



**FOOTHILL COLLEGE  
PROCEDURES FOR DENTAL ASSISTING  
PROGRAM APPLICANTS  
2017**

Application deadline: **Thursday June 15<sup>th</sup>, 2017 or until program is filled**

Thank you for your interest in the Foothill College Dental Assisting Program.

**PLEASE READ AND KEEP INFORMATION PAGES 1-4  
COMPLETE AND RETURN APPLICATION PAGES 5-8**

**ADMISSION INSTRUCTIONS**

**Please read the following instructions carefully:**

1. The prerequisites for admission are:
  - high school diploma (foreign diplomas/documents accepted), **OR** GED, **OR** completion of all General Education requirements; (if transcripts/documents are unavailable/not accessible the student should provide an explanation on the application in the space provided – the explanation will be accepted in lieu of transcripts)
  - compliance with the Technical Standards on page 6.
2. Requirements (but not prerequisites) for graduation include eligibility for ENGL 110 or ESL 25 or higher and eligibility for MATH 230 or higher. These requirements can be fulfilled either by taking and successfully scoring on the Math and English placement tests or these classes can be taken before, during, or after the program.
3. Applicants who have previously applied must submit the current application and all necessary transcripts with coursework they have completed since the previous application. We keep documentation for one year.
4. One official (unopened) copy of high school and college transcripts are required for all applications. Students who have graduated from a foreign country can submit copies of transcripts/documents as proof or if transcripts/documents are unavailable/not accessible the student should indicate so on the application.
5. Your completed application, with transcripts attached should be mailed to:

**Foothill College  
Dental Assisting Program  
12345 El Monte Road  
Los Altos Hill, CA 94022  
Attn: Ms. Cara Miyasaki**

**\*We strongly recommend you mail your application with some sort of online tracking mechanism with the US post office, UPS or FedEx.**

5. **Application deadline:** Applications are available year-round. Applications on file before Thursday, June 15<sup>th</sup> is will have priority; however, if the program is not filled applications will continue to be accepted after the deadline. Contact the program director, Ms. Cara Miyasaki, at [miyasakicara@fhda.edu](mailto:miyasakicara@fhda.edu) to find out if there are openings in the program.

**ADMISSION PROCEDURES**

1. Admission is based on criteria approved by Foothill College and consistent with State and Federal law, regulations and program accreditation guidelines. Admission is limited to 24 full-time students.

2. As stated in #5 above, Applications are available year-round. Applications are screened and notification of acceptance will occur within two weeks of receipt of the application.
3. Once an applicant is formally accepted into the program by email notification from the program director, the applicant will be responsible for completing certain requirements prior to the start of the program in September 2017. Detailed program information and these requirements can be found at this URL:

<http://www.foothill.edu/bio/programs/dentala/students/eforms.php>

#### **Physical Examination:**

All applicants admitted into the program will be required to complete a physical examination by a physician of their choice, or on campus through Health Services. Admission will be contingent upon completion of the examination form, and must be returned to the Foothill College Dental Assisting Program by the first day of school, **September 25, 2017**. This evaluation will help us determine your ability to comply with the technical standards of the program, which are listed on page 6 of the application. Physical examinations and immunizations are also required to attend most clinical internships.

#### **Background Screening and Drug Testing:**

Background screening and drug testing is required of all accepted Allied Health students at Foothill College. Positive results could impact a student's chance of attending clinics, completing the program requirements, or gaining a license to practice upon graduation. If you are an international student and do not have a Social Security number, there is a special comments section on the background check form to explain the details of your visa, green card, etc. **Please be aware that a valid Social Security number is absolutely necessary to apply for, take the California state licensing examination, and obtain an X-ray certificate at the end of the Dental Assisting program.**

**The cost of the required physical examination, background screening, and drug test will be paid by the accepted student.** Students accepted into the program will be provided with specific details in the Admission packet.

#### **FINANCIAL INFORMATION**

**\*For current registration fees, go to this link:** <http://www.foothill.edu/reg/fees.php>

Additional program expenses are included on the attached list. Please be advised that most books and uniforms are purchased at the beginning of the program and used throughout the year.

Thank you for your interest in the Dental Assisting program.

Sincerely,

**Cara Miyasaki**

Cara Miyasaki, RDHEF, MS

Director, Dental Assisting Program

MiyasakiCara@fhda.edu

## DENTAL ASSISTING EXPENSES 2017 – 2018

The following is an estimated expense list for items that will be needed during the Dental Assisting Program for full-time students. The Dental Assisting Kit is a required purchase by the vendor chosen by the Dental Assisting Program for all full-time students, and no substitutions are allowed.

**The cost of the required physical examination, background screening, and drug test will be paid by the student.** The cost will vary according to the location the student chooses for the physical examination.

<b>Fall quarter</b>	<b>(\$31.00 per unit x 19.5 units)</b>	
1. Registration for Fall quarter	<ul style="list-style-type: none"> <li>• Paid at time of class registration by internet or phone registration</li> <li>• International Students \$152/unit = \$7,068 (46.5 units)</li> </ul>	\$ 650.00
2. Books (required list only)	<ul style="list-style-type: none"> <li>• Books can be purchased from the bookstore</li> </ul>	600.00
3. Student kit (Fall Qtr. only)	<ul style="list-style-type: none"> <li>• Paid to UCLA Health Sciences Store during Summer, 2017.</li> </ul>	425.00
5. Uniform (not including shoes)	<ul style="list-style-type: none"> <li>• Purchased independently by student</li> </ul>	200.00
6. Hepatitis B vaccine	<ul style="list-style-type: none"> <li>• Use personal doctor or Foothill's Health Services Dept.</li> </ul>	120.00
<b>Total Fall Quarter Expenses</b>		<b>\$ 1,845.00</b>

<b>Winter quarter</b>	<b>(\$31.00 per unit x 13 units)</b>	
1. Registration for Winter quarter		\$ 400.00
2. Books		100.00
3. Clinical experience: Transportation to clinical working sites is necessary and the responsibility of the student. This will occur twice a week in Winter quarter.  Fuel and parking costs		500.00
4. Student kit		100.00
<b>Total Winter Quarter Expenses</b>		<b>\$ 1,100.00</b>

<b>Spring quarter</b> (\$31.00 per unit x 14 units)	
1. Registration for Spring quarter	\$ 500.00
2. Books	\$ 100.00
3. Clinical experience Transportation to clinical working sites Fuel	100.00
4. Student Kit (Spring only)	\$ 300.00
<b>Total Spring Quarter Expenses</b>	<b>\$ 1000.00</b>

<b>Other Fees</b>	
State Registered Dental Assisting Exam	\$ 200.00
Dental Assisting National Board Exam	\$ 125.00- 225.00

**Grand Total (Approximately) \$ 4,470.00**

***Keep this Information Section – Keep this Information Section***

**DO NOT SUBMIT pages 1-4 WITH APPLICATION**

**FOOTHILL COLLEGE  
2017 DENTAL ASSISTING PROGRAM  
APPLICATION FOR ADMISSION**

1. Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last Name) (Middle Initial) (First Name)

2. Foothill College Student ID Number: \_\_\_\_\_ or Date of Birth (Day/ Month) \_\_\_\_\_

3. Permanent Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_ City State Zip Code

4. Telephone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

5. Current **VALID** E-mail Address **required using the following format:**

**A B C D E F G H I J K L M N O P Q R S T U V W X Y Z Ø 1 2 3 4 5 6 7 8 9**

@

6. Education:

Dates From - To	School or College/Location	Major/Degrees Units Completed	Transcripts attached
/ to /	Name of High School:		Circle one: Yes No My foreign transcript is unavailable
/ to /	Name of College:		Circle one: Yes No My foreign transcript is unavailable
/ to /	Name of College:		Circle one: Yes No My foreign transcript is unavailable
/ to /	Name of College:		Circle one: Yes

			No  My foreign transcript is unavailable
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7. Do you have a high school diploma?    Yes            No

8. If no, do you have any of the following?

a. GED certificate    Yes            No

b. Completion of college Gen. Ed. Requirements                                  Yes            No

c. Secondary school diploma outside the U.S.    Yes            No

If transcripts or documents unavailable from foreign country, please provide an explanation below:

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Mail this completed application (pages 5-8 only) with transcripts/documents to:

Foothill College  
 Dental Assisting Program Applications  
 12345 El Monte Road  
 Los Altos Hills, CA 94022  
**Attn: Ms. Cara Miyasaki**

**\*We strongly recommend you mail your application with some sort of online tracking mechanism with the US post office, UPS or FedEx.**

**FOOTHILL COLLEGE  
2017 DENTAL ASSISTING PROGRAM  
APPLICATION FOR ADMISSION**

**TECHNICAL STANDARDS - DENTAL ASSISTING PROGRAM**

The following statements identify the technical standards appropriate to the profession of Dental Assisting and students enrolled in the Dental Assisting Program.

- A. Do you possess sufficient finger dexterity and eye/hand coordination to perform large and small motor coordination?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- B. Are you able to perform skills related to emergency procedures?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- C. Are you able to communicate both verbally and non-verbally in an effective manner to explain procedures and give instructions?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- D. Are you able to understand and react quickly to verbal instruction?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- E. Do you possess eyesight capable of viewing small visual images, and distinguish between black, white, and subtle shades of grey?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- F. At the end of the training program, the Dental Assistant must be able to:
1. handle stressful situations related to technical and procedural standards of patient care situations, thus avoiding injury to the patients.
  2. provide physical and emotional support to the patient during procedures.
  3. follow directions effectively and work closely with members of the health care community.
  4. perform skills related to emergency procedures required in the field

If you cannot perform one or more of the technical standards identified above, please explain:

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I have read and understand the Technical Standards - Dental Assisting Program.

\_\_\_\_\_  
Signature Date

If you answered, "**No**" to any of the questions above, you may still submit an application however, be advised that your inability to meet one or more of these standards may preclude you from meeting some of the program requirements, or finding employment in the field. It is strongly recommended you schedule a meeting with the Program Director to discuss your individual situation.

## SUPPLEMENTAL INFORMATION

**THE FOLLOWING INFORMATION IS NOT REQUESTED OR UTILIZED IN THE SELECTION PROCESS. IT IS DESIGNED TO PROVIDE THE MOST EFFECTIVE COUNSELING AND GUIDANCE TO THOSE ACCEPTED INTO THE PROGRAM.**

### FINANCIAL INFORMATION

While in the program, you will require significant financial support. The following questions are intended to identify the means by which you will meet this end.

- A. Dental Assisting students are commonly assigned clinical activities at hospitals or clinics removed from the campus.  
Will you be able to provide transportation for such assignments? Yes \_\_\_\_\_ No \_
- B. Will you be able to assume financial responsibility for your travel and parking costs to such assignments? Yes \_\_\_\_\_ No \_\_\_\_\_
- C. Do you think it will be necessary for you to work while enrolled?  
During the first year? Yes \_\_\_\_\_ No \_\_\_\_\_  
During the second year? Yes \_\_\_ No \_\_\_\_\_
- D. For how many individuals other than yourself are you partially or fully responsible financially? \_
- E. Will any of the following present serious financial problems?  
\_\_\_\_\_ housing      \_\_\_\_\_ transportation      \_\_\_\_\_ food      \_\_\_\_\_ clothing  
\_\_\_\_\_ uniforms      \_\_\_\_\_ medical care      \_\_\_\_\_ books

### GENERAL INFORMATION

- A. Do you have any objection to occasional evening, Saturday, or Sunday class or clinical assignment? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- B. Have you ever been arrested and convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: This information may be extremely important in identifying potential licensure problems that graduates may face after completion of the program.**

I verify the information supplied is complete and accurate.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date