Linn-Benton COMMUNITY COLLEGE

Fall 2014

Dental Assistant

Bulletin

Program Overview

The Dental Assistant program at Linn-Benton Community College provides students with theory, performance-based and expanded function skills, and clinical experience. Completion of LBCC's one-year Dental Assistant Program will provide you with a certificate in Dental Assisting. For more information go to http://www.linnbenton.edu/go/dental-assistant.

Program Format

The four-term program accepts one class beginning each Fall Term. It is your responsibility to be informed and adhere to all requirements, procedures and deadlines as they may change from year to year. New applicants as well as applicants from previous years must complete the following application process.

Estimated Program Expenses: $6,750 (subject to change)

Program Dates: Fall Term 2014 through Summer Term 2015

Application Dates: Begin accepting online applications: Tuesday April 29, 2014, 9:00 AM
See page 4 for information on how to apply online
OnlineApplication deadline: Tuesday, May 9, 2014, Midnight
Late applications will not be considered

Mandatory Applicant Information Sessions: Friday, May 16, 2014, 10am-12pm or 4pm-6pm in room RCH-213. All applicants are required to attend one of the Mandatory Applicant Information Sessions in order to maintain their applicant status. Failure to attend one of the sessions will result in losing any priority status and may result in your application being denied.

Admission Decision: Week of May 27, 2014

Admission

Selection for the program will be made in May. Applications are accepted on a first-come first-served basis with Resident Priority given first to applicants living in the Linn-Benton Community College (LBCC) District within the 90 days prior to applications being accepted, then in-state, then out-of-state, followed by international applicants respectively. To determine whether or not you live at such an address, please refer to your property tax statement, or inquire at your county tax office. Some addresses at or near the Linn or Benton county lines, though inside the county lines, might not be within the LBCC District
Applicants must be in good standing academically, financially, and in student conduct at LBCC in order to be accepted into this program. Applicants who have already been admitted into the program two previous times and were not successful are no longer eligible to apply for the program.

NOTE: In order to be considered for admission, applicants to this program must be without Admission Limitations (see next page).

Cancellation

The program is subject to cancellation if there are an insufficient number of dental sites or eligible students. Students admitted to a cancelled session must reapply to be given consideration for admission to the next session.

Admission Limitations

►**Application Completion**: Students must show proof of completing all Minimum Application Requirements. Failure to do so may result in application denial.

►**Academic Standing:** Students must be in Good Standing academically at LBCC in order to be admitted to this program. To view your current status log in to WebRunner, click on "Student", click on "Registration", and then click on "Check Your Registration Status". Contact your advisor prior to applying if you are not in Good Standing.

►**Financial Standing:** Students must be in Good Standing financially at LBCC in order to be admitted to this program. Use the directions noted under Academic Standing to view whether you have Holds on your account.

►**Student Conduct:** Students must be in Good Standing with Student Services in order to be admitted to this program. Use the directions noted under Academic Standing to view whether you are currently in Good Standing.

NOTE Regarding Financial Aid:
The Federal Financial Aid standards and policies regarding Satisfactory Academic Progress (SAP) are not identical to the college's standards which determine your Academic Standing.
To view your current SAP status log in to WebRunner, click on "Financial Aid", then click on "Your Financial Aid Status". Select "academic progress" to view additional information regarding your status. Poor Financial Aid SAP status will not limit your potential admission into this program, but may severely affect your funding options. To find out more about how Financial Aid SAP at LBCC is determined go to:

http://www.linnbenton.edu/financial-aid/academic-stnadards

Civil Rights

►**LBCC Statement of Nondiscrimination**

LBCC prohibits unlawful discrimination based on race, color, religion, ethnicity, use of native language, national origin, sex, sexual orientation, marital status, disability, veteran status, age, or any other status protected under applicable federal, state, or local laws.
(for further information http://po.linnbenton.edu/BPsandARs/) Board Policy P1015

►**Persons Responsible for Coordinating Title II** (ADA reasonable accommodations)**, Title IX** (gender discrimination)**, and Section 504** (discrimination against individuals with disabilities – a civil rights issue)

Affirmative Action Officer: Scott Rolen - 541-917-4425

ADA Coordinator (Students): Nancy Tanberg, - 541-917-4690

ADA Coordinator (Employees/Applicants): Kathy Withrow - 541-917-4420

Title IX Coordinator: Lynne Cox, – 541-917-4806

►**Discrimination/Harassment Complaint Process:** If you feel you have been discriminated against in any interaction at Linn-Benton Community College or have been harassed by another person while at LBCC please contact us immediately based on the following:

A student complaint about another student:
Contact: Lynne Cox, 541-917-4806, coxl@linnbenton.edu
A student complaint about an LBCC staff member:
Contact: Scott Rolen, 541-917-4425, rolens@linnbenton.edu
An LBCC staff member complaint about another staff member or student:
Contact: Scott Rolen, 541-917-4425, rolens@linnbenton.edu

This information can be found at
http://www.linnbenton.edu/go/about-lbcc/policies/equal-opportunity

2014 Dental Assistant Minimum Application Requirements

All applicants must meet the minimum application requirements listed below. If you satisfy the requirements you will be considered a qualified applicant. All supplemental documentation (also listed below) must be submitted/postmarked (c/o LBCC Special Admissions) in a sealed envelope within 2 business days of completing your online application. Failure to do so may result in your application being denied. Once supplemental documentation is submitted, new materials may not be added.

All Minimum Application Courses must be completed with a grade of "C" or better at a regionally accredited institution. Courses must be completed prior to when applications are accepted. Course equivalencies are considered on a case by case basis and are not guaranteed. Official transcripts showing proof of coursework not completed at LBCC must be in a sealed envelope from the institution(s) where the transfer course(s) were completed, and may be sent ahead of your application.

- ❒ Log in to WebRunner to view your Academic, Financial, Student and Financial Aid statuses (see page 2)
- ❒ Complete the ONLINE Application for Admission (see next page)
- ❒ If submitting non-LBCC transcripts, complete the Transfer Evaluation Form at www.linnbenton.edu/go/forms
- ❒ Submit all applicable supplemental documentation to the Albany LBCC Admissions department in a sealed manila envelope with your legal name and the program title written on the front:
  - — **Application Fee:** Submit payment of the non-refundable, one-time $30 LBCC Admissions fee.
  - — **Background Check Release:** Complete and submit the Criminal Background Check Release Agreement*
  - — **Observation:** Complete and submit the General Dentistry Office Observation Form
  - — **Compliancy:** Complete and submit the Statement of Understanding and Compliance
  - — **Residency:** Submit proof of your official residency for 90 days prior to April 29, 2014 by completing the Residency Information Required for Special Admission Programs form along with required supporting documentation; see page 1 for information on Resident Priority
  - — **High school graduation or GED:** Submit a copy of your high school diploma, GED certificate, or equivalent
  - — **Reading: RD 115 after September 23, 2009 –** Advanced College Reading and Learning Strategies
  - — **Math: MTH 020 after September 23, 2009 –** Basic Mathematics
  - — **Writing: WR 115 after September 23, 2009 –** Introduction to College Writing
  - — **Computer Skills: CS 120** – Digital Literacy or successfully pass the CS 120 Challenge Exam prior to April 29, 2014 (call 541-917-4263 for more details regarding the challenge exam).
- ❒ Attend one of the MANDATORY INFORMATION SESSIONS on May 16, 2014 at 10am-12pm or 4pm-6pm, in room RCH-213 in order to keep your applicant status (see pg 1).

Petition Process: *To petition for an exception to a minimum application requirement complete a Petition to Waive Minimum Admission Requirement to a Special Admissions Program form (available through LBCC Admissions). Failure to complete petition requirements and deadlines will result in the application being denied. Not all petitions are approved.*

Application Questions
Lorraine Lara
Academic Planning Assistant
541-917-4923
lorraine.lara@linnbenton.edu

Dental Assistant Course Questions
Carrie-Ann Johnson
Program Chair
541-917-4934
johnsonc@linnbenton.edu

2014 Dental Assistant
Online Application Information

When applying for the Dental Assistant Program you are required to apply online.
Applications will open online on April 29, 2014 at 9:00 am. Online applications receive an automatic time/date stamp. The deadline is May 9, 2014 at midnight. Neither early nor late applications will be considered.

NOTE: If you already have an application on file at LBCC for the same term this program is scheduled to begin then you must apply using the New Student instructions (beginning with step1) or request to have the other application deleted prior to applying for this program (thus removing you from the other program's applicant pool).

Current LBCC Students: Log in to your WebRunner account, select the **"Student"** tab, select **"Admissions"**, select **"Apply with an Online Application"**, and then follow the process below beginning at **step 6.**

New Students: Students who have never been fully admitted to LBCC must begin at **step 1.**

1. Go to the web page http://webrunner.linnbenton.edu/admit_home.htm
2. Create an Admission Application by clicking the **"I Want to Earn a Degree or a Certificate"** button
3. Create a Login **ID:**
4. Create and verify a **PIN:**
5. Click **"Login"**
6. Select **"Dental Assistant"** from the Application Type drop down options
7. Click **"Continue"**
8. Select "**Fall 2014"** from the Admission Term drop down options
9. Enter at least your **first** and **last name** into the appropriate boxes
10. Complete all the online application checklist items before submitting:
    - ✓ Name
    - ✓ Permanent Address
    - ✓ Mailing Address if different
    - ✓ Personal Information[1]
    - ✓ High School
    - ✓ Previous College, if applicable
11. Once all checklist items are completed, submit your application by clicking the **"Application is Complete "** [2]

REMEMBER:
The application fee and the supplemental documentation must be submitted/postmarked in a sealed envelope in entirety to the Albany Admissions department (c/o LBCC Special Admissions) within 2 business days of submitting your online application. Submit all documentation you believe is necessary to satisfy the application requirements. Failure to do so will result in losing Resident Priority and may result in your application being denied. You may NOT add new information once submitted.

TIPS: [1] Date of Birth (DOB) and Social Security Numbers (SSN) are used to help ensure applications are not mismatched between LBCC applicants with the same names. This information is very useful, but is optional for the purposes of this online application.

[2] Once you submit your application a time/date stamp will be applied electronically. If additional information is needed to process your application, the original stamp will remain and you will be contacted by a staff member from the Admissions department. Failure to provide accurate information will result in your application being delayed and may result in it being denied.

General Dentistry Office Observation Form

Note to applicant: 4 hours of observation experience must be verified using this form. Duplicate this form as needed. Be sure the entire form is filled out completely. Incomplete forms will disqualify your program application.

Dear Doctor/Staff,
I am in the process of completing my application to the Dental Assistant Program offered by Linn-Benton Community College. The application requires me to observe the work environment of a dental assistant for a minimum of 4 hours within the two years prior to when I submit my application. Thank you for your time.

Applicant's Name: _____ Observation Date: _____

Dental Office Of: _____ Observation Hours:_____

Office Contact: _____ Office Phone: _____

Doctor/Staff Observation Verification Signature: _____

Topics to Discuss:

1. Anticipated wages <u>and</u> working hours of a dental assistant:

2. Benefits anticipated, such as paid vacations, health insurance, etc:

3. Rewards of being a dental assistant:

4. Problems associated with being a dental assistant:

5. Potential career pathways:

6. Were you able to observe the dental assistant workspace: ❒ Yes ❒ No
   a. If Yes, describe the setting:

   b. If Yes, were you able to observe any patient procedures: ❒ Yes ❒ No
      i. If Yes, list and describe your observations:

With my signature I certify that the information on this form is true and accurate. I authorize the college to contact the individual(s) listed on this form to verify the information provided.

Applicant's Signature: _____ Date: _____

2014 Dental Assistant
Statement of Understanding and Compliance

Initial

____ I have read, understand and agree to uphold those policies put forth in LBCC's Students Rights and Responsibilities Handbook, including the Standard of Student Conduct located at www.linnbenton.edu/go/studentrights/.

____ I have read and understand my civil rights as a student at LBCC.

____ I have read this Dental Assistant Bulletin and understand that it is my responsibility to be aware of and comply with all requirements by the deadlines specified in the bulletin.

___ I have read and understand the information on page 2 regarding Academic Limitations and Financial Aid SAP.

____ I understand that, in order to be admitted to this program, I must be without Academic Limitations.

____ I understand that only the forms included in the 2013 Dental Assistant Bulletin may be used, however, they may be copied if more than one of the same form is needed.

____ I understand some occupational health hazards include, but are not limited to, the wearing of latex gloves and masks, and working conditions which can intensify Carpal Tunnel Syndrome therefore, I will meet with the Dental Assistant advisor if I have skin, breathing or other condition to consider in my risk factors.

____ I understand that it is my responsibility to prove my residency by supplying the appropriate documentation, regardless of how long I have lived at my current address.

____ I understand that, if admitted, I will be required to meet all post-admission requirements and deadlines as set by the program in the Admission and Welcome letters in order to keep my seat.

____ I understand that my SSN will be matched against the US Department of Health & Human Services list of individuals who are barred from any participation in federally funded health programs. If on the list, I am not eligible to participate in this program.

____ I understand that, if admitted, I will be required to complete and pay for the LBCC approved criminal background check. The results will determine, in part, my eligibility to be in the program but does not guarantee I will be eligible to be licensed* or employed in this field.

____ I understand that, if admitted, I will be required to pay for and submit for review proof of the required immunizations/medical screens and CPR certification as per the admission letter. It will be my responsibility to keep all health records current for the duration of the program.

____ I understand that if I am suspected of or known to have a communicable disease which may be transmitted under normal program activities, I will be required to have documentation of medical treatment prior to participating in clinical/lab assignments.

____ I understand that, if admitted, I must maintain a minimum “C” grade in each required course, and courses must be taken in the specified sequence.

____ I understand that I must complete all LBCC Admissions processes as well as the requirements for graduation.

____ I understand that, if I wish to grant a third party (employer, TAA, CSC, spouse, etc) access to information regarding my application status, grades, etc, I must complete and submit the Disclosure Authorization form available at www.linnbenton.edu/go/forms.

____ I understand the Dental Assistant Program is a technically challenging science based program of study.

_____ _____

Applicant's Signature Date

* Eligibility to take the national exams may be restricted if you have been convicted of, or pled guilty or no contest to, a felony or any crime punishable by confinement in a state or federal prison for any length of time. All national examinations are through the Dental Assistant National Board (DANB). Contact DANB as soon as possible to find out more information on their criminal background requirements and processes (1-800-FOR-DANB). If applicable, admitted students will be required to confirm contact with DANB prior to starting the program.

RESIDENCY INFORMATION REQUIRED FOR SPECIAL ADMISSIONS PROGRAMS

For admission to special programs, a resident is defined as someone who established residency 90 days before the first day applications are accepted for that program. Permanent residence is defined as the home a person intends to return to after any absence, and in which one's dependents reside for an unlimited period of time. You must complete the residency information below and provide at least one document from **Category 1** AND one document from **Category 2** to prove your permanent residency status.

CATEGORY 1 (One of A, B, or C)

A. Rent receipts with your resident address and dates of occupancy for the period of time in question. (Rental agreements are not acceptable.)
B. Notarized affidavit substantiating your permanent residency for the period of time in question.
C. Documents proving your own Oregon property **and** that this property is your primary residence.

CATEGORY 2 (One of below)

Oregon driver's license
Oregon vehicle registration with your resident address.
Oregon state income tax return (for previous year) with resident address.
Verification of local bank account showing resident address.
Oregon voter registration.
Oregon Hunting/Fishing license.

ALL documents must have your name and permanent address for the period of time in question. The address on these documents must agree with the permanent address on your application form or the previous addresses you have listed below.

COMPLETE THE INFORMATION BELOW

Name _____ Phone_____

ID # or SS# _____

Program for which you are requesting to establish your residency _____

Please list all addresses you have lived at for the time period involved (see the special admissions bulletin for the time period).

_____
Street City State Zip

_____
Street City State Zip

_____
Street City State Zip

List the two documents you are submitting to verify your permanent address.

Category 1 _____ Category 2 _____

The above information is a true and accurate statement of my residency.

_____
Student signature Date

(Applicants cannot complete the Affidavit for Residency for themselves.)

Linn-Benton
COMMUNITY COLLEGE

Admissions & Records

AFFIDAVIT OF RESIDENCY IN OREGON

STATE OF OREGON)

COUNTY OF _____)

I, _____ , being first duly sworn, state the following:
(Landlord certifying residency)

That _____ has lived at
(student's name and ID #)

_____
(street, city, state)

since _____ .
(date first at above address)

By affixing my signature, I hereby affirm that this information is accurate and correct. I further state that my statement is not for any fraudulent purpose.

_____ _____
(date) **(signature of Landlord certifying residency)**

NOTARIZATION: Subscribed and sworn before me this ____ day of _____ , 20 _____

_____
Notary Public for the State of Oregon

My Commission expires:

6500 Pacific Blvd SW Albany, Oregon 97321 (541) 917-4812

LINN-BENTON COMMUNITY COLLEGE
CRIMINAL BACKGROUND CHECK (CBC) RELEASE AGREEMENT

NAME: _____ PROGRAM: _____

SSN: _____ PHONE: _____

E-MAIL: _____

STUDENT ADDRESS: _____ City: _____ State: _____ ZIP: _____

I understand, if admitted, I will be required to process a LBCC approved criminal background check, including verification of non-exclusion from the federal Health & Human Services Office of Inspector General's (HHS OIG) secure database, for continued admission to my chosen program.

I understand the reports may include specific and personal information about my character, general reputation and background. I authorize LBCC to report whether my background checks are "clear" or "not clear" (meaning the reports show reportable incidents, or exclusions) to external clinical or practicum sites. I understand this will be done in order to place me in a clinical practicum or work experience situation. I understand this is the sole use and purpose of this information and that LBCC will otherwise keep this information confidential in compliance with rules regarding the privacy of student records, Fair Credit Reporting Act and other applicable regulations. I also understand that if my CBC is "not clear," I may appeal the LBCC determination. I authorize Linn-Benton Community College (LBCC) to use any of my personal information, including social security number (SSN) and date of birth (DOB), required to further process my CBC.

I understand that any exclusion found on the HHS OIG report will disqualify me from admission and there is no appeal.

I understand and acknowledge these background checks are not being used to determine my general admission to LBCC, they do not guarantee eligibility for clinical placement, licensure or employment in my chosen field of study. If the CBC results prevent me from being placed in a clinical or practicum experience, I acknowledge I will not be admitted to the program and my space will be given to the next eligible applicant. I agree to run a true and accurate report based on my personal history that will include all counties I have resided in. I acknowledge some licensing boards, or employers, may require more extensive reports.

I acknowledge and agree I have a responsibility to self-disclose and notify the program coordinator in writing if my criminal background or HHS OIG status changes at any time between this date and the date of my program completion. I understand any falsification, misrepresentation, or omission of required information may result in immediate removal from the program and disciplinary action. If admitted and subsequently excluded by the HHS OIG or convicted of a crime that will disqualify me from clinical placement or licensure, I understand I will be disqualified from continuing in the program.

If I am charged with a crime, but not convicted, I may be subject to significant disruption in my clinical placement (and overall progression through the program) if the clinical site requires the charge be resolved as a condition of continuing in that placement. The college cannot control the factors a clinical site may use to restrict a student from its premises. It may be necessary for LBCC personnel to consult with clinical site personnel on matters related to past, or pending, criminal charges; my signature below is my consent to such consultations.

I have read and understand this release agreement and the Fair Credit Reporting Act information located at http://www.ftc.gov/bcp/menus/consumer/credit/rights.shtm, and agree to hold LBCC, its officers, agents and employees harmless from any liability resulting from the use of the information requested. The criminal background information is compiled from and processed by various third party sources through CertifiedBackground.com. LBCC does not guarantee, or assume any responsibility for the accuracy of the information obtained from CertifiedBackground.com, or other sources, and shall not be liable for any losses or injuries now or in the future resulting from or relating to the information provided by them.

By my signature I agree to the above terms.

_____

Student Signature Date

Questions? Contact Dorothy Moran at dorothy.moran@linnbenton.edu

Revised: 9/11/2013

2014 Dental Assistant Post Admission Requirements

Please do not submit these records with your Minimum Application Requirements. Applicants who receive a Letter of Admission will be required to complete all the tasks listed below by the deadline stated in their admission packet in order to keep their seats in the program. All necessary instructions to do so will be provided with the admission email. The following is subject to change:

ADMITTED STUDENTS ONLY…

Complete in order to keep your seat in the program:

1) **Confirmation:** Confirm your desire to accept admission into to the program prior to mandatory orientation.
2) **Mass Registration:** Attend Mass Registration on Friday, June 6, 2014, 1pm-3pm, room RCH-213.
3) **Register:** Register for Fall term courses required by the program
4) **Criminal Background Check (CBC):** Complete the LBCC approved CBC. Information will be provided with your letter of admission (estimated cost is $60; NOT included in program cost estimate).
5) **Immunization/Medical Screening Records:** Electronically submit the appropriate immunization records, physical exam and CPR documentation. Only the 3rd in the HepB series will be accepted after the deadline stated in your admission letter (estimated review cost is $20; cost of immunizations, physical and CPR certification varies; NOT included in program cost).
   a. **Hepatitis B*** – positive titer <u>or</u> begin the 3 dose series
   b. **MMR (Measles, Mumps, Rubella)*** – positive titer <u>or</u> 2 dose series
   e. **TB (Tuberculosis) Skin Test (PPD)*** – Negative PPD within last 12 months and repeated annually
   f. **Physical Exam –** Submit the Physical Exam Form completed by a M.D., D.O., or RNP.
   g. **CPR/First Aid** – Submit proof of current Healthcare Provider or Professional Rescuer CPR certification through either Red Cross or American Heart Society only; students are required to keep CPR current throughout the duration of the program.

   ***** *Documentation: Proof of vaccination/medical screening must be a copy of an official immunization card / copy of an original immunization/medical screening document. Documentation must include: 1) Your name, 2) Date of Birth, 3) Agency or provider administering the injection, test, etc, 4) Name of injection, test, etc and results, if applicable, 5) Date of injection, test, etc, 6) Signature, official stamp or letterhead of your provider.*
6) **Mandatory Meeting:** Date/Time TBA; Student Kit fee will be required at or prior to this time, cost TBA.