

Dental Assisting Requirement Checklist

College Requirements	
<input type="checkbox"/> Application to WCCCD	District Educational Development Plan with ADHS/DA : <input type="checkbox"/> FT or <input type="checkbox"/> PT
Dental Assisting Program Requirement	
<input type="checkbox"/> Application to Allied Health. Submitted prior to May 15th *Type the 3 responses on the back of application and attach	
<input type="checkbox"/> 18 years of age or older, high School graduate, GED graduate or College graduate	
<input type="checkbox"/> Official College transcripts *If attended WCCCD, you may order an electronic copy from webgate and email to ADHS/DA. If it is coming from another college other than WCCCD, you may have it sent to your home and to WCCCD District Records (801 W. Fort St., Detroit, MI 48226) for evaluation. Once you receive your official transcript DO NOT OPEN IT because it will no longer be official if opened. Submitted prior to May 15th	
<input type="checkbox"/> English 119 (with “C” or better)/Accuplacer Test score of 276 or better on Reading Comprehension	
<input type="checkbox"/> Physical Examination *Within 6 months of program start/will need immunization record as well	
<input type="checkbox"/> TB Test *Within a year	
<input type="checkbox"/> Varicella *Will need a titer if less than 2 years	
<input type="checkbox"/> MMR *Will need a titer if less than 2 years	
<input type="checkbox"/> Hepatitis B (series started) *Will need a titer if less than 2 years	
<input type="checkbox"/> Tetanus (TDap) *Within 10 years	
<input type="checkbox"/> Dental Examination *Within 6 months of program start. Have bitewings x-rays taken only, if needed.	
<input type="checkbox"/> CPR card for Health Care Providers (American Red Cross or American Heart Association)*Provided by WCCCD after successfully passing online and hands on portion.	
<input type="checkbox"/> Criminal Background Check *Once received send via email to ADHS/DA. Submitted prior to May 15th	
<input type="checkbox"/> 2 Letters of Recommendations. Submitted prior to May 15th	
<input type="checkbox"/> Meet with Associate Dean of Allied Health Sciences/Dental Assisting -Date:	
<input type="checkbox"/> Attend mandatory orientation session *Date to be announced	

***Associate Dean of Health Sciences/Dental Assisting (ADHS/DA)**