Weatherford College In Partnership with Condensed Curriculum International (CCI)

Program Summary: As a Dental Assistant the student will be trained to work side by side the dentist preparing patients for treatment, sterilizing instruments, passing instruments during procedures, taking impressions, and more. This course combines classroom/lab instruction of 100 hours and the off-site externship of 80 hours to provide students with a comprehensive learning experience. Starting Pay: U.S. Department of Labor national average: $12 – 16 per hour. (Total – 100 + optional 80 Hours)

Course Fee: $2,199 includes books, consumable supplies, and Externship Fee.

Financial Assistance: Students with a need for financial assistance may apply for WEG funding until funds are depleted. Call 817-598-8870 for more information. A Workforce/CE scholarship is also available until funds are depleted.

Certification: A Weatherford College Certificate of Completion will be awarded after successful completion of the course and externship. Graduates will be prepared to sit for the Texas Registered Dental Assistant (RDA) exam. Exam fees vary and are the responsibility of the student.

REQUIRED PRIOR TO REGISTRATION:
- Minimum 18 years of age
- High school diploma, GED or college transcript
- Accuplacer Reading Exam-Reading score must be 80 or above. (WC Testing Center - 817-598-6383)
- Valid Driver’s License (DL) or photo I.D. and signed Social Security (SS) card
- Satisfactory Criminal Background Check (WC is responsible for processing.)
- CPR-Basic Life Support (BLS) certification 4 hour class (2 year certification)
- Certain state required immunizations (see back of flyer)

REQUIRED PRIOR TO DENTAL ASSISTANT EXTERN:
- Updated Resume
- Urine Drug Screen - Must be 9 or 10 panel with itemized negative results from a lab completed NO MORE THAN 30 DAYS PRIOR to externship. (Instant results and 5-panel not accepted.) Drug screen fees are the responsibility of the student.
- You may be required to complete additional tests/documents.. (Fees are the responsibility of the student.)
- Students will not be allowed to begin the externship if all requirements are not met prior to first day of the externship. No refunds will be given.

We will start accepting Registration packets on Thursday, July 20, 2017.

FOR ADDITIONAL INFORMATION CALL: 817-598-8870
Registration Packet Checklist

The following documents must be included in Registration Packet to be considered for registration:

Check boxes when you obtain each document.

- Minimum 18 years of age
- H.S. Diploma, GED or College Transcript
- Be TSI Complete in Reading: Until July 1, 2016, Compass Reading Exam-Reading score must be 81 or above. After July 1, 2016, Accuplacer Reading Exam- Reading score must be 80 or above. (WC Testing Center-817-598-6383)
- Valid Driver’s License or photo ID and Signed Social Security Card
- Satisfactory Criminal Background Check (WC is responsible for processing.)
- Current certification in CPR-Basic Life Support (BLS) 4 hour class (2 year certification).
- Hepatitis B (series of 3 shots)-entire series or positive titer must be completed.
- Tuberculin Skin Test (TB)-negative reading within 12 months of course completion date or chest x-ray is required.

**Immunization & CPR fees are the responsibility of the student.**

Documents required Prior to Clinical: (NOT required prior to Registration)

- Updated Resume
- Urine Drug Screen – Must be 9 or 10 panel with itemized negative results from a lab completed NO MORE THAN 30 DAYS PRIOR to externship. (Instant results and 5-panel not accepted. Drug Screen fees are the responsibility of the student.
- You may be required to complete additional test/documents. (Fees are the responsibility of the student.)
- Students will not be allowed to begin the externship if all requirements are not met prior to first day of externship. No refunds will be given.

**Drug Screen fees are the responsibility of the student.**

*Without proper documentation you will not be able to enroll in Health Professions classes. NO EXCEPTION.*
REGISTRATION STEPS

☐ OBTAIN REGISTRATION PACKET TO DETERMINE PROGRAM REQUIREMENTS
☐ COMPLETE ALL REQUIREMENTS IN PACKET
☐ EXPLORE FINANCIAL AID & SCHOLARSHIP OPPORTUNITIES
  • See page 3 of catalog
☐ QUESTIONS OR CONCERNS? VISIT WITH PROGRAM COORDINATOR
  • Call 817-598-8870
☐ TURN IN COMPLETED PACKET BEGINNING JULY 20 TO ANY WF/CE OFFICE.
  • See locations and hours in catalog
☐ YOU WILL BE NOTIFIED WITHIN 10 BUSINESS DAYS UPON RECEIPT OF PACKET AS APPROVED FOR REGISTRATION OR OF INCOMPLETE PACKET
☐ UPON APPROVAL, YOU WILL BE REGISTERED
☐ PAY TUITION AND PARKING FEES
  • We accept cash, checks, money orders, American Express, Discover, MasterCard, Visa and debit cards.

IMPORTANT INFORMATION: Please read!

➔ ATTENDANCE IS VITAL FOR SUCCESSFUL COMPLETION OF THIS PROGRAM.
If you are unable to attend the first class session or any class session, you must contact the Instructor and/or Program Coordinator, Tracy Butler, at 817-598-6409 prior to the absence. Leave a message if necessary!

➔ REFUND POLICY: No refunds or transfers will be made on or after the first class day. Requests to drop a class must be received at least one business day prior to the first day of class in order to receive a 100% course refund.
LIST ALL COURSES FOR REGISTRATION.
NO REFUNDS WILL BE MADE ON OR AFTER THE DAY THE CLASS BEGINS.

<table>
<thead>
<tr>
<th>COURSE #</th>
<th>COURSE NAME</th>
<th>DATES</th>
<th>TOTAL FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DNTA1037 D15 (5000)</td>
<td>INTRODUCTION TO DENTAL SCIENCE</td>
<td>9/19/17-1/19/18</td>
<td>$2199</td>
</tr>
<tr>
<td>DNTA1015 D15 (5001)</td>
<td>CHAIRSIDE ASSISTING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DNTA1003 D15 (5002)</td>
<td>REGISTERED DENTAL ASST. EXAM REV.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DNTA 1060 D15 (5003)</td>
<td>DENTAL ASST. CLINICAL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

~Registration Continued on Next Page~
PARKING PASS – All vehicles parked at the Weatherford campus must have a valid parking permit clearly displayed. At registration, the Workforce & Continuing Education Office will issue a temporary parking permit at no charge for classes lasting 14 days or less. A CE student parking permit for classes lasting longer than 14 days will be $2. Vehicle license number, make, model, year and color will be required only for the CE student parking permit.

All applicants must read the Oath of Residency, Liability Release, and Refund Policy; and sign and date this application.

- OATH OF RESIDENCY: I understand that information submitted herein will be relied upon by Weatherford College officials to determine my status for Texas residency eligibility. I authorize Weatherford College to verify the information I have provided. I agree to notify the Office of Student Services of Weatherford College of any changes in the information I have provided.
- LIABILITY RELEASE: I release Weatherford College from all responsibility in case of an accident. Minors (under 18 years of age) must have a legal parent or guardian sign a consent/release form to be included with this registration form.
- REFUND POLICY: I understand that no refunds will be made on or after the day the class begins. Yo comprendo que no habrá reembolso el primer día de clase o después del primer día de clase.

SIGNATURE ____________________________ DATE ________________________

THE ABOVE SIGNATURE CONFIRMS THAT ALL INFORMATION IS TRUE AND CORRECT.

Information supplied on this application is required by federal or state agencies and is not used as the basis for admission decisions.

An Equal Opportunity institution/equal access for the disabled. The Privacy Act of 1974 will be observed.

11/11
SSN or STUDENT ID#  LAST NAME  FIRST NAME  MIDDLE NAME  
STREET ADDRESS  PO BOX/APT. #  CITY  STATE  ZIP CODE  
HOME PHONE  CELL PHONE  E-MAIL  
DATE OF BIRTH  TEXAS COUNTY OF RESIDENCE  COUNTRY OF CITIZENSHIP  
EMERGENCY CONTACT NAME  EMERGENCY PHONE NUMBER  

FINANCIAL AID – Will you be using any type of financial aid?  ☑ Yes  ☐ No  If yes, what type?  ☑ WEG  ☐ WIA/Workforce  ☐ DARS  ☐ Other  

ETHNIC BACKGROUND:  Are you Hispanic or Latino?  (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)  ☑ Yes  ☐ No  
Please select the racial category or categories with which you most closely identify. Check as many as apply.  ☑ White  ☑ Asian  ☑ International  ☑ Native Hawaiian or Other Pacific Islander  ☑ Black or African-American  ☑ American Indian or Alaskan Native  ☐ Unknown or Not Reported  

RESIDENCY:  Please check one box  Are you a U.S. citizen?  ☑ Yes  ☐ No  
☐ Parker County  ☐ Resident of another county  ☐ Alien resident or out-of-state resident  ☐ International Student Hispanic  
Residency:  State of legal residence  
Verification:  How long have you resided in Texas?  _____ Years  _____ Months  Previous state or country of residence:  
If you moved to Texas within the past 5 years, why?  ☑ Education  ☐ Other  ☐ Employment  

To be completed by Non-U.S. Citizens only:  
Country of birth:  
Do you hold Permanent Resident status for the U.S.?  ☑ Yes  ☐ No  
Do you hold Temporary Resident status for the U.S.?  ☑ Yes  ☐ No  
If Yes, Visa Type:  Issue Date:  Expiration Date:  

LIST ALL COURSES FOR REGISTRATION.  NO REFUNDS WILL BE MADE ON OR AFTER THE DAY THE CLASS BEGINS.  

<table>
<thead>
<tr>
<th>COURSE #</th>
<th>COURSE NAME</th>
<th>DATES</th>
<th>TOTAL FEE</th>
</tr>
</thead>
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<tr>
<td>DNTA1037 D17 (7001)</td>
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<td>DNTA1015 D17 (7002)</td>
<td>CHAIRSIDE ASSISTING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DNTA1003 D17 (7003)</td>
<td>REGISTERED DENTAL ASST. EXAM REV.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DNTA 1060 D17 (7004)</td>
<td>DENTAL ASST. CLINICAL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

~Registration Continued on Next Page~
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- LIABILITY RELEASE: I release Weatherford College from all responsibility in case of an accident. Minors (under 18 years of age) must have a legal parent or guardian sign a consent/release form to be included with this registration form.

- REFUND POLICY: I understand that no refunds will be made on or after the day the class begins. Yo comprendo que no habrá reembolso el primer día de clase o después del primer día de clase.

SIGNATURE __________________________________________ DATE __________________________________________

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11/11
Attn: Continuing Education | 225 College Park Drive, Weatherford, TX 76086 | 817-598-8870 | Fax: 817-598-6381 | www.wc.edu/ce

SSN or STUDENT ID# ___________________________________________ LAST NAME ___________________________ FIRST NAME _________________________ MIDDLE NAME _________________________

STREET ADDRESS ___________________________________________ PO BOX/APT. # ___________________________ CITY ___________________________ STATE ___________ ZIP CODE _________

HOME PHONE ___________________________ CELL PHONE ___________________________ E-MAIL ___________________________________________

DATE OF BIRTH _______ TEXAS COUNTY OF RESIDENCE ___________________________ COUNTRY OF CITIZENSHIP ____________________________

EMERGENCY CONTACT NAME ___________________________ EMERGENCY PHONE NUMBER ___________________________

FINANCIAL AID – Will you be using any type of financial aid?  Yes  ☐  No  ☐  If yes, what type?  ☐ WEG  ☐ WIA/Workforce  ☐ DARS  ☐ Other

ETHNIC BACKGROUND:  Are you Hispanic or Latino?  ☐ Yes  ☐ No  ☐ If yes, what type?  ☐ Cuban  ☐ Mexican  ☐ Puerto Rican  ☐ South or Central American  ☐ Other Spanish culture or origin, regardless of race  ☐ Yes  ☐ No

Please select the racial category or categories with which you most closely identify. Check as many as apply.  ☐ White  ☐ Asian  ☐ International  ☐ Native Hawaiian or Other Pacific Islander  ☐ Black or African-American  ☐ American Indian or Alaskan Native  ☐ Unknown or Not Reported

RESIDENCY:  Please check one box

☐ Parker County  ☐ Resident of another county  ☐ Alien resident or out-of-state resident  ☐ International Student Hispanic

Residency:  State of legal residence ___________________________

Verification:  How long have you resided in Texas? _______ Years _______ Months  Previous state or country of residence: ___________________________

If you moved to Texas within the past 5 years, why?  ☐ Education  ☐ Other  ☐ Employment

To be completed by Non-U.S. Citizens only:

Country of birth: ___________________________

Do you hold Permanent Resident status for the U.S.?  ☐ Yes  ☐ No

Do you hold Temporary Resident status for the U.S.?  ☐ Yes  ☐ No

If Yes, Visa Type: ___________________________  Issue Date: ___________  Expiration Date: ___________

LIST ALL COURSES FOR REGISTRATION.

NO REFUNDS WILL BE MADE ON OR AFTER THE DAY THE CLASS BEGINS.

<table>
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<th>DATES</th>
<th>TOTAL FEE</th>
</tr>
</thead>
<tbody>
<tr>
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<td>INTRODUCTION TO DENTAL SCIENCE</td>
<td>6/12/18-9/28/18</td>
<td>$2199.00</td>
</tr>
<tr>
<td>DNTA1015 D18 (8008)</td>
<td>CHAIRSIDE ASSISTING</td>
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<td></td>
</tr>
<tr>
<td>DNTA1003 D18 (8009)</td>
<td>REGISTERED DENTAL ASST. EXAM REV.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DNTA 1060 D18 (8010)</td>
<td>DENTAL ASST. CLINICAL</td>
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- **LIABILITY RELEASE**: I release Weatherford College from all responsibility in case of an accident. Minors (under 18 years of age) must have a legal parent or guardian sign a consent/release form to be included with this registration form.
- **REFUND POLICY**: I understand that no refunds will be made on or after the day the class begins. Yo comprendo que no habrá reembolso el primer día de clase o después del primer día de clase.

**SIGNATURE**

____________________________________________________________________

**DATE**

_________________________________

THE ABOVE SIGNATURE CONFIRMS THAT ALL INFORMATION IS TRUE AND CORRECT.

Information supplied on this application is required by federal or state agencies and is not used as the basis for admission decisions.

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11/11
Request for Student’s Taxpayer Identification Number
(Substitute Form W-9S)

Return completed signed form, in person or by mail, to:
Weatherford College Admissions Office
225 College Park Drive
Weatherford, TX 76086

Do not submit this form to the IRS.

<table>
<thead>
<tr>
<th>PART I</th>
<th>Name of Student</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PARTY I</th>
<th>Taxpayer Identification Number (SSN or ITIN)</th>
<th>Weatherford College Identification Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>__ __ __ - __ __ - __ __ __ __</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PART II</th>
<th>I certify that the number shown on this form is my correct taxpayer identification number.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Signature</td>
</tr>
<tr>
<td></td>
<td>Date</td>
</tr>
</tbody>
</table>

OR

<table>
<thead>
<tr>
<th>PART III</th>
<th>I am a foreign national/nonresident alien and do not have a Social Security number or individual taxpayer identification number. I do not plan to file an income tax return in the U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I do not wish to provide my taxpayer identification number to Weatherford College at this time. I understand that I may be subject to an IRS fine of $50 for failure to do so. I further understand that the IRS will not be able to use the Form 1098-T filed by Weatherford College to confirm my eligibility for certain education tax benefits without my taxpayer identification number.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Signature</td>
</tr>
<tr>
<td></td>
<td>Date</td>
</tr>
</tbody>
</table>

See instructions on back.
Instructions

Purpose. Weatherford College must get your correct identifying number to file Form 1098-T, Tuition Statement, with the IRS and to furnish a statement to you. This will be your Social Security number (SSN) or, if you are not eligible to obtain an SSN, your individual taxpayer identification number (ITIN). Form 1098-T contains information about qualified tuition and related expenses to help determine whether you, or the person who can claim you as a dependent, may take either the tuition and fees deduction or claim an education credit to reduce Federal income tax. For more information, see IRS Pub. 970, Tax Benefits for Higher Education.

Under federal law, you are required to provide the requested information.

Part I.
Enter your name and mailing address. The name should match that used by the Social Security Administration or Internal Revenue Service.

Taxpayer identification number. Enter your SSN or ITIN. If you do not have an SSN or ITIN, apply for one and fill out and return this form when you receive it.

Part II.
Sign your name in the space provided to confirm the information provided. The Admissions Office cannot change your records without your signature.

Part III.
Please fill out this part only if you are unwilling or unable to provide a taxpayer identification number. Check either the first or second box and sign the statement. By law, Weatherford College must ask you at least once a year for your taxpayer identification number in order to meet its obligation to file Form 1098-T.

Deliver or mail the completed form to the address provided. Do not email the form. Email is not a secure way to transmit personal information.

Penalties
Failure to furnish correct SSN. If you fail to furnish your correct SSN or ITIN to Weatherford College, the IRS may impose a penalty of $50 unless your failure is due to reasonable cause and not to willful neglect. Misuse of SSNs. If Weatherford College discloses or uses your SSN in violation of Federal law, Weatherford College may be subject to civil and criminal penalties.

Privacy Act Notice
Section 6109 of the Internal Revenue Code requires you to give your correct SSN or ITIN to persons who must file information returns with the IRS to report certain information. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation and to cities and states to carry out their tax laws.
Weatherford College
Workforce/Continuing Education Department

CRIMINAL HISTORY POLICY STATEMENT

WC Continuing Education Health Programs require applicants to complete a criminal history background check. This is necessary to screen applicants to allow for student admission in the WC service area clinical training sites used for the required “hands on” training and testing of national or state of Texas certification skills and/or written testing.

Results of this report may prevent a student from attending clinical in some areas and from obtaining licensure through the Texas Department of State Health Services. The following histories will disqualify an individual from consideration for clinical rotations:

- Felony convictions
- Misdemeanor convictions or felony deferred adjudications involving crimes against persons (physical or sexual abuse)
- Misdemeanor convictions related to moral turpitude (prostitution, public lewdness/exposure, etc)
- Felony deferred adjudications for the sale, possession, distribution, or transfer of narcotics or controlled substances
- Registered sex offenders
- Other charges will be reviewed and considered based on specific program requirements and restrictions

Criminal History Background Check Process

I understand that the Continuing Education Department will conduct a background check per their policy and I must be clear of any of the above stated Felony or Misdemeanor(s) on the Texas Department of Public Safety Crime Records Service Department background check database. I hereby understand there will be a Criminal Search of TDPS crime records and voluntarily print and sign this document based on this understanding.

Print Name Clearly: __________________________  S.S.#: __________________________

Signature: __________________________  Date of Birth: ____ / ____ / ____

Phone #: __________________________  Date: __________________________

FOR OFFICE USE ONLY:

Date completed: _______  CE Authorized Staff Signature: __________________________

Results: ________________________________________________________________
______________________________________________________________
DENTAL ASSISTANT PROGRAM
SUPPLY LIST

- Notebook paper
- 3 ring binder
- 4 colored click pen (you can get them at Wal-Mart, Office Depot, any office supply store)
- Highlighter
- Index cards
- Pocket Journal
- Clean tennis shoes specifically dedicated to the Dental Assisting Program
- Royal Blue Scrubs- scrubs are to be worn every class/clinical day.
- Scrub Jacket- must be purchased before Chairside Assisting starts. Must button to neck and cuffs need to be fitted around wrists.
- Safety glasses.

OTHER IMPORTANT INFORMATION

- Hair to be worn back on clinical days/extern days
- No visible tattoos
- No piercings other than in ears
- No strong perfumes or cigarette smell on clothes
- Short clean nails (no chipped polish allowed)

ADDITIONAL COSTS- (subject to change)

- RDA State Board Test Application Fee $65-$150
- State Board Registration Fee $32
- Initial Renewal Fee $5-$45
- Nitrous Oxide State Testing Fee $150 (fees vary) (optional)
- Other procedure certifications exams available, please visit the State Dental Board Website for more information, http://www.tsbde.state.tx.us/

Tracy Butler, Coordinator