



COLLEGE *of*
CENTRAL
FLORIDA
—an equal opportunity college—

DENTAL ASSISTING PROGRAM INFORMATION AND APPLICATION PACKET

College of Central Florida Dental Assisting programs are **limited access**.

A limited-access program is one in which both program admission and course registration are restricted to a certain number of students meeting predetermined criteria. Limited access status is justified when student demand exceeds available resources or accreditation requirements (i.e., student/faculty ratios, instructional facilities and equipment, clinical sites) or the nature of the program calls for specific admission requirements.

Limited access programs have admissions processes and criteria beyond general college admissions. While any student meeting the minimum criteria is encouraged to apply, not all applicants may be accepted.

Admission criteria for the Dental Assisting program follow and are explained in more detail inside this packet.

- High school diploma/GED
- Admission to the College of Central Florida
- Application to the Dental Assisting program
- Minimum score of 18 on the Wonderlic exam
- Observation verification and corresponding paper
- Pre-application advising documentation



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Dear Applicant:

A very exciting career in dental assisting is available at the College of Central Florida. Students learn best through a variety of methods. The Dental Assisting program is of unique nature and involves various ways of studying. It is designed to learn through classroom lectures, skills lab hours, clinical rotations at our Hampton Center as well as clinical rotations in the dental communities of Marion, Citrus and Levy counties.

The enclosed application and information packet will explain the application process to CF and the Dental Assisting program. I encourage you to attend a FREE Dental Assisting information session. To confirm dates about information sessions, please visit our website at www.CF.edu/Dental. There is never a better time than **TODAY** to begin a new and exciting career in the field of dentistry.

If you are interested in this program please contact one of us below so that we may assist you with scheduling and any academic advising needs. We look forward to working with you in the planning of your future as a health professional.

Jennifer Luffman, BAS, CDA
Program Manager, Dental Assisting
Associate Professor, Dental Assisting
352-854-2322, ext. 1702
luffmanj@cf.edu

Jerelyn S. Zacke, M.A., RDH, CDA
Program Manager, Dental Hygiene
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The Dental Assisting program is designed to train individuals to become professionals in a dental health environment. Upon completion of the program, students are eligible to sit for the Dental Assisting National Board. The program in dental assisting is accredited by the Commission on Dental Accreditation and has been granted the accreditation status of “approval without reporting requirements.” The Commission is a specialized accrediting body recognized by the United States Department of Education. The Commission on Dental Accreditation can be contacted at (312) 440-4653 or at 211 East Chicago Avenue, Chicago, IL 60611-26787. The Commission’s web address is: <http://www.ada.org/100.aspx>.

The philosophy of the program is such that it stimulates student’s learning in communication, decision-making, problem-solving, independent thinking as well as knowledge needed for performing dental assisting tasks in the office. The program is designed for the dedicated and motivated students who will graduate with qualifications to sit for the Dental Assisting National Board and ultimately become professional members of a dental team. The program is a full-time, three-semester daytime program. Students need to be flexible, mature and responsible.

GOALS:

- To provide knowledge and skills for the students so they can effectively work in all areas of dentistry
- To prepare the student for certification in advanced functions
- To prepare the student to successfully pass the Dental Assisting National Board
- To meet the job-market requirements for the community
- To provide additional counseling and coursework for those students who wish to continue their education.

In this packet you will find the following information:

- Admission criteria and other points of interest for admission to the College of Central Florida and the Dental Assisting program
- Admission criteria and process used to admit students into this limited access program
- Approximate cost for the program
- Curriculum for the program
- Application to the program
- Applicant’s checklist.

All Health Sciences programs are restricted to applicants who have met specific requirements. Data provided is informational only and not intended to be contractual in nature. Information is subject to change without notice.

NOTICE OF OPPORTUNITY TO FILE COMPLAINTS: In accord with the U.S. Department of Education’s Criteria and Procedures for Recognition of Accrediting Agencies, the commission requires accredited programs to notify students of an opportunity to file complaints with the commission. A copy of the appropriate accreditation standards and/or the commission's policy and procedure for submission of complaints may be obtained by contacting the commission at 211 E. Chicago Ave., Chicago, IL 60611-2678 or by calling 1-800-621-8099, ext. 4653.

ADMISSION CRITERIA

THERE ARE NO PREREQUISITE COURSES REQUIRED FOR THE DENTAL ASSISTING PROGRAM.

Application Deadline: June 13, 2024

To be considered for the program the student must complete the following:

1. **Application to the College of Central Florida**

Applications for admission to CF are submitted online at www.CF.edu/apply. Choose Applied Technology Diploma, Dental Assisting (5510). Students must submit official transcripts from **all** colleges attended and an official high school transcript. Admission to the college will not be completed until all transcripts are received.

Note: If you are a past CF student who has not been enrolled for a year or more, please complete the readmit application; there is no charge for readmit, but new documentation may be required.

2. **Academic Advisement**

Applicants must meet with a Health Sciences academic advisor prior to submitting the program application. At the time of the pre-application meeting with the advisor, the student will be given a copy of the Dental Assisting Checklist signed by the advisor and an unofficial copy of his or her transcripts. These documents need to be submitted with the program application.

3. **Application to the Dental Assisting Program**

Submit the Dental Assisting program application (last page of this packet) with all appropriate attachments to Jeanine Cady at cadyj@cf.edu. Applicants must have an all-college GPA of a 2.0 or higher to apply to the program. Students must schedule an appointment to complete this step.

THIS IS A LIMITED ACCESS PROGRAM. ACCEPTANCE TO THE COLLEGE DOES NOT INDICATE ACCEPTANCE TO THE DENTAL ASSISTING PROGRAM.

4. **Information Session (required)**

Students must attend a FREE information session on the Dental Assisting program. These sessions are offered most months. For confirmation of session dates, times and location, please [click here](#) or visit our website at www.CF.edu/Dental.

5. **Testing**

Wonderlic: All students applying must complete the Wonderlic test and obtain a minimum score of 18 or above. Exam cost is \$15 per attempt. PrepStep offers practice exams and study guides. For PrepStep registration, please contact 352-854-2322, ext. 1345 or library@cf.edu. If a student chooses to retake an exam, the final test scores will be utilized for the application process. For validation purposes, the exam must be taken at the CF Testing Center. No calculators may be used during the exams. Copies of the most recent exam taken must be attached to the application.

**Registration for all exams at the Testing Center is now required.
Registration can be done at <https://onetesting.net/campus/ocala-testing>.**

Students who have taken and passed either BSC 1080 Basic Anatomy and Physiology or BSC 2085 Human Anatomy and Physiology I within the past seven (7) years are exempt from the Wonderlic test. If a student is planning on applying for the A.S. Dental Hygiene program in the future, BSC 2085 is recommended.

6. **Dental Assisting Observation**

To obtain a better understanding of the role of a Dental Assistant, students are required to complete eight (8) hours of observation of a Dental Assistant. The student may contact any dental office to schedule this observation. Please allow plenty of time for scheduling as you are a guest in the dental office.

If you are unable to schedule an observation on your own, please contact the Dental Assisting office at luffmanj@cf.edu for assistance.

7. **Written Paper on Observation**

This paper must be at least one page, typed using a 12-point font with 1-inch margins. The paper must answer the following questions:

- What are your expectations of the dental assisting profession?
- Why are you applying to the Dental Assisting program?
- Summarize your observation experience including procedures and the role of the DA during the procedures.
- Bloodborne pathogens knowledge is required for dental assistants. Please explain why this is important.

8. **Observation Verification Form**

Students who complete eight (8) hours of chairside observation must have the verification form completed by the dental office staff. The form is located at the end of this information packet.

INDIVIDUALS WITH A CRIMINAL HISTORY MAY NOT BE ELIGIBLE FOR ADMISSION TO HEALTH SCIENCES PROGRAMS.

Approximate Program Cost for Dental Assisting at CF

Application Process

CF Application Fee	\$30.00
Wonderlic	15.00

After Admission and Prior to Start of Program

These costs are not covered by financial aid and are due the first week of classes.

Health Certificate	150.00
CPR (book and class)	55.00
Uniforms	200.00
Criminal Background Check	55.00
Student Background Check	40.00
Drug Screening	29.00
Clinical Compliance Tracker	<u>38.00</u>
Total Costs Due Before Class Start	567.00

First Semester

Approximate Tuition	1,693.80
Lab Fees	654.91
Textbooks	<u>643.15</u>
Total Semester Tuition and Fees:	2,991.86

Second Semester

Approximate Tuition	1,919.64
Lab Fees	480.00
Textbooks	<u>213.95</u>
Total Semester Tuition and Fees:	2,613.59

Third Semester

Approximate Tuition	2,032.56
Lab Fees	315.00
Textbooks	<u>353.90</u>
Total Semester Tuition and Fees:	2,701.46

End of Program

Graduation Pin	50.00
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	<u>Florida Resident</u>	<u>Non Florida Resident</u>
Tuition:	\$ 5,646.00	\$ 21,910.00
Approximate Expenses:	<u>\$ 3,322.91</u>	<u>\$ 3,322.91</u>
	\$ 8,968.91	\$ 25,232.91

Approximate Tuition	<u>Florida Resident</u>	<u>Non-Resident</u>
Cost per College Credit	\$ 112.92	\$ 438.20
(50 college credits) Total Matriculation:	\$ 5,646.00	\$ 21,910.00

Fees do not include supplies. Please note all the above are estimated costs and are subject to change.

Applied Technology Diploma

COURSE NUMBER	COURSE TITLE	No. OF CREDITS
<u>SEMESTER I Fall</u>		
DES 1020	Head/Neck Anatomy	2
DES 1022	Dental Anatomy	2
DES 1030	Histology/Embryology	1
DEA 1805L	Dental Clinic Seminar	1
DEA 1806L	Clinic Practice I	2
BSC 1080 <u>or</u> BSC 2085*	Basic Anatomy and Physiology <u>or</u> Human Anatomy and Physiology I*	3
DES 1800	Introduction to Clinical Procedures	3
DES 1806L	Introduction to Clinical Procedures Lab	1
DES 1600	Dental Office Emergencies	<u>1</u>
	<u>Semester Credit Hours</u>	15 credits
<u>SEMESTER II Spring</u>		
DES 1200	Dental Radiology	2
DES 1200L	Dental Radiology Lab	1
DES 1100	Dental Materials	2
DES 1100L	Dental Materials Lab	1
DES 1029	Dental Specialties	1
DEA 1135	Dental Microbiology	1
DES 1840	Preventive Dentistry	2
DEA 1855L	Clinic Practice II	6
DEA 1151	Dental Psychology and Communication	<u>1</u>
	<u>Semester Credit Hours</u>	17 credits
<u>SEMESTER III</u>		
<u>Summer</u>		
DES 2832C	Expanded Functions with Lab	2
DEA 2033	Oral Pathology	2
DES 1051	Dental Pharmacology	2
DEA 1856	Clinic III Seminar	2
DEA 1856L	Clinic Practice III	7
DES 1502	Dental Office Management	<u>2</u>
	<u>Semester Credit Hours</u>	18 credits

*BSC 2085 is recommend if students plan to enter the A.S. Dental Hygiene program in the future. This course and BSC 1080 can also be taken prior to entering the Dental Assisting program.

Credit Hours and Class Hours

Each semester students in the dental program will complete academic credit for theory (classroom) and credit for clinical laboratory (skills lab and clinical). Theory credit is one 50-minute hour per week per credit. Clinical laboratory is three 60-minute hours per one credit per week. This is based on the fall/spring semesters. For those timeframes that vary from the spring/fall semesters, the total number of hours required for the standard semester will be calculated and that total will be divided by the fewer number of weeks to determine the number of hours of theory and clinical laboratory per week. Thus, students will receive a consistent number of hours of instruction per credit for credits earned.

Students should plan on being in class/lab/clinic:

FALL – minimum of 20 clock hours per week

SPRING – minimum of 23 clock hours per week

SUMMER – minimum of 32 clock hours per week

APPLICANT CHECKLIST

- Submit online application to the College of Central Florida. Check with the Office of Admissions at CF to be sure your program code is **5510 for Dental Assisting**.
- Submit all **OFFICIAL** transcripts from high school and colleges to the Admissions Office at CF.

Your program application packet should include:

- Dental Assisting program application.
- Academic Advising documentation.
- Copy of unofficial transcripts.
- Attached copy of your Wonderlic score or exemption proof (copy of unofficial transcripts)
- Written paper on observations. Make sure the essay follows all guidelines on the admission process page.

TO SCHEDULE AN APPOINTMENT TO SUBMIT YOUR PROGRAM APPLICATION, PLEASE CONTACT JEANINE CADY AT CADYJ@CF.EDU OR 352-854-2322, EXT. 1714.

KEEP COPIES OF ALL DOCUMENTS SUBMITTED TO THE OFFICE FOR YOUR FILES.

ITEMS TO BE COMPLETED IF YOU ARE ACCEPTED

This is only informational; more detailed information will be included in your acceptance packet.

- Return the Acknowledgement of Acceptance form to the Hampton Center by the date indicated in acceptance letter indicating if you accept or decline your seat in the program.
- Attached **original (pink) receipt with the raised seal** from your Criminal Background Check.
 - **INDIVIDUALS WITH A CRIMINAL HISTORY MAY NOT BE ELIGIBLE FOR ADMISSION TO HEALTH SCIENCES PROGRAMS.**
- Complete all health forms (including physical, health history and immunizations).
- Complete a Drug Screening and Student History Background Check. At any time in the program, if a student is exhibiting questionable behavior indicating drug or alcohol abuse, a substance screening may be required.
- Retain a copy of a current CPR card (CPR card options will be provided in your acceptance letter).
- Documentation of completion of a four-hour bloodborne pathogen course.
- Attend the **mandatory** new student orientation session on the date specified in your acceptance letter.

Failure to follow the above steps may result in the loss of your seat in the Dental Assisting program.

The information in this document is informational only and not intended to be contractual in nature and is subject to change.

Dental Assisting Sponsor Program

The Dental Assisting program is currently working on a future sponsored student program. The details of this program will be available Spring 2024.



**DENTAL ASSISTING PROGRAM
APPLICATION**

CF ID No.: _____

Legal Name: _____
Last First Middle (complete) Jr., etc.

Mailing Address: _____
Street/PO Box City State Zip Code County

Year you would like to begin the program? August _____

Telephone: _____
Home (include area code) Cell (include area code) Work (include area code)

Email: _____

Wonderlic Test Score: _____

Name of high school or GED: _____

Name of colleges or universities attended:

Please list any professional license or certifications:

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misinterpretation or falsification of information is cause of denial of admission or expulsion from the college. I understand that illegal use, possession and/or misuse of any mind-altering substances are reasons for immediate dismissal from any programs in the Health Sciences Division. I understand that any arrests revealed on a criminal background check could be reason for denial of application or immediate dismissal from any program in the Health Sciences Division. I understand that I will be exposed to blood and other bodily fluids that could contain infectious diseases; however, I will follow all recommended guidelines for prevention of disease transmission.

Signature of Applicant

Date: MM/DD/YY

To schedule an appointment to submit your program application, please contact Jeanine Cady at cadyj@cf.edu or 352-854-2322, ext. 1714.

For Office Use Only

Date Submitted: _____ **Received by:** _____
MM/DD/YY

Dental Assisting Points Sheet

Deadline for Application is June 13, 2024.

Academic Courses Completed (Official transcript must be sent to CF Admissions Office)

Points Earned (A=3 pts., B = 2 pts., C = 1 pt.)

ENC1101	_____	SLS Class	_____
HSC2531	_____	Math (College Level)	_____
BSC2085/L	_____	BSC2086/L	_____
BSC1080	_____	<i>(Points earned on the first attempt of any BSC course only)</i>	

Points: _____

Overall Grade Point Average (Official transcript must be sent to CF Admissions Office)

4.0:	5 points
3.5–3.99:	4 points
3.0–3.49:	3 points
2.5–2.99:	2 points
2.0–2.49	1 point

Points: _____

Points for Degrees/Certificates Earned:

Master's Degree:	6 points
Bachelor's Degree:	6 points
A.A. Degree:	3 points
A.S. Degree:	3 points
Certificate:	1 point

Points: _____

Current Health Care License - 2 points

Points: _____

Wonderlic* – Score 20+ - 5 points

Points: _____

Current CPR Card - 3 points

Points: _____

Marion, Citrus or Levy County Resident – 1 point

Points: _____

Military Experience with Honorable Discharge – 5 points

Points: _____

Total Application Points: _____

*Required application item; Points earned if score is higher than minimum requirements

This calculation sheet is informational only. The point sheet will be completed at the time students submit their program application.

Dental Office Observation Form

Student Name: _____

Name of Office/Dentist: _____

Contact Name at Office: _____

Office Phone Number: _____

Date of Observation: _____

Hours of Observation: _____

Evaluation of the Student

(circle your response)

The student appears to be professionally dressed: 1 3 5

The student functioned in a professional behavior: 1 3 5

The student was prompt with the agreed-upon time: 1 3 5

The student appeared interested in the profession: 1 3 5

Additional Comments:

Signature

Print Name

Date