The CCC Dental Assisting Program is accredited by the Commission on Dental Accreditation. 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 60611-2678.
You are strongly advised to carefully read all application instructions and additional information which can be found in the Frequently Asked Questions on the www.calhoun.edu website under Dental Assisting Program.

If not already completed, at least one month before you apply to the DA program you should submit a Calhoun Community College Application for Admission and request that transcripts from previously attended institutions are forwarded to CCC.

Applicants to the DA program must minimally:

- Meet all admission requirements of Calhoun Community College
- Submit a complete 2016 DA Program Application packet which only includes:
  - A CCC transcript documenting all previously completed general education coursework taken at Calhoun or accepted in transfer and that demonstrates a GPA of at least 2.5
  - An ACT reading score or COMPASS reading assessment placement score
  - Documentation of eight (8) hours of dental assisting observation signed by a dentist or dental office manager
  - Two (2) letters of professional recommendation in the requested format
  - A 1-2 page typed essay which discusses:
    a. Your dental observation experiences, and
    b. Why you want to become a dental assistant

Meeting minimal requirements does not guarantee acceptance. The number of students selected for admission to the DA program is limited and therefore the application process is competitive. All applications are evaluated by the DA Admissions Committee and assigned a score based on a point system. Points are awarded on the basis of the information included in the application packet. Incomplete applications and/or those missing documentation will not be considered for admission. The top scoring applicants are offered an opportunity to enroll.

All application documents must be received in ONE ENVELOPE by the Allied Health Secretary no later than 3:00 PM on Wednesday, June 15th, 2016 to be considered for admission to the next dental assisting class beginning fall semester 2016. Application packets can be mailed or delivered in person but must be received by the deadline date and time. Information will not be accepted via fax or by email.
DA PROGRAM APPLICATION POINT SYSTEM

1. Points are earned for successful completion of the general education courses required for the certificate or AAS degree in DA. The number of points is determined by the grade earned. See page 8 for further details.

   PLEASE READ THE FOLLOWING PARAGRAPH CAREFULLY: Applicants must submit an unofficial copy of a Calhoun Community College transcript which includes all coursework taken at CCC and coursework applicable to DA program requirements taken at other colleges and accepted in transfer. The Admissions Office should be contacted with questions regarding the transfer of credit. Do not submit transcripts from other colleges with the DA Application. Coursework taken at other educational institutions must be evaluated and accepted by the CCC Department of Admissions and Records to be considered. It is the applicant’s responsibility to make certain all relevant coursework is listed on the CCC transcript.

2. Points are earned based on an ACT reading or COMPASS reading assessment score. The submission of an ACT or COMPASS reading score is required of all applicants regardless of the score or prior educational accomplishment. Points are assigned according to the grid on page 9.

3. Points are earned for completing eight (8) hours of dental assisting observation experiences in at least two different dental offices and properly documenting the encounters on the provided form. See page 7 for instructions.

4. Points are awarded for an essay which discusses your reasons for applying to the dental assisting program and your observation experiences. The essay should be type written, 1-2 pages in length, with standard spacing, margins and a standard font.

5. Points are awarded based on two (2) professional recommendations using the attached form and submitted as instructed – see pp. 14-15 for directions.

6. Certification in cardiopulmonary resuscitation at a health care provider level is required prior to clinical experiences. Proof of CRP certification valid through August 2017 at the time of application will earn an additional 5 bonus points.
### CCC DA APPLICATION POINT SYSTEM

#### ACADEMIC POINTS

| 1. General education courses | 60 points possible | → No points will be awarded if course(s) are not included on the unofficial CCC transcript or transfer equivalency report issued by the Office of Admissions & Records  
→ A copy of your unofficial transcript printed from MYCALHOUN is “OK”  
→ See page 8 |

| 2. ACT / COMPASS reading score | 15 points possible | → An application is incomplete if submitted without an ACT/COMPASS reading test, regardless of the score  
→ This is a requirement for ALL applicants  
→ See page 9 |

#### PROFESSIONAL POINTS

| 4. Observation hours | 5 points possible | → Follow instructions on the documentation form page 7  
→ Complete the required number of hours  
→ Experiences should be in two (2) different dental offices  
→ Have experiences signed by dentist or office manager  
→ Make certain documentation is legible & hours can be verified  
→ Observation hours should be within past 6 months  
→ Additional observation hours may be personally beneficial but will not accrue additional points  
→ Dental office employees may use their work experience; have dentist sign documentation form & note length of employment |

| 5. Essay | 12 points possible | → Type written, standard margins, spacing, & standard font  
→ 1-2 pages in length  
→ Discuss your observation experiences & what you learned and the reasons you are applying to the dental assistant program |

| 6. Professional recommendations | 8 points possible | → Use the required form, pages 14-15  
→ Make certain your references follow the directions regarding sealing the envelope  
→ The best professional references are employers, teachers, and others who know you well and are able to rate you on the attributes noted on the recommendation form  
→ Friends and family should not be used  
→ DO NOT asks dentists for recommendations unless they are or have been your employer  
→ Additional references &/or letters do not accrue extra points |

#### BONUS POINTS

| 7. Current CPR certification | 5 points | → Include a BACK & FRONT copy of a CPR certification card valid thru August 2017  
→ Must be either American Heart Association Healthcare Provider, American Red Cross CPR for the Professional Rescuer, or American Health & Safety Institute CPR Pro.  
→ See FAQ for examples of accepted CPR certification cards. |

| 105 points possible |
Dental Assisting Program
Application Envelope Checklist:

To be considered complete, an application packet must include all of the following documentation:

- □ DA Application *General Education Course Worksheet* page 8, noting successfully completed general education courses
- □ DA Application *Points Worksheet* page 9, noting your ACT / COMPASS reading score
- □ *Dental Assisting Observation Documentation Form* page 7, indicating a minimum of 8 hours of dental assisting observation.
- □ A copy of an ACT Reading Score or COMPASS Reading Placement Test score report.
- □ An unofficial copy of a Calhoun Community College transcript which includes all coursework taken at CCC and coursework applicable to the DA certificate or degree requirements taken at other colleges and accepted in transfer
- □ DA Program *Statements of Understanding* pages 10-13, dated and signed.

Please ensure that documentation is complete, legible, and all aforementioned forms are included in the application packet.

Each time an individual applies to the DA program an application packet must be completed in its entirety; copies of items submitted should be retained as information will not be released from previous application packets.

The DA Admissions Committee meets in late June. All applicants will be notified by mail of admission status into the DA program in early July. Letters will be mailed to the address provided. Please do not contact the admissions office, allied health department, or dental assisting program as no information regarding individual admission status can be provided by telephone.

Students accepted for enrollment must attend a mandatory program information session scheduled prior to the start of the 2016 fall semester. Do not proceed with background checks or health screening until instructed to do so. If not already certified in CPR (see page 3, item 6.) individuals accepted into the program should make arrangements to attend a training session in the summer.
Dental Assisting Program

Personal Information Sheet

Applications to begin dental assisting fall semester 2016 must be received by 3:00 PM on Wednesday, June 15th, 2016. An application packet may be mailed or delivered in person to the Allied Health Secretary on the third floor of the Health Sciences Center, Decatur campus. All applicants receive notification regarding selection for the program by mail directed to the address provided below.

Name ___________________________________________  First ___________________ MI __________________
Last ____________________________________________
Mailing Address____________________________________ City__________________________
Home Phone_______________________________________ State____________________ Zip__________
Cell Phone________________________________________ Email__________________________
Work Phone_______________________________________ C#________________________________
Emergency Contact :
Name___________________________________________ Relationship:__________________________
Phone___________________________________________

Are you currently enrolled at Calhoun Community College? □ Yes □ No

List all colleges and/or universities you have attended and any degrees received:
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

Mailing address: Calhoun Community College
Health Sciences Center
ATTN: Allied Health Secretary
P.O. Box 2216
Decatur, AL 35609
Name of Applicant: _____________________________________________________________

Prospective students must complete a minimum of eight (TOTAL) quality observation hours in at least two dental offices in the 6 months prior to program application. Credit is earned for actual time spent observing patient care. Credit should not be granted for time spent on activities such as lunch, secretarial duties, or videos. Individuals working as paid employees in a dental office may use their regular work hours to fulfill all 8 hours of this requirement by having the employer note length of service and sign the form. Observation may be completed with a licensed Dentist, a Registered Dental Hygienist, or a Dental Assistant. Hours will only be accepted if signed by a dentist or office manager.

**Students are expected to dress professionally for observation experiences: no open-toed shoes, no shorts, no t-shirts, no yoga-type pants, no exposure of cleavage or midriff.**

<table>
<thead>
<tr>
<th>Date</th>
<th>Start Time</th>
<th>End Time</th>
<th># of hours</th>
<th>Name of Facility</th>
<th>Telephone</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
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</table>

_______ **TOTAL DAYS**  ________ **TOTAL HOURS**  
(This form may be reproduced as necessary to document hours of observation)

I certify that the hours listed above were completed by me. I understand that the DA Admission Committee may contact dental offices to verify my participation in these experiences and I realize that falsification of observation hours will result in my application to the DA program being withdrawn from consideration.

Applicant Signature ___________________________ Date ___________________________
### Name of Applicant

Record the college, semester, year, and grade for each of the courses you have completed. Any course with a grade of D or below will not be accepted.

<table>
<thead>
<tr>
<th>Course Name and Number</th>
<th>Academic Institution</th>
<th>Course Code (Ex: ART 200)</th>
<th>Year/Semester</th>
<th>Letter Grade</th>
<th>*Points Calculation</th>
<th>Point Verification (office use)</th>
</tr>
</thead>
<tbody>
<tr>
<td>English Composition I</td>
<td></td>
<td>ENG 101</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mathematics Elective</td>
<td></td>
<td>MTH 100, 112, or 116</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>General Psychology</td>
<td></td>
<td>PSY 200</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fundamentals of Speech</td>
<td></td>
<td>SPH 107</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Natural Science Elective</td>
<td></td>
<td>(4 credit hours)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer Information</td>
<td></td>
<td>Systems Elective</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3 credit hours)</td>
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<td></td>
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<tr>
<td>Humanities Elective:</td>
<td></td>
<td>Art, Music, Foreign Language, Literature, Philosophy, Religion, or Theatre</td>
<td>(3 credit hours)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>History, Social Sciences or Behavioral Science Elective</td>
<td>(3 credit hours)</td>
<td>(3 credit hours)</td>
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<tr>
<td>POINTS TOTAL =</td>
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</tbody>
</table>

* Points Calculation: Using the scales below, assign points for each grade earned. If a course has not been taken or a grade of D or lower was received, zero points should be entered. The maximum general education point total = 60 points.

<table>
<thead>
<tr>
<th>For ENG 101, MTH 100, 112, or 116, PSY 200 &amp; SPH 107</th>
<th>For all other courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>A = 9 points</td>
<td>A = 6 points</td>
</tr>
<tr>
<td>B = 7 points</td>
<td>B = 4 points</td>
</tr>
<tr>
<td>C = 5 points</td>
<td>C = 2 points</td>
</tr>
</tbody>
</table>
Name of Applicant: ____________________________________________

All applicants must submit a copy of an ACT Reading Score or COMPASS Reading Assessment score. Circle your score and corresponding points.

<table>
<thead>
<tr>
<th>ACT Reading Score</th>
<th>COMPASS Reading Score</th>
<th>DA Application Points</th>
<th>ACT Reading Score</th>
<th>COMPASS Reading Score</th>
<th>DA Application Points</th>
<th>ACT Reading Score</th>
<th>COMPASS Reading Score</th>
<th>DA Application Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>80, 81</td>
<td>1</td>
<td>23</td>
<td>90</td>
<td>6</td>
<td>28</td>
<td>95</td>
<td>11</td>
</tr>
<tr>
<td>19</td>
<td>82, 83</td>
<td>2</td>
<td>24</td>
<td>91</td>
<td>7</td>
<td>29</td>
<td>96</td>
<td>12</td>
</tr>
<tr>
<td>20</td>
<td>84, 85</td>
<td>3</td>
<td>25</td>
<td>92</td>
<td>8</td>
<td>30</td>
<td>97</td>
<td>13</td>
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<tr>
<td>21</td>
<td>86, 87</td>
<td>4</td>
<td>26</td>
<td>93</td>
<td>9</td>
<td>31 &amp; 32</td>
<td>98</td>
<td>14</td>
</tr>
<tr>
<td>22</td>
<td>88, 89</td>
<td>5</td>
<td>27</td>
<td>94</td>
<td>10</td>
<td>33</td>
<td>99</td>
<td>15</td>
</tr>
</tbody>
</table>

To calculate your academic point total which includes general education coursework completed and the grades earned in these classes, plus your points based on the reading score from the ACT/COMPASS, fill in the blanks below. The maximum possible score for this section is 75 points.

General Education Points (from page 8) = ___________

ACT/COMPASS Points = ___________

Total Academic Score = ___________
1. Information for DA Program Applicants:
I understand that completion of this application is a component of the student profile and does not in itself grant admission to the Dental Assisting Program. I understand I must submit a new application if I am not selected and choose to apply in the future. 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.

Minimum admission standards include:
1. Unconditional admission to the Calhoun Community College
2. Receipt of a completed DA Program Application packet by the published deadline
3. A cumulative GPA of 2.5 or >
4. An ACT or COMPASS reading score
5. Eight hours of documented dental assisting observation
6. A 1-2 page typed essay discussing my dental assisting observation experiences & reasons for application to the DA program
7. Two professional letters of recommendation

Admission to the Dental Assisting Program is competitive, and the number of students is limited by the number of faculty and availability of clinical experiences. Meeting minimal requirements does not guarantee acceptance.

______________________________________________
Student Signature                                Date

2. Liability Release
I, ________________________________, hereby acknowledge that I am nineteen years of age or older, or that if I am under the age of nineteen, I am signing this release with the written consent of my parent(s) or legal guardian(s). I further acknowledge that I fully understand the contents of this release and that I am signing it voluntarily.

As a student or a prospective student of the Dental Assisting Program at Calhoun Community College, I am aware of the risk of personal illness and/or injury which are inherent in my participating in DA educational experiences.

Upon full awareness and consideration of the risks which I assume in participating in hospital or other clinical practice activities, I hereby agree to release Calhoun Community College and its instructors, officials, agents, representatives, preceptors, and employees from any liability for any type of illness or injury which is incurred during a period in which I am participating in clinical or laboratory activities.

______________________________________________
Student Signature                                Date

______________________________________________
Parent or Guardian Signature (if < 19 years of age) Date
3. Statement of Understanding of Policy

I, ________________, agree to abide by rules and policy set forth by the CCC dental assisting program, the Alabama Board of Dental Examiners, and clinical affiliates that I visit during the course of my studies. I realize that I have access to and a personal obligation to become aware of these rules. I have also been advised and hereby indicate my understanding that DA program policy requires a 75% or better average in all coursework in any primary DAT course, and that a score of 75% is required on all final exams and exit exams in all DAT courses.

________________________________________
Student Signature                        Date

4. Statement of Understanding of Clinical Studies Component

As a prospective student for enrollment in the dental assisting program at Calhoun Community College, I am aware that:

1. I am or will be enrolled in DAT courses with a clinical component that require my presence at one or more health care facilities;
2. I am not an employee of the College or of the health care facility and if I am an employee of the College or of the health care facility, I must notify the DA program director at the beginning of my DA education at Calhoun Community College;
3. I do not expect and will not receive compensation from the College or health care facility for participation in clinical practice; and
4. I have not been promised and do not expect to be offered a job at the health care facility as a result of participation in clinical practice.
5. I may be required by the hospital/clinical site to undergo drug and/or alcohol testing at any time as a precondition to beginning a clinical rotation or to continue a clinical rotation at the hospital/clinical site.
6. I will be required to purchase Medical Malpractice Insurance at a price of approximately $20.00 prior to attending clinical rotation assignments. This fee will be added to my class tuition and if I am attending classes on loans or grants which do not pay this fee, I will pay this fee at the business office of the college prior to the start of the second semester of the program.

________________________________________
Student Signature                        Date

5. Dental Assisting Program Admission, Progression, and Graduation Contract

1. I understand that falsification and/or omission of information on the college and/or DA program application shall be grounds for dismissal from the program in accordance with College procedures.

2. I understand that enrolled students in healthcare programs are required to submit to a background check and drug screening by a vendor designated by the College to comply with clinical affiliate contracts. I understand that the background check findings and/or a confirmed positive drug screen may render me ineligible to participate in required learning experiences at clinical affiliates because I will be denied access. In this event, I understand that I will be dismissed from the program and a grade of “F” will be recorded for the course(s) if I do not officially withdraw.

3. I understand that enrolled students in healthcare programs are required to submit to a preclinical health examination by a licensed physician or CRNP and to provide documentation of immunization to certain communicable diseases and to undergo tuberculosis screening.
4. I understand that I will be required to submit evidence of current cardiopulmonary resuscitation certification, a liability release, and must purchase malpractice insurance by a deadline provided by DA program faculty prior to clinical practice experiences.

5. In the clinical practice portion of the DA program, I understand that I must attend my scheduled experiences according to the program’s clinical rules, regulations, and attendance policies. Failure to comply may result in a lower grade or being ineligible to complete the required clinical practice due to my non-compliance.

6. I understand that I am required to abide by the rules and regulations of the clinical affiliate to which I am assigned and failure to do so will result in dismissal from the program and a grade of “F” for the course in accordance with College procedures.

7. I understand that clinical agencies with which the program is affiliated have the right to request that a student be removed from their facility, as well as the right to refuse a student admission to their facility for clinical practice.

8. I understand that there are risks involved in clinical practice experiences. I fully understand that I am not required to involve myself in any activity that, in my opinion, would be potentially dangerous to me. I will not hold Calhoun Community College, any of it’s employees, other DA students, any clinical instructor, or any DA program clinical affiliate responsible for an injury occurred as a results of classroom or clinical practice experiences.

9. I understand that during my dental assisting education that I will come in contact with infectious disease. I further understand that my health and accident insurance and/or expenses are my responsibility.

10. I understand that I am responsible for transportation, meals, health care expenses and any liability incurred during and while traveling to and/or from educational experiences.

11. I understand that evaluation materials, i.e. clinical evaluations and counseling forms, will be maintained in my student folder. I understand that upon my request, I have the right to see any information that is retained in my student folder.

12. I understand that it is my responsibility to read the CCC College Catalog, each course syllabus, clinical evaluation forms, and other materials that are provided which outline my responsibilities as a DA student. I understand that failure to abide by policies and procedures in these published materials may be grounds for dismissal from the program.

I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND THAT THE CRITERIA STATED HEREIN AND IN THE CCC COLLEGE CATALOG APPLY TO ME AND THAT FAILURE TO ABIDE BY ANY STATED CRITERIA MAY BE GROUNDS FOR DISMISSAL.

________________________________________________
Student Signature

Date
6. Dental Assisting Essential Functions

Students enrolled in the dental assisting program are required to successfully complete both academic and clinical requirements. The purpose of the DA Essential Functions is to delineate the physical, cognitive, affective, and psychomotor skills deemed the minimal necessary for admission, progression, and program completion and for the provision of safe and effective client care as a dental assistant.

The Alabama College System endorses the Americans’ with Disabilities Act. In accordance, when requested, reasonable accommodations may be provided for individuals with disabilities. It is the responsibility of the student to contact the CCC Disability Services Office in the Chasteen Student Center, Room 218 (Decatur campus) or call (256) 306-2635 if special materials, services or assistance is required.

Dental assisting students are expected to minimally have the ability to:

- Be independently mobile and able to stand, bend, twist, stoop, squat, and sit
- Work in a confined space and remain in one location for an extended period of time
- Lift, push, and/or pull 20 pounds
- Reach and position overhead equipment
- Sustain repetitive movements
- Demonstrate the physical stamina to work a minimum of an 8 hour day
- Grasp small objects
- Coordinate eye and hand movements to satisfactorily manipulate instruments, supplies and equipment with speed, dexterity, and proficiency
- See with 20/40 visual acuity and possess sufficient peripheral vision to anticipate needs of the dentist and patient while working chair side
- Distinguish colors and discern variation in shades and tone
- Hear high and low frequency sounds within a normal range
- Hear and understand muffled communication without visualization of the speaker’s mouth and lips
- Smell body and environmental odors
- Communicate effectively, both verbally and in writing, in English
- Correctly perform simple mathematical computations
- Be free of reportable communicable diseases and substance abuse
- Work in a clinical environment which involves exposure to persons with physical and mental disabilities, and to pain, stress, communicable disease, blood and body fluids, hazardous substances / materials, odors and irritating particles
- Carry out detailed, simple to complex, written or oral instructions
- Show problem-solving aptitude sufficient to organize and complete tasks safely, accurately and within an assigned time frame
- Assimilate and apply knowledge acquired from multiple learning experiences and make decisions which display good judgment
- Seek supervision and consultation in a timely manner
- Work with a diverse population including persons of various ages, ethnic, racial, religious, alternative lifestyle and socioeconomic background without prejudice
- Readily adapt to a changing environment by demonstrating poise, flexibility, positive coping skills, and effective responses, especially in emergency situations.

I have reviewed the Dental Assisting Essential Functions.

________________________________________________
Student Signature

________________________________________________
Date
Dental Assisting Program Applicant
Professional Recommendation Form

Name of Applicant ___________________________________________________________

Please rate the applicant on each of the following items by placing an “X” in the appropriate blank and by providing comments in the space provided.

1. How long have you known this applicant?
   
   _____ Only through dental assisting observation experiences
   _____ Less than 6 months
   _____ 6 months -1 year
   _____ 1-5 years
   _____ Greater than 5 years

2. In what capacity have you been able to observe the applicant’s attitude and personal behaviors?
   
   _____ As a student
   _____ As an employee
   _____ If other, please describe ____________________

3. Using the following rating scale, please rate the applicant regarding:

   3 – Above Average   2 – Average   1 – Below Average   0 – Unable to rate

   _____ Personal hygiene and attire suitable to the circumstances
   _____ Relationships, conversation, and conduct appropriate to the setting
   _____ Consistent demonstration of a positive attitude and the ability to handle stress
   _____ Exhibits maturity, compassion, and respect for others
   _____ Dependable, shows initiative and problem solving abilities
   _____ Acceptance of constructive criticism

4. Would you recommend this applicant for admission to the DAT Program?
   
   _____ Without reservation
   _____ With some reservation
   _____ With concern
   _____ Unable to recommend this applicant (Please see COMMENTS section)
Please use the following space for comments you would like to include with regards to this applicant. All information provided is kept in strict confidence and will be accessible only to Calhoun Community College Health Sciences faculty. Thank you for participating in our student selection process.

COMMENTS:

The applicant is required to turn in their professional recommendations with the Dental Assisting Program Application. Therefore, when you have completed this confidential document, please fold, seal in a standard letter-size envelope, and sign across the seal before returning it to the applicant.

___________________________________________        ___________________________________
Please type or print name   Position / Title

___________________________________________
Place of Employment

___________________________________________
Telephone Number

___________________________________________        ___________________________________
Signature   Date