Dental Assistant Program Application Packet

Semester Requested (Check one): ☐ Fall ☐ Spring ☐ Summer Year: _______

Access to Austin Community College’s programs or activities shall not be limited on the basis of race, color, creed, national origin, religion, age, gender, sexual orientation, political affiliation, or physical disability. Applications accepted year round.

Please Type or Clearly Print

Date of Birth ____/____/____

ACC Student ID: ______________ e-mail address: ____________________________

Leave blank if you do not have one

Email is the preferred method of communication with you

Name:

Last __________ First __________ Middle __________

Home Address:

Number & Street ______ County ______ City ______ State ______ Zip ______

Day Phone: ______________ Alternate Phone: ______________ Social Security No. ______________

Definition of Petitioned: Student has been granted permission to register and pay for class, this does not guarantee a seat in the class.

The following items are required to be petitioned for the Dental Assisting Program:

Application Checklist:

_____ 1. GED or High School Diploma

_____ 2. HIPAA Training Module at: http://sites.austincc.edu/hipaa/

(Initial and sign 3 pages of the “HIPAA Confidentiality and Security Agreement Form” and Post-test completion form). Forms need to be uploaded to CastleBranch.

_____ 3. Part I Immunizations completed and signed by a licensed health professional on Immunization Form Attached. (See page 4 of packet). Forms will be uploaded to CastleBranch.

_____ 4. Complete and sign this application form

_____ 5. If you are under 22 years old, you must submit verification of meningitis vaccine (see latest information on college website): http://www.austincc.edu/apply-and-register/enrollment-steps/comply-with-meningitis-law/meningitis-compliance-steps

_____ 6. Health Insurance

Submit proof of health insurance coverage. See the following link for a short term insurance quote if not currently insured:

https://www.healthcare.gov/
For a list of program costs, course schedule and course requirements, please visit: http://continue.austincc.edu/dental

If you have other questions about the Dental Assistant Program prior to submitting your application, please contact the program Coordinator, Gloria Cantu at 512-223-7090 or email Gloria.cantu@austincc.edu.

LECTURE COURSEWORK

- DNTA-1011 Dental Science (52 Contact hours)
- DNTA-1013 Emergency Management (32 Contact hours)
- DNTA-1015 Intro to Chairsde Assisting (64 Contact hours)
- DNTA-1005 Dental Radiology (64 Contact hours)
- DNTA-1052 Office Management and Procedures (16 Contact hours)
- DNTA-1060 Clinical: Dental Assisting (48 Contact hours)

PRACTICUM COURSEWORK

- DNTA-1064 Practicum: Dental Assisting (112 Contact hours)

Before registering for your practicum, DNTA-1064 students must:

Pass all DNTA Lecture Coursework and complete and clear in CastleBranch the following items:

1. (2) two-step Tb Skin Test
2. Criminal Background Check
3. 10-Panel Drug Screen Test

IMPORTANT DRUG TEST NOTIFICATION EFFECTIVE 11-5-19

A positive drug screen for marijuana metabolite is still considered a failed drug screen, regardless of whether a student is using CBD (cannabidiol) products derived from hemp plants that contain .3% or less delta 9 tetrahydrocannabinol (THC). (CBD products derived from marijuana plants are not legal in the State of Texas.) If enough THC is present, it will show up as a positive result on a urine drug screen. This means that using CBD products may have the ability to cause a positive drug test. (updated 11-5-19)

Acceptance of an application does not guarantee a student a seat in the course. Classes may fill quickly, preventing you from registering even though you have completed the application process. Students must notify the Health Professions Institute, Continuing Education of any change in applicant data. Failure to do so may result in the withdrawal of permission to register in the classes or the inactivation of the application.

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission or expulsion from the College. I understand that the faculty and staff of the Health Professions Institute, Continuing Education will read the information contained in this application.
I have read and understand all information included as part of this application.

Signature of Applicant ____________________________ Date ________________

**It is the student’s responsibility to:**
Return this completed application to the Dental Assisting Program Coordinator ACC Highland Business Center (HBC) 4th floor, 5930 Middle Fiskville Road, Austin, Texas, 78752 or by fax 512-223-7749. For assistance, please call Gloria Cantu 512-223-7090.

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**For Continuing Education Office Use Only**

☐ Accepted  ☐ Rejected

Application Received – Date: ______________

Added/Verified to Datatel – Date: ______________

Petitioned – Date: ______________

Reviewed By: __________________________________________ Date: ______________

Print Name and Phone Extension

Student Advised of Status – Date: ______________

☐ by email  ☐ by mail  ☐ by phone  ☐ by message  ☐ in person

Updated: NOV 2019 (VDD) Dental Assistant
# Immunizations and Tests
**Required by State Law/Clinical Facilities**

<table>
<thead>
<tr>
<th>Measles, Mumps, Rubella (MMR), Varicella</th>
<th>Date #1:</th>
<th>Date #2:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A.</strong> Two doses of Measles, Mumps, Rubella (MMR) vaccine on or after their first birthday and at least 28 days apart</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OR</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>B.</strong> Serologic test <strong>positive</strong> for Measles antibody</td>
<td>Date of Collection:</td>
<td>Positive Result</td>
</tr>
<tr>
<td><strong>OR</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>B.</strong> Serologic test <strong>positive</strong> for Mumps antibody</td>
<td>Date of Collection:</td>
<td>Positive Result</td>
</tr>
<tr>
<td><strong>OR</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>B.</strong> Serologic test <strong>positive</strong> for Rubella antibody</td>
<td>Date of Collection:</td>
<td>Positive Result</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Varicella</th>
<th>Date #1:</th>
<th>Date #2:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A.</strong> Two doses of Varicella vaccine on or after their first birthday and at least 28 days apart</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OR</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>B.</strong> Serologic test <strong>positive</strong> for Varicella antibody</td>
<td>Date of Collection:</td>
<td>Positive Result</td>
</tr>
<tr>
<td><strong>OR</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>C.</strong> Physician documented history of Varicella (Chicken Pox)</td>
<td>Disease Date:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hepatitis B</th>
<th>Date #1:</th>
<th>Date #2:</th>
<th>Date #3:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A.</strong> Recombivax HB or Engerix-B Vaccine (initial dose)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A.</strong> Recombivax HB or Engerix-B Vaccine Dose 2 (minimum 4 weeks after date #1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A.</strong> Recombivax HB or Engerix-B Vaccine Dose 3 (minimum 8 weeks after date #2 and minimum 16 weeks after date #1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OR</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>B.</strong> Heplisav-B Vaccine (initial dose)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>B.</strong> Heplisav-B Vaccine Dose 2 (minimum 4 weeks after date #1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OR</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>C.</strong> Serologic test <strong>positive</strong> for Hepatitis B antibody</td>
<td>Date of Collection:</td>
<td>Positive Result</td>
<td>Negative Result</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tdap</th>
<th>Date (Tdap):</th>
<th>Date (Td):</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A.</strong> Tdap—received after 6/10/05</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>B.</strong> Td—if Tdap is 10+ years old (must list both dates)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Physician or Approved Licensed Health Professional Information:** Date of signature must be after last immunization or additional immunizations must be signed and dated separately. Validates all information above.

**Printed Name**

**Address**

**Signature** Date

Revised 2/11/20
Order Instructions for
**Austin Community College - CE Dental Assistant**

1. Go to https://mycb.castlebranch.com/

2. In the upper right hand corner, enter the Package Code that is below.

Package Code **UL40im**: Phase 1

**About**

**About CastleBranch**

Austin Community College - CE Dental Assistant has partnered with CastleBranch, one of the top ten background check and compliance management companies in the nation to provide you a secure account to manage your time sensitive school and clinical requirements. After you complete the order process and create your account, you can log in to your account to monitor your order status, view your results, respond to alerts, and complete your requirements.

You will return to your account by logging into castlebranch.com and entering your username (email used during order placement) and your secure password.

**Order Summary**

**Payment Information**

Your payment options include Visa, Mastercard, Discover, Debit, electronic check and money orders. Note: Use of electronic check or money order will delay order processing until payment is received.

**Accessing Your Account**

To access your account, log in using the email address you provided and the password you created during order placement. Your administrator will have their own secure portal to view your compliance status and results.

**Contact Us**

For additional assistance, please contact the Service Desk at 888-723-4263 or visit https://mycb.castlebranch.com/help for further information.
Order Instructions for  
**Austin Community College - AA Immunizations**

1. Go to https://mycb.castlebranch.com/

2. In the upper right hand corner, enter the Package Code that is below.

**Package Code UL64im: Core Requirements for Applicants**

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Submitting Documents

Submitting documents to myCB can be achieved three ways: via upload, fax, or mail. This guide will cover all three options. If you need any further assistance, please call the number located at the bottom right of every page.

UPLOADING DOCUMENTS

The most efficient way to submit. Uploading your documents through myCB is not only secure, but ensures faster processing time.

Options for Digitizing Your Document

- Take a picture
- Use the myCB app
- Scan your document
- Utilize a local FedEx, UPS, Library, or University's resources

Submitting Through myCB

- Click To-Do Lists within the myCB panel on the left
- Expand the requirement you wish to upload to
- Click Browse next to Your Computer or Flash Drive
- Select file(s) needed, one at a time
- Hit Submit

⚠️ Note: Document removal may only happen before submission. Make sure you have attached the correct file name(s) before submitting. To remove a document, simply click Remove Document and re-attach the correct version.

All Documents uploaded are stored in your Document Center for future use.

To attach a previously uploaded document to a requirement, follow the same steps and then click Browse next to My Documents.

Replacing Rejected Documents

- Read the rejected reason
- Re-upload using the same steps above

The two most common rejection reasons are missing information and illegible documentation. Make sure your documents are easily legible and contain their essential information, such as: signatures, physical exam dates, vaccination dates, or titer collection dates.
Submitting Documents

FAIXING DIRECTLY TO REQUIREMENTS

Following the steps below will result in your documents automatically attaching to their specific requirements, designated by their included cover letters.

Print Cover Letters

1. Click To-Do Lists within the myCB panel on the left
2. Expand the requirement you wish to upload to
3. Click Download at the bottom
4. Read and close the warning prompt
5. Print the cover letter
6. Follow the directions on the cover sheet
7. Repeat for all requirements to be faxed

FAIXING TO DOCUMENT CENTER

Following the steps below will result in your documents going into your myCB document center, where you will need to attach them to each requirement individually.

Print Cover Letter

1. Click Document Center within the myCB panel on the left
2. Click Print/Fax Mail Cover Sheet on far right
3. Read and close the warning prompt
4. Print the cover sheet
5. Follow the directions on the cover sheet
6. Faxed documents will display under My Documents within the Faxed folder

Submit Through myCB

1. Click To-Do Lists within the myCB panel on the left
2. Expand the requirement you wish to upload to
3. Click Browse next to My Documents
4. Choose the Faxed folder
5. Pick document needed
6. Hit Submit
MERGING FAXED PAGES

If submitting more than one document to a requirement, you have the option to merge them together.

To Merge Pages

1. Click Document Center
2. Find the Faxed/Mailed Documents folder
3. Select one file you wish to merge with another
4. Click Add PDF to Merge Queue
5. Repeat until all pages you wish to merge are queued
6. Select Merge These Documents at the top right
7. All merged files can be found in the Merged Files folder.

MAILING DOCUMENTS TO CASTLEBRANCH

Follow the steps below to mail documents to CastleBranch for review.

Print Cover Letters

1. Click To-Do Lists within the myCB panel on the left
2. Expand the requirement you wish to mail in
3. Click Download at the bottom
4. Read and close the warning prompt
5. Print the cover letter
6. Repeat for all requirements to be sent in

Mail to: CastleBranch
        1844 Sir Tyler Drive
        Wilmington, NC 28405
        Attn: TDL Document Center

Note: Pages mailed to CastleBranch should be ordered accordingly:

Cover letter A, document A
Cover letter B, document B