

**Arkansas Northeastern College  
Dental Assisting Program  
Pre-Program Advising Checklist**

**Date:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Student ID #:** \_\_\_\_\_

All Pre-Dental Assisting students are assigned the Nursing & Allied Health Advising Specialist to be their Advisor until they have met College Admission criteria and completed the ANC and DA application. The DA Program Director may schedule both group and individual sessions with students to ensure DA Admission guidelines are provided and explained and the application process is complete. 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 it will be included in the student's application file located in the DA Department.

**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 Admission placement testing (ACT, ACCUPLACER), 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 initial 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.
- \_\_\_\_\_ Attend scheduled mandatory orientation/advising session by invitation to include the following:
  - \_\_\_\_\_ Review of Dental Assisting Program requirements and admission criteria.
  - \_\_\_\_\_ Review the DA Information Guidelines.
  - \_\_\_\_\_ 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 Admission scores and GPA and on any previous College work completed.

**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.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Advising Specialist Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

*Advising Specialist will submit completed Checklist to the Dental Assisting Department for inclusion in student's file.  
Form last revised 10/2019.*