



**Kapi'olani Community College
DENTAL ASSISTING PROGRAM
Admission Application Checklist**

Fall Application Period: December 1 – June 30

TEMPORARY COVID-19 APPLICATION SUBMISSION PROCEDURES

Directions: Please complete each item by typing directly into the fields or neatly printing on a hardcopy, and submit this Admission Application Checklist with all required documents to a Health Sciences Counselor *via* [UH File Drop](#). *We will not be accepting in-person applications during this application period.*

To use file drop follow the directions below:

1. Scan application and all supporting documents
 - a. If you do not have access to a scanner, use a free smartphone app like *Scannable* or *Scanner Pro* or *Cam Scanner*. Save your application and all supporting documents in PDF format.
2. From any web browser, go to <https://www.hawaii.edu/filedrop>
3. Log in as a UH User or Non-UH user (Non-UH Users will be sent a verification email, click on the link in the email)
 - a. In the recipient field, type: hlthsci@hawaii.edu
 - b. Click in the drop down menu in the expiration timer, change it to 14 days
 - c. In the “Optional Message” field, enter FULL NAME and the PROGRAM you are applying to
 - d. After you’ve completed the Recipient field, extended the expiration timer, typed in the Optional Message, click Proceed.
 - e. Click the Choose File button to browse for your application and supporting documents.
 - i. If you upload your documents in different files (i.e. application, transcripts, etc), please write a description of the file in the Description box.
 - f. Click the Start Upload button.
 - g. You will be redirected to a confirmation page with the link to your uploaded file. You’re finished.
4. Once your application is reviewed, you will receive a confirmation email to indicate that your application is complete or that you are missing items. If you are missing items, you must have a complete application submitted by the application deadline.

Please contact us at hlthsci@hawaii.edu or 808-734-9224 if you have any questions or need assistance with these temporary application submission procedures.



Kapi'olani Community College
DENTAL ASSISTING PROGRAM
Admission Application Checklist

Fall Application Period: December 1 – June 30

Directions: Please complete each item carefully typewritten or neatly printed, and submit this Admission Application Checklist and all required documents to a Health Sciences Counselor *during walk-in counseling hours*. **If the application deadline falls on a weekend or recognized holiday, applications will be accepted on the following business day. Only this completed program Admission Application including supplemental documentation submitted to the Health Career Counseling Center (Kauila 106) by the appropriate deadline will be accepted for processing. Applications must be submitted in person during walk-in counseling only.**

Program Applying to: Certificate of Competence Certificate of Achievement
(Please check which program you are applying to)

<u>APPLICANT INFORMATION</u>			
Name:	_____	_____	UH Number/Username _____
	Last Name	First Name	M.I.
Mailing Address:	_____		
	Street / POB	City	State Zip Code
Phone:	_____	_____	_____
	Cell	Home	Work
UH SYSTEM Email Address:	_____		
List other name(s) used on documents:	_____		
	(Notify the Kekaulike Information & Service Center regarding other names used on college documents.)		

ADMISSIONS APPLICATION CHECKLIST FOR DENT PROGRAM

- Attend a mandatory DENT Information Session within one year prior to application submission.**
For more information visit www.kcc.hawaii.edu or pick up an Information Session schedule from Kauila 122 or Kauila 106, Monday – Friday during posted business hours.
Date Attended: _____ (Month / Day / Year)
- Complete the online UH System Application (New, Returning or Transfer) if you are not currently enrolled at any UH System institution during the semester you submit your application.** (<http://apply.hawaii.edu>)
- Complete all DENT qualifying tests** or equivalent courses prior to the end of the application period.
- College transcripts for courses completed within the University of Hawai'i System.** Print out student copy of unofficial transcripts for all course work *WITHIN* the UH System and highlight all qualification courses. UH system transcripts are downloadable from the UH Portal (myuh.hawaii.edu).
- College transcripts for courses completed outside of the University of Hawai'i System.**
If transferring courses from institutions outside the UH System, please list the institution and when your official transcript was sent to the Kekaulike Information & Service Center (KISC):
 - Institution: _____ Transcript Request Date: _____
 - Institution: _____ Transcript Request Date: _____
 - Institution: _____ Transcript Request Date: _____



My external transcripts have been evaluated by KCC. Submit your transfer course report from STAR accessible via the UH Portal (myuh.hawaii.edu).

My external transcripts have not been evaluated by KCC. Submit unofficial copies with this application, send official copies to the KCC Kekaulike Information & Service Center, complete **Online request for Transcript Evaluation**. To complete this form, you must log in with your UH Email account. Complete this form at: <http://go.hawaii.edu/oxG>

5. “My Plan Initiative.” Complete self assessments.

APPLICANT CERTIFICATIONS:

I certify that the answers and responses provided for all of the items on this Admissions Application/Check List are true to the best of my knowledge and belief. I understand that providing incorrect or false information will subject me to the requirements and/or discipline measures as provided under the University’s Student Conduct Code. I understand that if I am not accepted into the program of application, I must submit a new application and all required documents for any subsequent semester. I also allow KISC to change my major and home institution if I am accepted into the DENT program. I understand that if I am not accepted into the DENT program, my home institution and major will not change.

“Health care students are required to complete University prescribed academic requirements that involve practice in a University affiliated health care facility setting with no substitution allowable for the completion required clinical practice. Failure of a student to complete the prescribed clinical practices shall be deemed as not satisfying academic program requirements. It is the responsibility of the student to satisfactorily complete any background checks and drug testing that may be required by the affiliated health care facility to which he/she is assigned for clinical practice in accordance with procedures and timelines as prescribed by that affiliated health care facility.”

I understand that a criminal background check and drug test may be required for entry into clinical practice. _____ (please initial)

I also understand that clinical practice is required for completion of this program. _____ (please initial)

I understand that priority selection is given to [Hawai'i State residents for tuition purposes](#) and that non-residents will be considered after all qualified residents have been accommodated per Board of Regents Policy. _____ (please initial)

Print Name _____ Signature _____ Date _____

EXAMPLE of how to complete the application:

↓ These are qualification criteria ↓	↓ Tell us how you meet each requirement ↓				
	Test Score or Course Alpha	Credits	Term of Completion	Institution	Grade
DENTAL ASSISTING QUALIFICATION CRITERIA					
ACCUPLACER WritePlacer score of 5 or qualification of ENG 100	Placement into ENG 100	Date of Test: 1/12/2016	Accuplacer, KCC Testing Center	Qualification for ENG 100	A



CRITERION FOR ACCEPTANCE:

Acceptance into the program is on a best-qualified, first-accepted basis. Qualification is based on (1) a qualifying ACCUPLACER WritePlacer score of 5 or higher and (2) participation in a scheduled personal advising session. Selection is based on total qualifying scores in rank order from the highest until the quota is met.

DENT Quafication	Course Alpha/Test	Credits	Term of Completion	Instiution Coursework Completed	Grade /Test Score
ACCUPLACER WritePlacer score of 5 or qualification of ENG 100					

Courses below *are not required for admission* into the Dental Assisting Certificate of Competence or Certificate of Achievement programs. However, they may be completed prior to admission as they must be completed in order to graduate form the Certificate of Achievement program.

Application Summary: For office use only					
Date Received: _____		Counselor's Initials: _____			
Application Complete: _____		HI Resident:	Y	N	KCC GPA Verified: _____

Kapi'olani Community College, Health Sciences and Emergency Medical Services Departments
 4303 Diamond Head Road, Kauila 106 ♦ Honolulu, Hawai'i 96816-4421 ♦ Telephone: (808) 734-9224
 Website: www.kapiolani.hawaii.edu
 An [Equal Opportunity/Affirmative Action](#) Institution



Kapi'olani Community College
MY PLAN
Self – Assessment

The purpose of the My Plan Self-Assessment is a counseling tool for prospective healthcare majors to identify and better understand your career pathway including your strengths and areas of focus. Working in healthcare requires a combination of academic and professional knowledge and skills and a commitment to public service. As you plan, find ways to make your strengths shine and to improve your weaker areas. Please complete areas of this self-assessment by marking the boxes. All response are voluntary. Consider discussing your self-assessment with a counselor/advisor to understanding how they support your academic and career goals.

Knowledge of the Profession	Below Expectations	Meets Expectations	Exceeds Expectations
Identified career goals in my health pathway	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identified career alternatives in my health pathway	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevant experience – by volunteer experiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevant experience – by servicing learning experiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevant public service – by paid work experiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understand “professional qualities” of health pathway(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding of current healthcare issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comfort with bodily fluids or personal patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comfort with illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comfort with injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comfort with death	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comfort with physical contact with people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to multitask and adapt to change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to accept constructive feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to handle occupational crises, challenges or problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to move forward to achieve the goals and outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to follow safety guidelines and standards of practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Personal Characteristics	Below Expectations	Meets Expectations	Exceeds Expectations
Demonstrate commitment to public service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrate empathy/altruism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrate moral/ethical integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrate emotional maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrate good interpersonal relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accept responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to work independently to achieve the goal/task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaborate and teamwork to achieve the goal/task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accept and demonstrate leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be dedicated/hard-working healthcare practitioner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Committed to life-long learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**Kapi'olani Community College
 MY PLAN
 Self-Assessment**

Academic Strength	Below Expectations	Meets Expectations	Exceeds Expectations
+Completed prerequisites of health program of study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
+Completed support courses of health program of study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Achieved minimum cumulative GPA for program entry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Achieved prerequisite course GPA for your program entry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effective verbal and nonverbal communication skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to utilize technology effectively for learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Established Support Systems to Succeed in Health Pathway Program	Below Expectations	Meets Expectations	Exceeds Expectations
Established support for transportation to externships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Established support for financial assistance prior to entry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Established support for nonacademic responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Established support for personal and time management skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Established support for continuous professional learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Established opportunities to balance personal, family, & school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Established support for campus and community resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

+As required for program entry and graduation or meet other requirements as directed for program admissions.

The University of Hawai'i does not discriminate on the basis of race, sex, age, color, national origin, or disability. For inquiries regarding our nondiscrimination policies, please contact the Kapiolani Community College designees:

Deneen Kawamoto, ADA Coordinator for Students Office: 'Ilima 107
 (808) 734-9522; deneenk@hawaii.edu

UHCC offers Career and Technical Education (CTE) Programs of Study leading to Associate of Science (AS) and Associate of Applied Science (AAS) degrees, as well as postsecondary certificates, in career fields such as arts and communications, business, health careers, industrial and engineering technology, natural resources, and public and human services.

For more information, visit our website at <http://uhcc.hawaii.edu/programs/index.php>.

UHCC applies an open access policy, with program admission based upon the completion of applicable course/testing prerequisites. The lack of English skills will not be a barrier to admission and participation in CTE programs.

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