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# DENTAL ASSISTING

Selective Admissions Criteria

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Program Information and Application



271 Scott Swamp Road • Farmington, CT 06032 • [www.tunxis.edu](http://www.tunxis.edu)  
**Admissions Office** 860.773.1490

# DENTAL ASSISTING

## Selective Admissions Criteria

### Admissions Requirements: Dental Assisting Program

**Application deadline is April 15** (prior to the Fall semester for which you wish to be considered for the program).

**It is the student's responsibility to make sure that his/her file is complete to be considered for admission into the Program. As a Selective Admissions Program,** it is strongly suggested that candidates submit their application material early for review and consideration for initial Program admission. At minimum, candidates should submit their application material at least 3 weeks in advance of the April 15<sup>th</sup> deadline to ensure timely receipt. **After April 15, if additional seats remain available, qualified applicants may be considered as alternate candidates on a rolling basis.**

**A maximum of 24 applicants will be offered a position in the class.** Applicants and alternates not selected for admission, who would like to be considered for the following year, need to reapply and submit materials prior to the next April 15 deadline.

#### **Applicant Checklist:**

**Step 1: Attendance at a Dental Assisting information session is required.** For information on upcoming information sessions and to reserve a seat, visit the Dental Assisting website: [www.tunxis.edu/ah](http://www.tunxis.edu/ah).

Information sessions are held throughout the year. However, it is recommended that students attend an information session *in the fall* prior to the April 15 deadline to learn about the Tunxis Dental Assisting program, application process and requirements, and careers in dental assisting. Students must **"sign in"** at the session to receive credit for attendance.

#### **Step 2: All applicants must submit the following to the Admissions Office:**

- Completed Tunxis Community College Admissions Application, if you are not already a Tunxis student. Applications are available on the Admissions website ([www.tunxis.commnet.edu](http://www.tunxis.commnet.edu)).
- Dental Assisting program application.
- Proof of immunization (MMRV);
- Proof of high school completion in the form of GED, diploma or transcript.
- If applicable, have your "official" college or university transcripts sent directly from the schools to Tunxis. Transcripts must be official.

**Step 3:** Once your application is processed, you will receive a letter regarding your application status which may include instructions for contacting the Academic Success Center 860.773.1530 to schedule an appointment for the placement test. All applicants who have not completed the equivalent of Composition must complete the college placement test for English. (To learn about exemption options see the Academic Support Center's placement testing website for details.) A picture ID is required for placement tests. **Placement tests must be completed by April 15.**

*\*Students need to place into English Composition at the time of program application. If additional seats are available, students who test into and complete ENG 093 or ENG 096 (with a grade of C- or higher) prior to program start, may also be considered.*

**Step 4:** Applicants will be notified by May 1 of Admissions decisions.

**Step 5:** If required per the Dental Assisting Program Coordinator, you will provide Verification of Job Shadowing form. Contact a dental office of interest to you and complete 20 hours of "job shadowing." **Submit the Verification of Job Shadowing form to the Dental Assisting Program Coordinator by August 1st.**

**Step 6:** Basic Life Support/CPR for Health Care Professionals and First Aid certification through the American Red Cross; American Heart Association; or other Dental Assisting National Board approved provider must be completed **before** the start of the fall semester classes as it is a prerequisite. BLS/CPR for Health Care Professionals and First Aid certification will be offered at Tunxis in the Summer Session at an extra cost to meet the fall semester prerequisite for students that have not previously met this requirement.

**Other Requirements:** Upon Acceptance Into the Dental Assisting Program, students will be provided with additional forms for a physical examination and immunizations.

- Physical exam within the last year. Verification of Tuberculin Test/PPD, Hepatitis B vaccination, and Td (tetanus) in addition to proof of MMRV submitted.



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### Dental Assisting Certificate

This 33-credit program in dental assisting provides the skills and knowledge necessary to function effectively as an integral member of a dental health team. You will learn chairside dental assisting and related office and laboratory procedures allowed by State law under the direction and supervision of the dentist.

This program prepares you to take the Dental Assisting National Board Certified Dental Assistant exams.

### Dental Assisting Program Fees\*

#### Summer Semester

DA Research Seminar {\$352.00 Tuition (2 credit), \$10.00 Student Fee, \$99.00 College Service Fee} \$461.00

#### Fall and Spring Semester Totals

Tunxis tuition and fees (in-state) \$3,912.00

College Services Fee \$472.00

Transportation Fee \$40.00

Student Activity Fee \$40.00

Clinical Program Fee Level 2 (\$359.00 per semester, Fall and Spring only) \$718.00

#### Winter Semester

Radiography Theory & Practice for the DA

Tuition \$733.50

Supplemental Course Fee \$205.00

Materials Fee \$51.00

#### Other Program Costs Not Payable to Tunxis

National Exam Fee, payable to DANB by personal check, Visa/MC, money order or certified check (\$270 ICE due Oct 15, \$270 RHS due Nov 15, \$270 GC due Mar 15 (includes \$50 reg fee) \$810.00

\*\*Text Books \$1,000.00

Castle Branch Medical Records Management \$50.00

Concentra Substance Abuse Testing \$62.00

Typhon—payable online directly to Typhon \$90.00

Digital portfolio account fee \$20.00

**Uniforms** – includes safety glasses, scrub tops and pants 92 each), lab coat, fleece jacket, shoes \$260.00

**\*\*Student Kit**— blood pressure kit, utility and treatment gloves, masks, tackle box, clip board, red and blue pencils, Typodont model, prepped teeth. \$450.00 (approx.)

ADAA Student Membership \$35.00

**Estimated Total** **\$9,409.50**

\*All fees are annual and based on full-time enrollment except as noted. All costs are **approximate** and subject to change without notice.

\*\*Costs associated with Text Books and the Student Kit may qualify under Financial Aid.

### Program Coordinator

Gary L Jacobs, CDA, RDH, BS Ed., MPA

860.773.1680

[gjacobs@txcc.commnet.edu](mailto:gjacobs@txcc.commnet.edu)



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### Dental Assisting–Certificate Program

The following are required courses. Specialized coursework must be taken in the outlined sequence. A GPA of 2.0 or better is required for progression in the program. All students who have not completed the equivalent of “Composition” must complete the college placement test and place into “Composition” to begin the program.

<b>Course #</b>	<b>Title</b>	<b>Credits</b>
<b>Summer</b>		
DAS*142	Dental Assisting Research Seminar	2
<b>Fall Semester</b>		
DAS*130	Dental Materials for the Dental Assistant (a)	3
DAS*140	Essential Chairside Functions for the DA (a)	4
DAS*144	Preventive Dentistry (a)	3
DAS*146	Oral Anatomy for the Dental Assistant (a)	3
DAS*148	Principles of Radiation for the Dental Assistant (a)	3
<b>Winter Intersession</b>		
DAS*164	Radiography Theory & Practice for the Dental Assistant (a)	3
<b>Spring Semester</b>		
DAS*170	Practice Management, Law and Ethics (a)	2
DAS*172	Dental Assisting Externship Experience (a)	7
Select one of the following courses:		
COM*172	Interpersonal Communication (a) or	
COM*173	Public Speaking (a)	3
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Total		33

(a) Prerequisite and/or co-requisite required.

### NOTES:

Students with disabilities may be eligible for academic adjustments. See page 5 for statement of program’s required abilities.

The ability to obtain a certification through the Dental Assisting National Board may be affected due to a felony conviction.

This program is accredited by the Commission on Dental Accreditation of the American Dental Association, a specialized accrediting body recognized by the Commission on Recognition of Post-Secondary Accreditation and by the United States Department of Education. The Commission on Dental Accreditation may be contacted at 312.440.2719 or at 211 East Chicago Avenue, Chicago, IL 60611.

### Special Admission Requirements

The following additional essential functions are also expected of all students with or without accommodations. Students must be able to fulfill the essential functions of the job without endangering patients or other health care workers. Students with disabilities may be eligible for accommodations.

#### Students must have the following abilities:

- proficiency in their use of the English language and must possess effective oral and written skills to accurately transmit appropriate information to patients/clients, faculty, colleagues, and other health care workers
- gross and fine motor skills sufficient to lift, position, and operate equipment
- interpersonal skills such that they are capable of interacting with individuals, families and groups from a variety of social, economic and ethnic backgrounds
- the physical mobility necessary to move from place to place in small spaces as well as full range of motion, manual and finger dexterity
- physical endurance that enables them to stay on task for a prolonged period while sitting, standing or moving
- a high degree of hand-eye coordination
- auditory ability and other sensory skills must be sufficient to monitor and assess the health needs and diagnose the oral conditions of patients as well as maintain patient safety
- visual acuity and adequate spatial perception
- intact proprioception (the ability to sense pressure/force)
- the ability to present a professional appearance, maintain personal health and be emotionally stable

Note: The ability to progress in the program, visit clinical sites/dental offices, or obtain a certificate may be affected due to a felony conviction.

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### Immunizations

Students will receive a packet of information at the time of acceptance into the Tunxis Community College Dental Assisting program.

### Criminal Background Checks

Some clinical learning sites require students to undergo a background check for felony convictions. Students who do not pass the background check may be excluded from the clinical site and may not be able to meet the competencies required for the program.

### Clinical Sites

Clinical Dental Assisting learning experiences are planned as an integral part of the dental assisting courses and are held at a variety of health care settings, such as hospitals, private dental offices and selected community health centers. Students are responsible for arranging their own transportation to and from assigned clinical sites. Dental Assisting externships may be assigned during daytime, evening, or weekend hours. Assignment of clinical sites is at the discretion of the dental assisting faculty.

### Waiver of Licensure Guarantee

Upon successful completion of each section of the Dental Assisting certificate program, the student is eligible to take the corresponding section of the Dental Assisting National Board. Completion of the Dental Assisting program does not insure a certification in dental assisting. Certification requirements and procedures are the responsibility of the Dental Assisting National Board.

### Felony Conviction

At the time of application for certification an applicant will be asked the following question by the Dental Assisting National Board: ***“Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state? If your answer is “yes,” give full details, dates, etc. on a separate notarized statement and furnish a certified court copy (with court seal affixed) of the original complaint, the answer, the judgment, the settlement, and/or the disposition.”***

### Other Requirements

As a health care professional/student, you are at an increased risk for contracting bloodborne infectious diseases. The Dental Assisting Program at Tunxis Community College is not responsible for any medical cost associated with you contracting any communicable disease during or prior to your education and/or participation in Tunxis Community College Dental Assisting Program sponsored functions. If you contract a bloodborne infectious disease before or during your enrollment appropriate health experts **must** be consulted to determine your ability to assist with patient care.



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**TUNXIS COMMUNITY COLLEGE**  
 Allied Health Department • Application for Admission  
**DENTAL ASSISTING PROGRAM**

Fall Entry Deadline:  
**APRIL 15**

Social Security # or Student/Banner I.D. @ \_\_\_\_\_ Date \_\_\_\_\_

**■ PERSONAL DATA**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Previous Name (if transcripts being sent under previous name) \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

**■ ACADEMIC DATA**

Please refer to College catalog for specific Dental Assisting admissions criteria.

Date of High School Graduation or GED Completion \_\_\_\_\_

Official transcripts or proof of graduation must be sent to the Admissions Office.

Are you a current Tunxis Student? YES NO

If yes, Attendance Dates \_\_\_\_\_ Major \_\_\_\_\_

If you are not a current Tunxis student, please complete a Tunxis Admissions Application.

Have you taken the English Placement Test? YES NO If yes, when? \_\_\_\_\_

**NOTE:** If placement testing was not taken at Tunxis, it is your responsibility to provide appropriate documentation.

Have you taken English Composition? YES NO If yes, where? \_\_\_\_\_

**NOTE:** If you have completed college level coursework in English or other courses related to the Dental Assisting program, official transcripts must be sent to the Admission Office.

Please provide additional information that you would like the Admissions Committee to consider.

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I certify that the above information is accurate.

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

*\*A felony arrest record could affect your ability to obtain employment as a certified dental assistant.*



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