



**Qualification Form for Dental Assisting  
for Fall (August) 2010 Admission**

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This form must be delivered to Student Services at the Rowan or Cabarrus campus by January 1, 2010 for priority consideration. Students will be considered up to **July 1, 2010** if space is available.

*If you are not accepted into Dental Assisting for fall 2010,  
please submit a new form after September 1<sup>st</sup> for the next program year.*

**Your qualification date will be when all admissions requirements are met.**

**Do Not Mail This Form**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
(Print clearly: first, middle, and last name)

\_\_\_\_\_ Dental Assisting students are admitted on a first-come, first-to-qualify basis.

**Please Note: Students will be considered up to July 1, 2010 if space is available.**

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**Attach the following:**

- \_\_\_\_\_ **Complete Hepatitis B series:**  
Documentation of **three** (3) injections must be provided.
- \_\_\_\_\_ **Documentation of Current CPR and AED Certification**  
(at the health care provider level). Documentation is a copy of your unexpired card.

***Please ask for a copy of this signed form when you return it to Student Services.***

I understand that I am responsible for:

- Having an official transcript(s) from all schools attended, including high school sent to RCCC Admissions. Transcripts will be evaluated to determine the award of credit.
  - Your program qualification date will be when all admission requirements are met.
- Knowing and meeting the program admission requirements listed on program checklist.
  - Additional information will be discussed at the Dental Assisting Program Information Session.
- Knowing and meeting deadlines for submitting information.
- Keeping certifications/licenses that are part of the admission requirements up-to-date during the admission process and during my program (e.g., CPR).

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**