

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

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.

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

Email: _____
Address: _____
City/State/Zip _____

As part of the admissions process, Dental Assisting Program applicants are required to spend at least 16 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

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 Auxiliary Programs at Volunteer State Community College. This serves to verify that _____
(applicant/observer name) has visited the dental office of Dr. _____
and observed on _____ (Dates) _____

Signature of Dentist or Office Manager _____

Date _____

Volunteer State Community College

Technical Certificate-Dental Assisting

Student Check List

Name: _____ Date: _____

Fall	Course	Hrs.	Taken
DAST 1510	Dental Radiology	4	
DAST 1520	Dental Materials	4	
DAST 1530	Clinical Chairside	4	