Kapi'olani Community College
DENTAL ASSISTING PROGRAM APPLICATION

Fall Application Period: December 1 – June 30

APPLICATION SUBMISSION PROCEDURES

Directions: Submit this program application and all required documents to the Health Careers Counseling Center via UH File Drop by the posted deadline. *We will not be accepting in-person applications.*

To use UH File Drop follow the instructions 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 received, a confirmation email will be sent. It is the applicant's responsibility to ensure that the application is complete and accurate.

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

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Fall Application Period: December 1 – June 30

Directions: Please complete each item by typing directly into the fields or neatly printing on a hardcopy, and submit this application with all required documents to the Health Careers Counseling Center via UH File Drop by the posted deadline. If the application deadline falls on a weekend or recognized holiday, applications will be accepted on the following business day.

<u>Program Applying to:</u>   Certificate of Competence   Certificate of Achievement
(Please cirlce 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.)

<u>ADMISSIONS APPLICATION CHECKLIST</u>

1. **Attend a mandatory DENT Information Session within one year of the application deadline.**

    Date Attended:
    (Month / Day / Year)   _____

2. **Apply and complete steps to become a KapCC student if currently not a student of the UH system (http://apply.hawaii.edu)**

3. **Complete all DENT qualifying tests (attach results)** or equivalent courses prior to the end of the application period.

4. **College transcripts for qualification courses completed within the UH System if applicable.** <u>Attach unofficial transcripts and highlight all qualification courses.</u> Download transcripts from STAR (star.hawaii.edu).

5. **College transcripts for qualification courses completed outside the UH System if applicable.**
    If transferring courses from institutions outside the UH System, 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 KapCC. *Attach your transfer course report from STAR (star.hawaii.edu) and highlight all qualification courses.*

My external transcripts **have not been evaluated** by KapCC. Submit unofficial copies with this application, send official copies to the Kekaulike Information & Service Center, and complete the online **Request for Transcript Evaluation form**. (https://go.hawaii.edu/y6x) To complete this form, you must log in with your UH Email account.

6. Complete 1 page reflection essay shadowing a dental office and email it to DENT Program Director Mark Nartatez, marknart@hawaii.edu by the application deadline or as soon as possible.

7. "**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 for ENG 100	ENG 100	3	Spring 2021	KapCC	A

CRITERION FOR ACCEPTANCE:

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

DENT Qualification	Test Score or Course Alpha	Credits	Term of Completion	Institution	Grade
ACCUPLACER WritePlacer score of 5 or qualification for ENG 100					

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

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

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

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

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

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