Arkansas Northeastern College
Dental Assisting Program
Pre-Program Advising Checklist 2015-2016

All Pre-Dental Assisting students are assigned the Nursing & Allied Health Advising Specialist to be their Advisor until they have been accepted into the Dental Assisting (DA) Program. The Advising Specialist may schedule both group and individual sessions with students to ensure College and DA Admission guidelines are provided and explained for those students seeking admission into the Paramedic Program. The DA Program Director will be responsible for the selection and notification of students accepted into the DA Program. It is the applicant’s responsibility to make sure that ANC receives all necessary applications, Immunization and required documentation as outline in the Information Guidelines.

Once the following Pre-Program Advising Checklist is completed, the Advising Specialist will submit to the DA Department for inclusion in the student’s file.

1. **Complete admission requirements for enrollment into Arkansas Northeastern College.**
   - Complete ANC Application and submit to Admissions in the Registrar’s Office.
   - Submit a high school transcript or GED (with scores) to the registrar’s office and a copy to the Dental Assisting Department at the ANC Main Campus.
   - Submit official transcripts from any college(s) previously attended to the registrar’s office for evaluation and unofficial copies to the DA Department.
   - Complete placement testing (COMPASS, ASSET, ACT), submit copy to DA Department.
   - Submit proof of Immunizations (including: MMR, Hepatitis B consent/waiver, TB skin test or chest x-ray) to Registrar’s Office and a copy to DA Department with application, during orientation prior to the class registration.

2. **Complete admission requirements for enrollment into the Dental Assisting Program.**
   - Meet with the Nursing & Allied Health Advising Specialist for advisement.
   - Complete Application for Admission to the DA Program.
   - Read and sign understanding of the DA Functional Ability Categories and submit with Dental Assisting Program Application for Admission.
   - Must have a minimum 2.0 cumulative GPA on any previous completed College courses.
   - Complete the Pre-Dental Assisting Entrance Exam.
   - Attend scheduled mandatory orientation/advising session by invitation to include the following:
     - Review of Dental Assisting Program requirements and admission criteria.
     - Sign “Letter of Intent” to enter and enroll in the DA Program.
     - Submit proof of immunizations.
     - Complete and submit the “Health Data and Medical History Form”.
     - Review clinical requirements for DA Program.
     - Review instructions for registering into the Dental Assisting Program.
     - Receive Textbook list for DA Program.
     - Receive Supply list for DA Program.
3. **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.

4. **Submit Dental Assisting Application, transcripts and all required documentation to:**
Arkansas Northeastern College
**Attention: DA Department**
2501 South Division
P.O. Drawer 1109
Blytheville, AR 72316-1109

**Advising Comments:**
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**Upon completion of the Dental Assisting Pre-Program Advising Checklist, please sign as indicated.**
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**Student Signature**  
**Advising Specialist Signature**

**Date**  
**Date**

*Advising Specialist will submit completed Checklist to the Dental Assisting Department for inclusion in student’s file.*