



WALLACE  
COMMUNITY  
COLLEGE

# Dental Assistant Program Application

***Application Deadline: October 15, 2021***

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Dear Prospective Student:

Thank you for your interest in the Dental Assistant program at Wallace Community College. Please read all information carefully.

A checklist is included in this packet to help ensure that you have met all admission requirements and have submitted all required documentation. **Application packets must be complete at the time of submission. Incomplete application packets will be disqualified.**

For questions regarding the program, please contact the Workforce Development Office at (334) 556-2203 or via email at [mcole@wallace.edu](mailto:mcole@wallace.edu).

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Wallace Community College  
Workforce Development Office  
1141 Wallace Drive, Gary Hall  
Dothan, AL 36303  
334-556-2203

***Dental Assistant Training Program***  
**General Information**

- 20-week program (18 weeks in the classroom, 2 weeks of externship).
- Classes meet **Tuesday and Thursday from 6:00 p.m. to 9:00 p.m. in Gary Hall, Room 143**. Students are responsible for arranging their own externship site. The externship must be arranged prior to the mid-term of the class. The student will work 2 full weeks (documented 50 minimum hours worked with no pay received) in fulfillment of the externship requirement of the course.
- Students must have the **Hepatitis B Titer (Blood test)** prior to application. Titer results are required, and must be within the past twenty (20) years. **Vaccination records will not be accepted in place of titer results.** If results are non-immune (negative), students are instructed to seek the advice of a medical provider for recommended follow-up and must sign a *Hepatitis B Vaccination Release/Waiver Form*.
- There is a **2-uniform requirement** for the course. You will wear your uniform for class and clinical sessions, beginning on the first day of class. **Uniforms must be Royal Blue Tops/Pants** – they are available for purchase from *Sandra Jeans Uniform Shop @ 792-4553* or from *Scrubs 101 @ 793-5258*. Closed-toe, white shoes are required (these can be nursing shoes or tennis shoes).
- **WorkKeys® scores** is a pre-requisite for the course. Students must take Workplace Documents (**minimum score, Level 5**) and Graphic Literacy (**minimum score, Level 4**). Scores must be included with application packet. **Call 334-556-2208 for testing information.**
- **The cost of the course is \$2,050 – due at time of acceptance into the program.**
- The course fee is inclusive of all materials, supplies, and textbooks.
- **Financial Assistance** – this program is approved for the following funding: **WIOA** (apply for funding at your local Career Center), **MyCAA** (for military spouses), and **Sallie Mae** student loans.
- The maximum class capacity is 12 with a minimum class size of 6.
- **This is a certificate course. The state of Alabama does not require dental assistants be licensed. In order to qualify to take the Dental Assistant National Board (DANB) exam, additional training and employment experience is required after completion of this course.**
- We do **not** provide job placement services.
- Students will receive a certificate upon successful completion (skills check-off portion) of the program.



## Dental Assistant Program Application Checklist

**All required documents must be submitted with a completed application packet. Incomplete application packets will not be considered in the application process.**

**Application deadline: October 15, 2021**

✓	Application Requirements
	<b>Completed</b> application form for the Dental program. All forms must be complete and signed, where requested.
	<b>Attached</b> proof of the <b>Hepatitis B Titer (Blood test)</b> . Titer results are required. <b><u>Vaccination records will not be accepted in place of titer results.</u></b>
	<b>Attached</b> copy of a <b>photo ID</b> ...can be driver's license, military ID, state/federal ID, or school ID.
	<b>Attached</b> copy of <b>proof of High School Diploma or High School Equivalency (GED)</b> .
	<b>Attached</b> <b>color 2x2 passport photo</b> .
	<b>Attached</b> scores for the <b>WorkKeys®</b> Workplace Documents and Graphic Literacy assessments. <b>You must have a minimum score of Level 5 in Workplace Documents and Level 4 in Graphic Literacy.</b> Call 334-556-2208 to set up a testing date.

**Classes for the Dental Assistant program are only offered on the Dothan Campus. Applications may be submitted via:**

**Mail:** Wallace Community College-Dothan  
Workforce Development Office  
Attn: Dental Assistant Program  
1141 Wallace Drive  
Dothan, AL 36303

**In-Person:** Wallace Community College-Dothan  
Workforce Development Office  
Gary Hall Building 401  
M. Cole, Office 140C



## Dental Assistant Program Application

*For Office Use Only*

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

It is the responsibility of the applicant to submit a **completed** application packet. Mailing information and submission locations are listed on the attached Application Checklist. Applications should be submitted on or before the deadline of **October 15, 2021**. No applications will be accepted after the deadline.

### I. PERSONAL DATA

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_ Maiden: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### II. EDUCATION

High School Graduation Year: \_\_\_\_\_ High School Name: \_\_\_\_\_

GED or Equivalent (if applicable): Yes \_\_\_\_\_ No \_\_\_\_\_ Date Completed: \_\_\_\_\_

Are you currently taking college courses? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what college? \_\_\_\_\_

**I understand that completion of this application is a component of the student profile and does not in itself guarantee admission to the Dental Assistant program. I also understand this application must be resubmitted if I am not selected for the January 2022 class. I certify that the information given in this application is true and correct. I understand that providing false information may be deemed sufficient reason to dismiss a student and/or refuse admission to the Dental Assistant program.**

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

**\*\*Admission to the dental assistant program is competitive, and the number of students is limited by the number of faculty and clinical facilities available. Meeting minimal requirements does not guarantee acceptance.**