Thank you for your interest in the dental assisting program. Due to the COVID-19 situation, we are unable to hold the information sessions for the September classes on our campus. Instead, all the necessary information to apply is included in this packet. Please let me know if you have any questions.

In September, the dental assisting class will begin at our Dickson campus. The class is one year in length. The program will conclude in August 2022. Classroom hours are Monday through Friday from 8 a.m. until 2:30 p.m. When clinical rotations begin, hours will vary based on the assigned dental office.

## To Apply

To apply for the dental assisting program, applicants must complete the following:

1. **Complete and sign the attached dental assisting application.** The application may be submitted by mail or in person to Stephanie Murphy no later than **May 21, 2021**.

2. **Submit an official high school/GED/HiSet transcript with immunization records included.** To be official, the transcript must be sent **directly** to TCAT from your high school or testing site. The transcript must be received no later than *June 30, 2021*. If your high school is unable to provide proof of MMR and Varicella vaccinations, you must provide these by the June 30 deadline.

   Tennessee College of Applied Technology
   **Attn:  Stephanie Murphy**
   740 Highway 46
   Dickson, TN 37055

3. **Submit three completed reference forms on the forms provided.** The reference forms may be completed by anyone other than a relative. They must be received no later than *June 30, 2021.*

4. **Take the HESI Admission Assessment test** (more information below).

## HESI Tests

The HESI Admission Assessment is the test that is required for admission to the dental assisting program. The math and reading sections of the test are the only sections given. Study guides and practice tests are available at various online bookstores.

The HESI exam will be given in June on our campus. You will be contacted via email in late May with a time/date for the test. The cost of the test is $40 and will be paid on the date that you take the exam.

## Acceptance

Acceptance letters will be mailed in July. The class is accepted based on the scores on the entrance test. A completed application is required for admission to the program. For those who are accepted, an orientation will be held in August, with classes beginning on September 1, 2021. Information regarding required immunizations will be sent with the acceptance letters.

## Financial Aid

Information regarding financial aid is available on our website at www.tcatdickson.edu. The first step to apply for both federal and state grants is to complete the Free Application for Federal Student Aid (FAFSA). You will need to complete the 2021/2022 application that is available at www.fafsa.ed.gov. The school code for TCAT Dickson is 013955.

## Previous Applicants

If you have previously submitted an application, **it is necessary that you submit an updated application form.** Transcripts are kept on file for two years. If you have previously sent your transcript, please let me know that when you return your application. I will place your transcript with the new application.

HESI scores are considered valid for two years. If you have taken the HESI test at the TCAT Dickson/Clarksville previously, please provide that information when you submit the application. If you took the test at another school, you will need to have that school submit your HESI scores no later than June 30, 2021.

## Questions?

Questions regarding the dental assisting program or the application process can be directed to Stephanie Murphy at stephanie.murphy@tcatdickson.edu or by phone at 615-441-6220.

Thank you for your interest in the dental assisting program. I wish you all the best as you begin your career in dental assisting.

## Tennessee College of Applied Technology – Dickson
## Dental Assisting Program
## Application Form

PLEASE PRINT IN YOUR OWN HANDWRITING:

NAME: _____
    Last     First    Middle    Maiden

OTHER NAMES: _____
       *Please list ALL names used in the past to help us identify your documentation.*

ADDRESS: _____
    Street Name and Number   City  State  Zip

PHONE: _____
    Home        Work

EMAIL: _____

### EDUCATION:

or

 High School _____ Graduation Date _____

 GED Completed: Date _____

 <u>Colleges/Vocational Schools Attended:</u>

 Name _____

 Address _____

 Other Courses or Schools Attended _____

### EMPLOYMENT:

List below present and all past employment, beginning with your most recent place of employment.

| <u>EMPLOYER NAME</u> | <u>TYPE OF WORK</u> | <u>DATES</u> | <u>REASON FOR LEAVING</u> |
|---|---|---|---|
| a. | | | |
| b. | | | |
| c. | | | |
| d. | | | |
| e. | | | |
| f. | | | |

Have you ever been discharged from a job? _____ If yes, please explain: _____

Have you ever applied to the Dental or Nursing program at TCAT Dickson before?   ☐**YES**  ☐**NO**

Have you ever been enrolled at TCAT Dickson before? _____ If yes, provide program and dates:
_____

Have you ever taken the HESI Admission Assessment exam? _____ If yes, approximate
date and location that test was given _____

If you are accepted into the Dental Assisting course, do you plan to work as a Dental Assistant upon
completion of the program? _____

Have you ever been convicted of anything other than a minor traffic violation? _____
If yes, please explain: _____
_____

After hearing a description of typical work of the Dental Assistant, do you feel that you will be able to
perform all of these tasks, with or without an accommodation? _____
If no, please provide an explanation: _____

Briefly state your career objectives: _____
_____
_____
_____

I understand that giving false information or withholding information requested in this application may
make me ineligible for admission to or continuation in the Dental Assisting program at Tennessee
Technology Center at Dickson.  With this in mind, I certify that all the statements on this application are
correct and complete.

_____          _____
Signature of Applicant                                      Date

*Tennessee College of Applied Technology – Dickson complies with non-discrimination laws: Title VI, Title
IX, Section 504 & the ADA. Preference for admission is given to students who are residents of the State of
Tennessee.*

# TENNESSEE COLLEGE
## OF APPLIED TECHNOLOGY
### DICKSON

## Reference Form for Health Care Programs

**Applicant Section (to be completed by the applicant)**

**Applicant Name:** _____ **Date:** _____

I am applying for entrance in a health occupation program. I request that the information provided on this reference form be released to the TCAT - Dickson. I understand and agree that this information will be treated as confidential by faculty and staff of the school, and that information contained on this form will not be available to anyone other than authorized personnel of this school or individuals appointed to serve on the Program Advisory Committee.

**Applicant's Signature** _____

**Reference Section** (to be completed by the reference)

Name of reference: _____

How long have you known the applicant? _____

What is your relationship to the applicant? _____

Please rate the applicant in the following areas:

|  | Excellent | Good | Average | Poor |
|---|---|---|---|---|
| Leadership |  |  |  |  |
| Judgment |  |  |  |  |
| Dependability |  |  |  |  |
| Cooperation |  |  |  |  |
| Scholarship |  |  |  |  |
| Confidence |  |  |  |  |
| Initiative |  |  |  |  |
| Work habits |  |  |  |  |
| Trustworthiness |  |  |  |  |
| Ability to succeed in health care field |  |  |  |  |

Additional comments: _____

_____

Signature: _____

Organization (if work related): _____

Address: _____

Phone: _____

TCAT - Dickson complies with non-discrimination laws: Title VI, Title IX, Sections 504 & ADA.

# TENNESSEE COLLEGE
## OF APPLIED TECHNOLOGY
### DICKSON

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**Applicant's Signature** _____

**Reference Section** (to be completed by the reference)

Name of reference: _____

How long have you known the applicant? _____

What is your relationship to the applicant? _____

Please rate the applicant in the following areas:

| | Excellent | Good | Average | Poor |
|---|---|---|---|---|
| Leadership | | | | |
| Judgment | | | | |
| Dependability | | | | |
| Cooperation | | | | |
| Scholarship | | | | |
| Confidence | | | | |
| Initiative | | | | |
| Work habits | | | | |
| Trustworthiness | | | | |
| Ability to succeed in health care field | | | | |

Additional comments: _____

_____

Signature: _____

Organization (if work related): _____

Address: _____

Phone: _____

TCAT - Dickson complies with non-discrimination laws: Title VI, Title IX, Sections 504 & ADA.

# TENNESSEE COLLEGE OF APPLIED TECHNOLOGY
## DICKSON

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Please rate the applicant in the following areas:

|  | Excellent | Good | Average | Poor |
|---|---|---|---|---|
| Leadership |  |  |  |  |
| Judgment |  |  |  |  |
| Dependability |  |  |  |  |
| Cooperation |  |  |  |  |
| Scholarship |  |  |  |  |
| Confidence |  |  |  |  |
| Initiative |  |  |  |  |
| Work habits |  |  |  |  |
| Trustworthiness |  |  |  |  |
| Ability to succeed in health care field |  |  |  |  |

Additional comments: _____

_____

Signature: _____

Organization (if work related): _____

Address: _____

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