



WALLACE STATE HANCEVILLE

Dental Assisting

Program Application Checklist

Applications Deadline June 1st

After June 1st will be considered on a space available basis

Prior to APPLICATION to the program, the following must be completed:

Submit to the Admissions Office

- WSCC application or Re-entry form
- Official transcripts from all colleges previously attended
- Proof of high school graduation (transcripts) or GED certificate
- The student must be eligible for or have already completed English 101**
- Any other documents required by Admissions

Note: *Student should check with the college admissions to ensure that their ACT Test Score are included along with transcripts.*

Submit a complete program application to the DNT Program Director

- DNT Program Application
- Attach Unofficial transcripts from all colleges previously attended

Upon acceptance to the program, students will be required to submit the physical exam form and proof of having begun the Hepatitis B vaccination series. **Failure to submit these forms by the first class day will result in program dismissal.** Successful completion of the following CPR course is required for admission to the program: Basic Life Support for the Health Care Provider, including AED (American Heart Association). A copy of the CPR card must be presented by the first class day of the program. **Failure to submit this documentation will result in program dismissal.**

Upon acceptance all health science division students are required to have drug screenings and background check. Drug Policy and Background Check Policy are available for viewing online at <http://www.wallacestate.edu/programs/health.html>.

NOTE: It is the responsibility of each applicant to ensure that the application is complete and that all information is on file.

You will be **notified by mail** if you are accepted into the program. As no information regarding individual admission status will be given via telephone, please do not call the Admissions or DNT departments to obtain your status. Letters will also be sent to individuals who are not accepted into the program.



Dental Assisting Application

Applications will be accepted until June 1st

Applications received after June 1st will be considered on a space available basis.

ALL UNOFFICIAL COLLEGE TRANSCRIPTS MUST BE ATTACHED TO APPLICATION

Prior to APPLICATION to the program, the following must be complete:

- Yes No Unofficial transcripts from all colleges previously attended and ACT score submitted with Dental Assisting application
 Yes No _____ (Your Initials) Reviewed WSCC Health Division Background Policy (<http://www.wallacestate.edu/programs/health.html>)
 Yes No _____ (Your Initials) Reviewed WSCC Health Division Drug Screening Policy (<http://www.wallacestate.edu/programs/health.html>)
 Yes No _____ (Your Initials) Reviewed WSCC Policy of Infectious Diseases (<http://www.wallacestate.edu/programs/health.html>)

Date of Application _____ Plan to Enter Program Fall Semester (Year) _____
 WSCC Student No. _____ Social Security No. _____
 Full Name _____
 Last Name _____ First Name _____ Middle Initial _____ Maiden _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Emergency Contact _____
 Cell Phone _____ Relationship _____
 Work Phone _____ Emergency Contact Phone _____
 WSCC Email Preferred _____
 Personal Email Preferred _____

Previous Education (Attach UNOFFICIAL Transcript for each College) – List additional colleges on separate sheet and attach

Transcript Attached	College Name	City/State	Diploma or Degree	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you are applying to other allied health or nursing programs, please list in order of preference for admission:

1. _____ 2. _____ 3. _____

Have you completed a 2 year allied health patient care related program? Yes No Which field: _____

STUDENTS PLEASE COMPLETE THE BELOW INFORMATION: (Check all that have been completed)

Class	Credit Hours	Official Use	Comments:
General Required Courses			
ENG 101 English Composition I	3		
MTH 116 Mathematical Applications	3		
BIO Elective (Natural Science)	4		
CIS 146 Microcomputer Applications	3		
ORI 101 Orientation to College	1		
SPH 106 Fundamentals of Oral Communications	3		
HUM Humanities/Fine Arts Elective	3		
PSY 200 General Psychology	3		
UNOFFICIAL College Transcripts attached to Application: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Student Signature _____ Date _____

Mail completed application to:
 Dental Assisting Program
 Attn: Barbara Ebert (#33)
 Wallace State Community College
 P. O. Box 2000, Hanceville, AL 35077-2000

For official use only:
 Date Application Received _____
 Application Reviewer's Initials: _____

Application Complete: Yes No
 Additional documentation required: _____

ESTIMATED COST OF GENERAL REQUIRED COURSES

COURSE #	COURSE NAME	SEMESTER HOUR	IN-STATE Tuition	OUT OF STATE Tuition
ORI 101	Orientation	1	\$119.00	\$238.00
ENG 101	English Composition I	3	\$357.00	\$714.00
SPH 106	Fundamentals of Oral Communication	3	\$357.00	\$714.00
PSY 200	General Psychology	3	\$357.00	\$714.00
HUM Elective	Humanities/ Fine Art	3	\$357.00	\$714.00
MTH 116	Mathematical Applications	3	\$357.00	\$714.00
BIO Elective	Natural Science	4	\$476.00	\$952.00
CIS 146	Microcomputer Applications	3	\$357.00	\$714.00
<i>General Req.</i>	<i>Total Cost of Requirements</i>	23	\$2,737.00	\$5,474.00

**Does not include cost of books, supplies or lab fees*

ESTIMATED COST OF DENTAL ASSISTING COURSES

First Year	Fall (14 hours)	Spring (12 hours)	Summer (13 hours)	Total of First Year
Tuition	\$1,666.00	\$1,428.00	\$1,547.00	\$4,641.00
Special Fees*	\$145.00			\$145.00
Book & Supplies	\$400.00	\$100.00	\$105.00	\$605.00
Instrument Kit				
Uniforms	\$200.00			\$200.00
Graduation Fee		\$60.00		\$60.00
National Board Examinations			\$350.00	\$350.00
Total By Semester	\$2411.00	\$1588.00	\$2002.00	\$6,000.00

**Drug testing, background screening*