic suspension from another institution will be eligible for admission after having remained out of school for one semester. No transfer student will be admitted who is ineligible to return to the transfer institution. Students must be enrolled as certificate or degree candidates at Arkansas Northeastern in order to have transfer credit evaluated and added to their permanent record. Credit is also evaluated based on major.

Grades earned in transfer courses are not considered in calculating students’ grade point averages. The cumulative grade point average at Arkansas Northeastern is computed only on Arkansas Northeastern courses completed. Transfer credit will be recorded showing the equivalent Arkansas Northeastern course title and credit hours. Vocational or technically oriented courses will be accepted when directly related to a particular applied science program at Arkansas Northeastern and will be applicable only toward the appropriate Associate in Applied Science degree.

**Transcripts**

Students transferring from Arkansas Northeastern to another college or university should request that an official transcript of credits earned at ANC be sent to the Registrar’s Office at the institution to which they plan to transfer. “Request for Transcript” forms are provided for this purpose in the Student Services Department and are available on the ANC website (www.anc.edu). No transcript may be released without the written consent of the student. Students with outstanding financial obligations to Arkansas Northeastern may not have transcripts released.

**Mandatory Remediation of Deficiencies in Basic Skills**

Arkansas Northeastern College complies with Section 19, Act 1052 of 1987, approved by the State Legislature, and requires remediation in areas profiled as deficient. The college employs a
comprehensive assessment and placement program to assist each individual in realizing his or her potential and success as a student. Certificate and degree-seeking students must take the assessments; the college, furthermore, encourages all entering students to take the assessments. Assessments, in compliance with legislative mandate, are based upon any of the following: ACT or COMPASS. In order to be admitted to ANC, a student must score an ACT of 11 or above (or the equivalent COMPASS score) in all three areas: Math, Reading, and Writing. Students who do not achieve the required score will be given the opportunity to improve their basic skills and retest. Students scoring 11 to 14 on the ACT or equivalent COMPASS in any one area will have a limited menu of options.

A student who meets admission requirements, but is deficient in any area (Mathematics, writing, or reading) must enroll in and successfully complete the appropriate developmental course(s) during the first semester of enrollment. Students who require remediation must have the approval of their advisor in order to enroll in any college level course prior to completing developmental course work.

**Personal Health Data and Medical History**

Students are required to complete the Personal Health Data and Medical History Form and submit during the scheduled orientation day prior to the first day of class. The requested health data and history information is keep confidential and will be used only as an aid in providing necessary health care if an emergency were to arise or to determine if medical clearance is necessary prior to entering the program. Students who are pregnant or who have an altered health status must have written approval from their physician to enter or continue in clinical rotations. Students must meet all stated clinical outcomes and objectives along with meeting all attendance requirements.

**Health Insurance**

Arkansas Northeastern College does not provide medical related services, nor does the College assume responsibility for injuries incurred by students during any College activity. Medical services may be obtained from local doctors, clinics, and hospitals at the student’s expense. All students are encouraged to carry their own health and accident insurance throughout the program.

**Immunization Requirements for all Enrollees at Arkansas Colleges and Universities**

Arkansas State Law, Act 141 of 1987, requires college students born after 1/1/57 to provide proof of immunity against measles, mumps, and rubella within 30 calendar days of enrollment. Two MMR immunizations are required. Exemptions shall be granted only by the Department of Health and must be applied for each academic year. Forms can be obtained by e-mail only at www.immunization.section@arkansas.gov after July 1, each year.

Students admitted to the DA program must have a tetanus or tetanus booster if it has been greater than 10 years since their last booster. As a condition of admission and continuing enrollment in the DA program, all students are required to submit a tuberculin (TB) skin test prior to the beginning of each academic year. Skin tests are required annually and must be maintained during the entire program, which indicates freedom from active tuberculosis. Students who have had a positive TB skin test in the past are required to have a chest x-ray in lieu of the skin test. The chest x-ray is completed at the student’s expense.

Students entering the DA Program must realize the potential for exposure to the Hepatitis B virus. Faculty recommends appropriate documentation of a completed series of Hepatitis B immunizations or consent to and be in the process of receiving the series of the 3 injections prior to any contact with patients. If a student refuses or has reason to believe that the vaccine is contraindicated for him/her, the student must sign a declination form acknowledging the risk of Hepatitis B infection in a healthcare setting.
DENTAL ASSISTING PROGRAM PROGRESSION

For successful progression in the Dental Assisting Program, Students must develop good study habits, be organized and meet the established program objectives. Students are encouraged to take an active role in learning which includes recognizing their learning needs and seeking necessary guidance and advisement from their instructor. Faculty is readily available for academic counseling and support and along with providing any recommended resources to assist with the student success.

Dental Assisting students are required to maintain a minimum grade of a 2.0 or “C” in each course outlined in the Dental Assisting Curriculum Plan. Failure to complete any course with a minimum of a 2.0 or “C” will prevent the progression to subsequent courses in the program. A student who is terminated from the program for an academic failure will be able to re-apply for the dental assisting program the following fall. Readmission into the program will be based on meeting admission criteria and class size/seat availability.

Notice to Potential Dental Assisting Applicants:
Enrolled students are exposed to a variety of pathogens including bloodborne pathogens. These include but are not limited to pathogenic organisms found in blood that can cause illness such as Hepatitis B virus (HBV), Hepatitis C virus (HCV), human immunodeficiency virus (HIV) and those pathogens found in oral/respiratory secretions that can cause illness such as Tuberculosis and Herpes. The program Bloodborne Pathogens policy is available in the DA Program Director's office.

For more information please visit the Centers for Disease Control website and view the form and power point presentation. Should you have questions after viewing please feel free to contact the program coordinator at the email address listed at the end of this form?


Dental X-ray Operating and Safety Procedures
These guidelines were prepared by the Division of Radiation Control and Emergency Management Programs, Arkansas Department of Health and are provided to you as a guide for compliance with Part N, Arkansas Rules and Regulations for Control of Sources of Ionizing Radiation. The intent of these instructions is to minimize radiation exposure of X-ray personnel and patients. They are not intended to limit or restrict more detailed instructions and procedures which may be necessary at each facility.

1. A controlled area is to be maintained by the operator.
2. The operator of the x-ray system should select the appropriate exposure factors for the examination, which will yield the best quality image at the lowest possible patient exposure.
3. If equipped with a manual line voltage compensator, the incoming line voltage should be adjusted to the proper value before each exposure. This is usually done by adjusting the line voltage to mark or a specific voltage range on an x-ray control meter face.
4. Operators should be familiar with quality control; such as determining the best film speed, developer temperature and replenishment frequency, in order to minimize retakes and to produce optimum quality radiographs. The film manufacturer’s recommendations should be followed during film processing.
5. Employees shall never hold patients, film or the tube head during x-ray exposures. Alternative measures such as the use of holding devices should be employed to perform this function. The use of relatives or friends of the patient should be considered if the uses of mechanical holding devices are not feasible. In no case should a pregnant female hold films or patients.
6. Personnel should utilize protective shielding barriers, lead gloves and aprons to the fullest extent possible. Personnel should always stand at least six (6) feet from the dental tube head during x-ray exposures. When possible, persons should stand behind a protective barrier (i.e., wall).

7. The user should be aware of all recent statements of position regarding the use of protective devices such as leaded aprons and x-raying fertile females. Protective thyroid shields should be used on all patients. Gonadal shields or a lap type apron of at least 0.25 mm lead equivalent should be used on all children and adults of the child bearing age.

8. All x-ray examinations shall be ordered by an individual authorized and licensed to practice dentistry by the state of Arkansas.

9. Operations of x-ray machines should be familiar with applicable parts of Arkansas Rules and Regulations for Control of Sources of Ionizing Radiation. A copy should be made available to personnel upon request at the website for the Department of Health, Radiation Control, Rules and Regulations.

10. Only individuals required for the radiographic procedure shall be in the room during exposures.

11. The primary beam shall only be directed towards a primary barrier.

12. The x-ray equipment in this facility was installed following the manufacturer’s specifications and it’s equipped with appropriate collimation; which is used properly will limit the size of the useful beam to the area of clinical interest. In addition, the tube has an aluminum or equivalent filtration which will reduce unnecessary low-energy radiation from the x-ray beam and shall not be removed or altered.

13. Each occupationally exposed employee who has been provided with a personnel monitoring device shall wear their assigned monitor. These devices should remain in the facility when not in use. Each individual shall be notified at least annually of their exposure and should be made available upon request at any time. When a control badge is supplied it should be kept in an area of “Man-Made” radiation.

14. The legal occupational radiation exposure limits must not exceed. All personnel should make every effort to keep their radiation exposure as low as reasonably achievable. No adult employee shall be allowed to receive radiation exposure in excess of 1250 millirem per calendar quarter. No employee under the age of 18 shall be allowed to receive radiation exposure in excess of 125 millirem per calendar quarter.

Other Procedures (If Applicable)
For operating room, Cephalometric, Panoramic and/or other special procedures, the registration shall provide additional operating and safety procedures if required.
For Information Call:

Arkansas Department of Health
Division of Radiation Control and Emergency Management Programs
Little Rock, AR
Telephone: 501-661-2301
Bloodborne Pathogen Needlestick Policy

1. Stop procedure immediately.
2. Remove glove and squeeze small amount of blood from wound.
3. Wash hands with antimicrobial soap.
4. Apply antiseptic ointment and bandage.
   a) Route of exposure
   b) Circumstances in which incident occurred (e.g. needle stick, cut)
   c) Identify source individual (pt. who is involved in exposure
6. Request the source individual have their blood tested for HBV and HIV.(can be refused)
7. Have blood samples drawn from the patient and the exposure recipients the same day of the incident.
8. The patient’s blood should be tested for HBsAG and anti-HIV.
9. If the exposure recipient received the hepatitis B vaccine and was post tested to prove immunity, the hepatitis testing is not required.
10. If the exposure recipient did not receive hepatitis B vaccine, they are advised to get their blood tested for HBV and HIV.
11. Medical indicated prophylactic treatment will be provided as necessary.
12. Appropriate counseling as needed.
13. A copy of the documented incident will be given to the Instructor of the Dental Assisting Program
14. Hepatitis blood test results and protocol:

<table>
<thead>
<tr>
<th>Patient</th>
<th>Antigen/ Status</th>
<th>Recipient of exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBsAg</td>
<td>Negative</td>
<td>Hepatitis B vaccine if not already received</td>
</tr>
<tr>
<td>HBsAg</td>
<td>Positive</td>
<td>Anti-HB positive recipient-No TX</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hepatitis B vaccine recipient with laboratory</td>
</tr>
<tr>
<td></td>
<td></td>
<td>proven serocon-version: One additional dose of</td>
</tr>
<tr>
<td></td>
<td></td>
<td>vaccine and HGIG if anti-HBs negative on testing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Anti-HB negative recipient: HGIB started within 48</td>
</tr>
<tr>
<td></td>
<td></td>
<td>hours and hepatitis B vaccine started within 7 days</td>
</tr>
<tr>
<td>Anti –HIV</td>
<td>Negative</td>
<td>Post test counseling and optional follow up</td>
</tr>
<tr>
<td>Diagnosed AIDS,</td>
<td>Anti HIV Positive</td>
<td>Anti-HIV positive&gt; Post-test refuses testing or unknown sources counseling and medical evaluation Anti-HIV negative Post test counseling and repeat testing every 6, 12, and 24 weeks</td>
</tr>
</tbody>
</table>
## Dental Assisting Technology
### Curriculum Plan
#### 2016-2017

<table>
<thead>
<tr>
<th>Class Number</th>
<th>Course</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fall Semester</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DA 19003</td>
<td>Chairside Assisting I</td>
<td>3</td>
</tr>
<tr>
<td>DA 19011</td>
<td>Dental Science</td>
<td>1</td>
</tr>
<tr>
<td>DA 19022</td>
<td>Dental Biomedical Science</td>
<td>2</td>
</tr>
<tr>
<td>DA 19033</td>
<td>Dental Materials I</td>
<td>3</td>
</tr>
<tr>
<td>DA 19042</td>
<td>Dental Clinical Science I</td>
<td>2</td>
</tr>
<tr>
<td>DA 19052</td>
<td>Dental Radiology I</td>
<td>2</td>
</tr>
<tr>
<td>DA 19061</td>
<td>Preventive Dentistry</td>
<td>1</td>
</tr>
<tr>
<td>EN 10013</td>
<td>Technical Communications</td>
<td>3</td>
</tr>
<tr>
<td>OR</td>
<td>English Composition I</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total Credit Hours</strong></td>
<td></td>
<td><strong>(17)</strong></td>
</tr>
<tr>
<td><strong>Spring Semester</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DA 19073</td>
<td>Chairside Assisting II</td>
<td>3</td>
</tr>
<tr>
<td>DA 19082</td>
<td>Dental Materials II</td>
<td>2</td>
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<tr>
<td>DA 19093</td>
<td>Dental Clinical Science II</td>
<td>3</td>
</tr>
<tr>
<td>DA 19102</td>
<td>Dental Radiology II</td>
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<tr>
<td>DA 19112</td>
<td>Dental Clinical Experience I</td>
<td>2</td>
</tr>
<tr>
<td>DA 19123</td>
<td>Dental Clinical Experience II</td>
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<tr>
<td><strong>Total Credit Hours</strong></td>
<td></td>
<td><strong>(15)</strong></td>
</tr>
<tr>
<td><strong>Summer Semester</strong></td>
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<td></td>
</tr>
<tr>
<td>DA 19136</td>
<td>Dental Clinical Experience III</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total Program Credit Hours</strong></td>
<td></td>
<td><strong>(38)</strong></td>
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</table>
Arkansas Northeastern College  
Dental Assisting Program  
Cost List 2016-2017

<table>
<thead>
<tr>
<th>Tuition</th>
<th>Per Credit Hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mississippi County Residents</td>
<td>$67.00</td>
</tr>
<tr>
<td>Out of County Residents</td>
<td>$77.00</td>
</tr>
<tr>
<td>Bootheel &amp; Tennessee Border</td>
<td>$77.00</td>
</tr>
<tr>
<td>Out of County Residents</td>
<td>$127.00</td>
</tr>
<tr>
<td>International Students</td>
<td>$127.00</td>
</tr>
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</table>

**Estimated Tuition: In County Fees**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Education Course (3 credit hours x $65)</td>
<td>$201.00</td>
</tr>
<tr>
<td>Dental Assisting Courses (35 credit hours x $65)</td>
<td>$2,345.00</td>
</tr>
<tr>
<td>Technical Fee ($10.00 per credit hour x 38)</td>
<td>$380.00</td>
</tr>
<tr>
<td>Registration Fee ($25.00/semester x 3)</td>
<td>$75.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$3,001.00</strong></td>
</tr>
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**Dental Assisting Fees**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Assisting Course Fees (14 courses @ $33/course)</td>
<td>$462.00</td>
</tr>
<tr>
<td>Professional Liability Insurance @ $25.00/year</td>
<td>$25.00</td>
</tr>
<tr>
<td>American Dental Assisting Association Dues</td>
<td>$35.00</td>
</tr>
<tr>
<td>Continuing Education Course, Required</td>
<td>$30.00</td>
</tr>
<tr>
<td>Nitrous Oxide Course, State Required</td>
<td>$65.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$617.00</strong></td>
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**Other Dental Assisting Program Costs**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uniforms &amp; Shoes</td>
<td>$285.00</td>
</tr>
<tr>
<td>General Supplies</td>
<td>$50.00</td>
</tr>
<tr>
<td>Required Textbooks</td>
<td>$625.00</td>
</tr>
<tr>
<td>Hepatitis B Immunization/TB Skin Test</td>
<td>$160.00</td>
</tr>
<tr>
<td>Hesi Exit Exam and Practice Course</td>
<td>$120.00</td>
</tr>
<tr>
<td>Out of Town Conference Expenses</td>
<td>$200.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,388.00</strong></td>
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**Other Dental Assisting Program Fees**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>DANB Certification Exam</td>
<td>$425.00</td>
</tr>
<tr>
<td>AR-RDA</td>
<td>$75.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$500.00</strong></td>
</tr>
</tbody>
</table>

**Total Program Projected Cost:**  
$5,480.00

*Expenses are estimated and are in effect at the time of this document but are subject to change.  Revised 6/2016
Dental Assisting Program Considerations and Guidelines

1. Training for the DA Program consists of 38 credit hours divided between classroom study and clinical training in a variety of dental offices.

2. Classroom hours are usually between 8:00 am – 3:00 pm, unless otherwise scheduled.

3. Clinical hours vary depending on the dental office assigned.

4. It can be reasonably assumed that the student will be in class or in the dental offices Monday through Friday throughout the program.

5. There is an attendance policy that must be strictly adhered to meet program objectives. Absences are limited in this fast-paced, competency-based program.

6. In addition to regular attendance in the classroom and in clinical, the student’s presence at certain outside functions is required. These functions will be announced in time for arrangements to be made.

7. Students are responsible for their own transportation.

8. Students withdrawing from the DA Program must notify the registrar’s office so that proper steps can be taken for the interruption of training. A student officially withdrawing from training due to hardship or illness may be considered for re-enrollment at the appropriate time in the curriculum with approval from the DA Program Director, and if there is an opening in the class.

9. A student who is terminated due to academics may apply to re-enter when the failed course is offered again and if space is available in the class. If a course is not re-entered within one year, the entire program will have to be repeated.

10. Students applying for readmission in the fall semester will be subject to the same criteria for admission as new applicants. The maximum number of students accepted into the DA Program will be based on the number of qualified applicants and/or availability of clinical sites. The class will be selected on the Admission Criteria previously indicated.

11. Students terminated from the program for unprofessional conduct may not be considered for re-entry into the Dental Assisting Program.

The following is a statement from the Commission on Dental Accreditation:
The Commission on Dental Accreditation will review complaints that relate to a program’s compliance with the accreditation standards. The Commission is interested in the sustained quality of continued improvement of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for treatment received by patients or individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students. A copy of the appropriate accreditation standards and/or the Commission’s policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, IL 60611-2678 or by calling 1-800-621-8099 extension 4653.
Technical and Functional Abilities Requirement

The technical and functional abilities listed below are based on general occupational qualifications for Dental Assistants commonly recognized by most employers. Typically, you will not be required to have all of the abilities listed to be a successful performer. Recruitment and selection standards for an individual state job must be based on the specific knowledge, skills, and abilities for that job as indicated in the job announcement and job description in the Employee Work Profile.

The Dental Assisting students must have the Ability to:

1. Communicate information and ideas in speaking so others will understand.

2. Listen to and understand information and ideas presented through spoken words and sentences.

3. Communicate information and ideas in writing so others will understand.

4. See details at close range (within a few feet of the observer).

5. Arrange things or actions in a certain order or pattern according to a specific rule or set of rules (e.g., patterns of numbers, letters, words, pictures, and mathematical operations).

6. Speak clearly so others can understand you.

7. Keep your hand and arm steady while moving your arm or while holding your arm and hand in one position.

8. Identify and understand the speech of another person.

9. Read and understand information and ideas presented in writing.

10. Tell when something is wrong or is likely to go wrong. It does not involve solving the problem, only recognizing there is a problem.
Please complete and submit/mail with your application to:

Arkansas Northeastern College  
Attention: Dental Assisting Department  
2501 South Division St. P.O. Box 1109  
Blytheville, AR 72316-1109

Statement of Responsibility

The following statements of responsibility indicate your understanding of the requirements necessary for evaluation of your file for possible admission into the Dental Assisting (DA) Program. Please sign and return to the DA Director/Instructor.

I have received information from a representative of Arkansas Northeastern College concerning admission requirements for the DA program. I understand that it is my responsibility to ensure that all entrance criteria are met.

I accept the responsibility to validate that all copies of my transcripts and test scores are received by the DA Director/Instructor (including those on file in other ANC offices). I will inform the DA Director/Instructor of courses in which I am currently enrolled. I also accept the responsibility to have all transcripts from other colleges submitted and evaluated by the ANC Registrar.

I understand that my Application for Admission in the Dental Assisting Program will not be filed or considered unless my signature is on this form.

___________________________________________  
Printed Name

___________________________________________  
Signature (legible please)  
Date

Understanding of Functional Categories

I have read and understand the Technical and Functional Abilities listed based on general occupational qualifications for Dental Assistants commonly recognized by most employers Categories, Descriptions, and Representative Activities and Attributes.

I understand that dental assisting is a discipline with cognitive, sensory, affective, and psychomotor performance requirements. These functional ability requirements are included in the DA Information Guidelines. I understand that, if necessary and if I meet certain documentation requirements of a disability, that I must contact ANC Student Services at (870) 762-1020 to request accommodations.

___________________________________________  
Printed Student Name

___________________________________________  
Signature (legible please)  
Date
ARKANSAS NORTHEASTERN COLLEGE
Dental Assisting Technology
Application for Admission

Please complete and return application to:
Dental Assisting Program
Arkansas Northeastern College
Attention: Dental Assisting Department  Received (Office Only): 
P.O. Drawer 1109
Blytheville, AR  72316-1109

Name:__________________________________________
(Last) (First) (Middle) (Maiden)
Mailing Address: ___________________________________________
(City) (State) (Zip)
Physical Address:
_____________________________________________________
(Street Number) (City) (State) (Zip)
Contact Phone Numbers: Home______ Work _______ Cell ______
Date of Birth: ____________________________ Social Security #: _______-_____-____-
Personal e-mail address: ________________________________

Completion of this information is optional for statistical purposes only and does not affect admission status.
Age: ______   Marital Status: Single____ Married____
Sex: Male_____ Female _____
Do you consider yourself Hispanic or Latino? Yes___ No ___ Check all that apply:
□ American Indian/Alaskan Native   □ Asian/ Pacific Islander   □ Black/African American
□ Native Hawaiian/Pacific Islander □ White          □ Other (specify) ________

High School Attended: _____________________________ Graduation Date:_______
(Name) (City) (State)

Colleges, Universities or other Schools Attended:

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<tr>
<th>Institution</th>
<th>Dates Attended</th>
<th>Hrs. Attended</th>
<th>Degree (Type)</th>
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_____________________________       _____________________________     _____________________
Print Name    Student Signature    Date