

Washtenaw Community College
Dental Assisting (CFDAC)-Pathway I (Campus)

Fall 2025 Entry (2025-2026 Academic Year)

Application Deadline: **Until all seats are filled or Monday, August 11, 2025 at 12pm** (whichever comes first)

PROGRAM APPLICATION AND REQUIREMENTS CHECKLIST

WCC Student ID: _____ Date: _____

Last Name: _____ First Name: _____ Middle Name: _____

Previous/Former Names: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____

WCC Email/netID: _____ Other Email: _____

REQUIRED CHECKLIST

All of the requirements below **must** be successfully completed **before** submitting an application to the program.

1. **Admission to WCC**

An [admission application](#) to the school can be submitted on WCC's website.

2. **Participate in a Mandatory Information Session**

Students must participate in an information session before applying to the program. Please contact Jodi Neuman in the Dental Assisting Department at jneuman@wccnet.edu.

Date Attended

3. **Program Prerequisite Courses**

Please indicate how you met each requirement below.

- a. [HSC 101](#) (Healthcare Terminology) or [HSC 124](#) (Medical Terminology) with a minimum grade of **C+/2.3**. Students who have completed [BIO 109](#) (Essentials of Human Anatomy and Physiology) or [BIO 111](#) (Anatomy and Physiology – Normal Structure and Function) with a minimum grade of **C+/2.3** will have requirement for HSC 101 or HSC 124 waived.

School	Subject	Course	Grade	Credits	WCC Equivalent (if transfer)

4. **Academic Reading Level of 6 (College Level)**

Levels are established based on test scores, course completion, or exemptions based on high school or prior college. Visit WCC's website to determine the necessary [scores or exemption requirements](#) for [establishing your level](#) or for information regarding [assessment testing](#) at WCC.

5. **Academic Writing Level of 6 (College Level)**

Levels are established based on test scores, course completion, or exemptions based on high school or prior college. Visit WCC's website to determine the necessary [scores or exemption requirements](#) for [establishing your level](#) or for information regarding [assessment testing](#) at WCC.

6. **Verification of High School Diploma or its Equivalent, or Post-Secondary Degree.**

Please indicate how you met this requirement below and submit the appropriate documentation to verify.

- High school graduate. Submit diploma or transcript with posted graduation date.
- High school equivalency completion (e.g. GED). Submit completion certificate or GED.
- Middle College student expecting to meet all State of Michigan high school diploma requirements by the end of the Spring/Summer 2025 semester. Submit completed **Middle College Status Verification Form** (page 8).
- College/University graduate. Submit degree/diploma or transcript with posted graduation date.

7. **18 Years of Age by May 15th of the year of program completion**

Submit a copy of your Driver's License, State ID Card, Passport, or Birth Certificate.

8. **Program Application and Requirements Checklist** (this form, pages 1-3)

9. **Additional Information Form** (pages 4-5)

10. **Background Information Acknowledgement Form** (page 6)

11. **Technical Standards for Health Science Programs at WCC** (page 7)

Please visit WCC's [Technical Standards Process for Requesting Accommodations](#) website for details on requesting accommodations through WCC's [Learning Support Services](#).

I have successfully completed all required checklist items and I have included all documentation needed to verify these requirements.

Student's Printed Name: _____ Student ID: _____

*Student's Signature: _____ Date: _____

An electronic signature will be recognized **ONLY IF this document is submitted directly from the students WCC email address.*

Student Notes/Comments (optional):

SUBMITTING APPLICATION

The preferred method of submitting an application is by email **directly from the student's WCC email**. It's recommended that applicants complete the fillable fields and attach their completed packet along with all supporting documentation. Students can scan or take pictures of their documentation.

Email	healthadmissions@wccnet.edu – <i>Preferred method of submission</i>
Mail	Health & 2nd Tier Admissions, Washtenaw Community College, 4800 E Huron River Dr, Ann Arbor, MI 48105
In-Person	Student Welcome Center (2nd floor, Student Center)

Applications must be **received** by WCC's Health and 2nd Tier Admissions Office prior to the application deadline. **Upon receipt of an application, an email is sent to the student's WCC email** within 2 business days or within 1 hour if submitted on the application deadline date. **If you do not receive an email confirmation, please contact our office.**

Students with questions or concerns regarding WCC's [Limited Enrollment Admission Process](#) or submitting an application to the program should contact the Health and 2nd Tier Admissions Office at (734) 973-3596, (734) 477-8998, or healthadmissions@wccnet.edu.

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ADDITIONAL INFORMATION FORM

Additional information is provided below that is important and pertains to the program. **Please carefully read all statements.**

1. The requirements outlined in this packet are based on the academic year/semester indicated above. Admission requirements and criteria are reviewed annually and subject to change. You are expected to meet all admission requirements for each semester you apply, and if offered admission, you must meet all [program requirements](#) for the **catalog term** in which you **first begin** the program.
 - a. Program applications are semester-specific and only valid for the semester in which you applied. If your application is closed for any reason and you wish to be reconsidered for admission, you will need to meet all current admission requirements and submit a new application to a future semester.
 - b. Each year, approximately 18 students are accepted to the program for a Fall semester start. This is a full-time program and no part-time option is available.
2. This program utilizes WCC's [Limited Enrollment Admission Process](#) for determining admission. Applicants are required to meet all admission requirements and are admitted to the program on a **first-qualified, first-admitted basis until all seats are filled**.
 - a. If there are more qualified applicants than seats available for two or more consecutive admission cycles, WCC reserves the right to utilize our [Competitive Admission Process](#) for determining admission to future semesters. Information regarding WCC's [Admission to High Demand Programs](#) board policy and [point scales](#) used for calculating points can be found on our website.
3. Please read and review the [degree requirements](#) including continuing eligibility requirements. Visit the [Dental Assisting Department](#) website for additional information regarding the program.
4. **All communication regarding your application and admission status is sent directly to your WCC student email address. It is extremely important to check your WCC email weekly (minimally) so you do not jeopardize your status.** WCC assumes any information sent to your WCC email has been received. In addition, it is important to keep all contact information current in the College system (including addresses, emails, and phone numbers). If we are unable to reach you and/or you do not respond to any contacts made by WCC regarding your application and/or status in the program, **your application will be closed**.
 - a. Contact information can be updated through your [MyWCC](#) account by clicking on *Student Services*, *Student Services Dashboard*, and then *Personal Information* under the *General* menu or through the [Student Welcome Center](#) (2nd floor, Student Center) by calling (734) 973-3543 or emailing info@wccnet.edu.
5. **Official transcripts** must be submitted before any transfer credit can post to your WCC record and/or count towards application and degree requirements.
 - a. All defined courses plus any substitutions approved by the department prior to the application deadline will be used to meet prerequisite requirements. If a course is not clearly stated on your transcript and/or the course cannot be determined an equivalent based on the course description, you must provide a course syllabus for further review. **WCC is not responsible for your application being delayed due to lack of clarification or approval of a course substitution.**
 - b. If two (2) or more transfer courses are completed to meet the equivalent of one (1) of WCC's required courses, **you must meet the minimum grade requirement in each course**. Grades are not averaged between the two courses.

6. Upon admission to the program, the **Entrance Requirements** outlined below must be successfully completed to be eligible to begin the program. Students who fail to comply or meet these requirements will forfeit their seat in the program.
- a. Complete the orientation checklist within the DA Pathway I Orientation Site which will include assignments, background check, health records, etc. Details will be provided by the department.
 - b. Mandatory attendance at the new student orientation session. Details will be included in the program acceptance and alternate candidate letters.

By signing this form, I acknowledge that I have completely read and understand the statements above.

Student's Printed Name: _____ **Student ID:** _____

***Student's Signature:** _____ **Date:** _____

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BACKGROUND INFORMATION ACKNOWLEDGEMENT FORM

Under the Bureau of Health Professions (BHP) for the State of Michigan, an individual who has been convicted of a felony, a misdemeanor punishable by imprisonment for a maximum term of 2 years or a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations), **may be ineligible to take the Registered Dental Assistant (RDA) Examination and obtain a Michigan license.**

All individuals applying for a health professional license or registration in Michigan are required to undergo a criminal background check and submit finger prints. The requirement for this procedure is pursuant to Public Act 26 of 2006. If no criminal history information is found, the record will be provided to the BHP for review.

The Bureau of Health Professions will not provide a definitive answer on how the conviction will impact an applicant for a Michigan license until the time an individual applies for licensure with the state. At that time, the full history of the situation is reviewed. The BHP considers when the offense occurred, what the nature of the offense was and what has happened since the offense (schooling, etc.). They also take into consideration whether this was a single incident or if the conviction represents a pattern of behavior. If they feel comfortable with the information provided, and feel that the applicant has positively moved on with his or her life, they will proceed with processing the application.

However, if BHP continues to have concerns after reviewing the information, they can request additional information or court records. If the case is very clear and recent sanctions are still imposed, they can deny licensure. If time has elapsed since the offense but they want more assurances that the offense will not occur again, they may ask that a Notice of Intent to Deny be issued. This Notice would provide the applicant with an opportunity to request a hearing and demonstrate why he or she should be able to become licensed. An administrative law judge would hear the case and make a decision.

Please answer the questions below by checking the appropriate box on the left.

Questions	No	Yes
Have you ever been convicted of a felony or are you currently serving any sentences for felony convictions?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of two years or a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been disciplined by a regulatory board, certifying agency or examination agency or education institution?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been declared mentally incompetent by a court of law?	<input type="checkbox"/>	<input type="checkbox"/>

I understand that if I answered yes to any of the above questions, I may not be eligible to sit for the RDA licensing exam and/or obtain my RDA license.

Student's Printed Name: _____ **Student ID:** _____

***Student's Signature:** _____ **Date:** _____

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Technical Standards for Health Science Programs at Washtenaw Community College (WCC) Dental Assisting (CFDAC)

The technical standards aim to inform students choosing to enter a Health Sciences Certificate and Degree Program at WCC with the bare minimal technical standard requirements, which must be met to complete all coursework objectives and student outcomes. The listed standards encompass what is minimally required to perform the tasks necessary, with a few associated examples provided. This list is not exhaustive and can be modified as the College deems necessary. Students enrolled in a Health Science program at WCC must provide safe and effective care. These technical standards apply to any student enrolling in any one of the health sciences programs. To meet program technical standards, the student must demonstrate sufficient cognitive, emotional, professional, motor (physical), sensory, and other abilities, with or without accommodation.

Students with documented disabilities or who believe that they may have a protected disability can request accommodations that may assist with meeting the technical standards for Health Science Programs at WCC. Please contact the WCC Learning Support Services (LSS) office at (734) 973-3342 or email: learningsupport@wccnet.edu

DISCLAIMER: EXAMPLES PROVIDED ARE NOT AN EXHAUSTIVE LIST OF ASSOCIATED TASKS TO MEET PROGRAM TECHNICAL STANDARDS.

Requirements	Standard	Examples
Critical Thinking and Cognitive Competencies	Sufficient critical thinking and cognitive abilities in classroom and clinical settings	Make safe, immediate, well-reasoned clinical judgments. Identify cause/effect relationships in all clinical situations and respond appropriately. Accurately follow course syllabi, assignments, directions, academic and facility patient protocols, and any action plan(s) developed by the dean, faculty, administration, or healthcare institution. Measure, calculate, reason, analyze, and/or synthesize data as it applies to patient care.
Professionalism	Interpersonal skills sufficient for professional interaction with a diverse population of individuals, families, and groups	Establish effective, professional relationships with patients, families, staff, and colleagues with socioeconomic, emotional, cultural, and intellectual backgrounds. Capacity to comply with all ethical and legal standards, including those of the healthcare profession and the corresponding policies of the College and Clinical Sites. Respond appropriately to constructive criticism. Displays attributes of professionalism such as integrity, honesty, responsibility, accountability, altruism, compassion, empathy, trust, tolerance, and unbiased attitudes. Follow grooming guidelines set forth by the program and profession.
Communication	Communication sufficient for professional interactions	Explanation of treatment, procedure, initiation of health teaching (e.g., teach-back or show-me method). Accurately obtain information from patients, family members/significant others, health team members, and/or faculty. Documentation and interpretation of health-related interventions and client responses. Read, write, interpret, comprehend, and legibly document in multiple formats using standard English.
Mobility	Physical abilities sufficient for movement from room to room and in small spaces	Functional movement about patient's room, workspaces, and treatment areas. Administer rescue procedures such as cardiopulmonary resuscitation. The physical ability to transition quickly to accommodate patient needs and to maneuver easily in urgent situations for patient safety.
Motor Skills	Gross and fine motor abilities that are sufficiently effective and safe for providing Allied Health Care	Ability to effectively calibrate and use equipment. Strength to carry out patient care procedures, such as assisting in the turning and lifting/transferring of patients. Perform and/or assist with expected procedures, treatments, and medication administration using appropriate sterile or clean techniques (for example, CPR). Physical endurance is sufficient to complete all required tasks during the assigned period of clinical practice.
Sensory	Auditory and visual ability sufficient for observing, monitoring, and assessing health needs	Ability to detect monitoring device alarms and other emergency signals. Ability to discern sounds and cries for help. Ability to observe client's condition and responses to treatments. Ability to collect information through listening, seeing, smelling, and observation and respond appropriately. Ability to detect foul odors, smoke, changes in skin temperature, skin texture, edema, and other anatomical abnormalities.
Observation	Ability to sufficiently make observations in a health care environment, consistent with program competencies	Accurate interpretation of information obtained from digital, analog, and waveform diagnostic tools such as temperatures, blood pressures, cardiac rhythms, and diagnostic tools. Observation and interpretation of the following: patient's heart and body sounds, body language, the color of wounds, sensitivity to heat, cold, pain, and pressure, and signs and symptoms of disease, pain, and infection.
Tactile Sense	Tactile ability sufficient for physical assessment	Ability to palpate in physical examinations.

Version 6/5/24

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MIDDLE COLLEGE STATUS VERIFICATION FORM

Required for Middle College students ONLY.

Students currently enrolled in a Middle College must have their Base Advisor/Counselor complete this form to verify their status. All State of Michigan high school diploma requirements must be successfully completed by the end of the Spring/Summer 2025 semester to be eligible to begin the Dental Assisting program in the Fall 2025 semester. Please reach out to your Middle College Base Advisor/Counselor for guidance on meeting high school diploma requirements.

To be completed by student's Middle College Base Advisor/Counselor:

Student's Name: _____ **WCC Student ID:** _____

Please answer the following questions regarding the status of the student indicated above:

1. Does the student attend Washtenaw Technical Middle College (WTMC)? Yes No
 - a. If no, what Middle College does the student currently attend? _____

2. Does the student currently meet all State of Michigan high school diploma requirements? Yes No
 - a. If no, when is the student expected to meet all requirements? _____

*NOTE: If the students high school diploma requirements are not currently met but the student is expecting to complete all requirements by the end of Spring/Summer 2025, an updated form will need to be completed **AFTER** all requirements have been met to confirm the student's eligibility to begin the program.*

3. When is the student expected to graduate from Middle College? _____

Comments (optional):

Middle College Base Advisor/Counselor Name (Printed): _____

Phone Number: _____ **Email:** _____

***Signature:** _____ **Date:** _____

An electronic signature will be recognized **ONLY IF this document is **submitted directly from the Advisors/Counselors official school email address.** Please send the completed form to healthadmissions@wccnet.edu. If a paper form is completed with a physical signature, please attach a **business card** or statement on **school letterhead** to verify the information.*