

Dental Assisting Program Admission Requirements

Dear Student,

Thank you for your interest in the Dental Assisting Program.

The VSCC Dental Assisting Program is a one-year, three semester, and full-time course and is composed of didactic and clinical instruction. It is designed and organized to promote the personal and professional growth of each student. The main objectives of the program are to prepare the student to function in the dental setting and to academically qualify for the Dental Assistant National Board certification examination and the Tennessee Board of Dentistry registry examination. The American Dental Association is Commission on Dental Accreditation, a specialized accrediting body recognized by the Council on Post-Secondary Accreditation and the United States Department of Education, accredits the program in Dental Assisting.

Enclosed you will find information about admission requirements and selection, a Clinical Observation form, and a semester-by-semester outline.

If you have any questions or concerns, please call:

Desiree Sutphen, Program Director

615.230.3439

desiree.sutphen@volstate.edu

Marilyn Sweat, Associate Professor

615.230.3335

Marilyn.sweat@volstate.edu

Or 1-888-335-8722.

Thank you,

Desiree Sutphen Program Director

Dental Assisting Program

Program Mission Statements and Goals

Mission Statement:

The mission of the Dental Assisting Program at Volunteer State Community College is to produce entry-level graduates that are competent assistants, registry eligible and demonstrate professional concern for their patient.

Outcome Goals:

1. Student will demonstrate the basic skills to be a competent dental assistant.
2. Students will define the terminology unique to dental assisting.
3. Students will illustrate comprehension of professional ethical standards for dental assisting.
4. Students will apply and demonstrate critical thinking, problem solving and decision-making skills within the parameters of dental assisting.

This profession may expose the student to bloodborne pathogens.

Therefore, the Dental Assisting Program follows all rules and regulations set forth by the Occupational Safety and Health Administration (OSHA). The student is required to be immunized against infectious diseases as required by the clinical affiliates and OSHA regulations or complete a refusal document with the guidelines of the regulations. Clinical affiliates may refuse clinical rotation access to students who fail to obtain the required immunizations.

Program Application Procedures

1. Meet all general admissions requirements of Volunteer State Community College
2. Complete a Pre-Health Sciences Interest Form
3. First priority is given to students that have completed all basic requirements prior to the application deadline.
4. ***Application deadline for the Program has been extended until all seats are filled. Below is a listing of the application materials that is required for screening into the Program.***
 - Completion of documented evidence of 8 hours of clinical observation.
 - Submit a typed one-page essay entitled, “Why I want to become a Dental Assistant”
 - Submit a VSCC College transcript
 - Selection is based upon:
 - *Essay
 - *Interview
 - Special consideration is granted to those applicants who have completed coursework at Volunteer State Community College other than developmental learning support courses.

Please send the required materials listed above in one envelope to; Volunteer State Community College: ATTN: Desiree Sutphen Program Director- Dental 1480 Nashville Pike, Gallatin TN 37066 OR scan and send via email to desiree.sutphen@volstate.edu .

Volunteer State Community College
Dental Assisting Program
Clinical Observation Form
8 hours

Applicant's Name _____
Email: _____
Address: _____
City/State/Zip _____

As part of the admissions process, Dental Assisting Program applicants are required to spend at least 8 hours of observation time in a general dental office. Please telephone a dental office and decide with the office representative for a convenient time. The majority of the hours should be spent observing the chairside dental assistant, but you should also observe the roles of the other dental team members. Please ask the office representative what you should wear and if you should supply a laboratory coat in order to comply with infection control procedures. As observers in a dental practice, you will have access to protected health information (PHI). PHI is individually identifiable information that includes, but is not limited to, patient's name, identification number(s), birth date, treatment dates, and photographs. PHI includes patient information based on examination, test results, diagnoses, response to treatment, observation, or conversation with the patient. It is the policy of the school/institution to keep protected health information (PHI) confidential and secure. No protected health information, regardless of medium (paper, verbal, electronic, image or any other), is to be disclosed or discussed with anyone outside those supervising or directly related to the observation activity. Applicants are not to discuss protected health information, in general or in detail, outside of the dental facility where the observation was allowed. By my Signature Below, I agree to keep protected health information confidential. I understand that failure to comply with this policy will affect my applicant status. I understand that the confidentiality and security of protected health information is protected through state and federal laws, and that unwarranted disclosure of patient information is in violation of legal authority and may result in civil and criminal penalties.

_____ Signature of Applicant Date Verification (to be completed by the dentist or dental office representative) As part of the admissions process, Dental Assisting Program applicants are required to spend at least 8 hours of observation time in a general dental office.

Thank you for your willingness to assist our students and the Dental Assisting Programs at Volunteer State Community College. This serves to verify that _____
(applicant/observer name) has visited the dental office of Dr. _____
and observed on _____ (Date) _____

Signature of Dentist or Office Manager _____

Date _____

Volunteer State Community College
Technical Certificate-Dental Assisting
Student Check List

Name: _____ Date: _____

Summer	Course	Hrs.	Taken
DAST 1600	Fundamentals of Dental Assisting	1	
	Total Summer	1	

Fall	Course	Hrs.	Taken
DAST 1510	Dental Radiology	4	
DAST 1520	Dental Materials	4	
DAST 1530	Clinical Chairside	4	
DAST 1540	Dental Science I	3	
DAST 1630	Compromised Patient	2	
DAST 1660	Clinical Practice	1	
	Total Fall	18	

Spring	Course	Hrs.	Taken
DAST 1550	Dental Science II	3	
DAST 1560	Clinical Chairside II	4	
DAST 1570	Clinical Practicum I	1	
DAST 1580	Dental Office Management	3	
DAST1610	Advanced Radiology	3	
DAST 1620	Preventative Dentistry	3	
	Total Spring	17	

Summer	Course	Hrs.	Taken
DAST 1590	Clinical Practicum II	3	
DAST 1640	Cap Stone	3	
DAST 1650	Special Topics	3	
	Total Summer	9	
	Total Technical Concentration	45	

NOTE to Scholarship students/financial aid students: Please contact your advisor for sequencing of courses each semester prior to registration.

PROGRAM ADMISSION REQUIREMENTS:

1. Meet all the general admission requirements of Volunteer State Community College.
2. Submit ACT scores or take the College placement exam. Scores will be evaluated by the College to determine if learning support courses are needed.
3. Complete an Allied Health Department application and return this application to the following:
Desiree Sutphen, Marilyn Sweat or the division secretary.
First priority in Program Admission will be given to students who have completed all basic requirements prior to the application deadline.
4. Application Deadline for the Dental Assistant Program is open **or until** seats are filled.

Below is a listing of the application materials that is required for screening into the program. Screening will take place in late June.

1. Completion of documented evidence of 8 hours of clinical observation (CPI) in a general Dentist environment.

(See attached Clinical Observation (CPI) form.

2. Submit a typed one-page essay on "Why I want to become a Dental Assistant"

3. Submit a Volunteer State Community College **transcript**.

A maximum of 24 students admitted per year into the Dental Program.

Selection based on the following:

*Essay

*Interview

Special consideration will be granted to those applicants who have completed coursework at Volunteer State Community College other than Developmental courses. In-state students are also given special consideration.

Please send the required application materials listed above in **ONE ENVELOPE** to: Volunteer State Community College, ATTN: Desiree Sutphen, Program Director – Dental, 1480 Nashville Pike, Annex 400 Room 111C, Gallatin, TN 37066 ***Or Email them to***

Desiree.Sutphen@volstate.edu