



**2011/2012 CERTIFICATE: DENTAL ASSISTING TECHNICIAN
ADMISSION APPLICATION ENCLOSURE LIST**

Blue Mountain Community College
2411 NW Carden, PO Box 100
Pendleton, OR 97801
(541)278-5759 Service Center
(541)278-5871 Fax
www.bluecc.edu

STUDENT INFORMATION – PLEASE PRINT

Social Security Number: _____ - _____ - _____

OR BMCC ID Number: _____ - _____

Last Name: _____

First Name: _____

DOCUMENTATION REQUIRED FOR PROGRAM ADMISSION

The following items MUST be included in your Application Packet.

1. Completed BMCC 2011/2012 Dental Admission Application Enclosure List
2. Completed BMCC Application for Admission – Limited Entry Program form.
3. Completed BMCC 2011/2012 Dental Assisting Technician – Statement of Understanding and Compliance
4. **Official** High School Transcript or GED Transcript. Must be received in a sealed envelope from the high school and contain the students date of graduation or date passed GED.
5. **OTHER COLLEGE TRANSCRIPTS:** If you wish to have credits from a college other than BMCC evaluated toward program entry requirements you must attach **official** sealed transcripts from those colleges and/or universities with your application packet. **Note:** BMCC does not accept credits from colleges that are not regionally accredited or from foreign institutions.
6. Copy of valid driver's license (not expired) **or** birth certificate. Applicants must be at least 18 years of age.

CRIMINAL BACKGROUND CHECK: Applicants that have received **full admission** to our program will be required to have paid for and successfully passed the criminal background check according to BMCC's 2011/2012 List of Disqualifying Offenses. Results must be received by BMCC from the Oregon State Police (OSP) between July 5, 2011 and August 29, 2011. Those not passing the criminal background check will not be eligible for our program.

Timelines:

- **APPLICATION PERIOD:** Tuesday, February 1, 2011 – 5 p.m. Friday, April 29, 2011.
- **TENTATIVE ADMIT NOTIFICATIONS:** Monday, May 23, 2011. Notices will be emailed to students at their BMCC email address.
- **FULL ADMIT NOTIFICATIONS:** Thursday, June 30, 2011

All applicants will be sent an email notification upon receipt of application. All required documentation is the full responsibility of the applicant. Failure to provide all required documentation, including contact information, will invalidate the application.

Return all application materials to: Blue Mountain Community College, **Attn:** Registrar's Office,
2411 NW Carden, Pendleton, OR 97801

For questions regarding program admissions, please send an email to: getinfo@bluecc.edu

For questions regarding this program contact Crystal Patton-Doherty at 541.278.5876 or email her at crystal.patton@bluecc.edu

I certify that I: have provided accurate information and understand that if it is found otherwise, my application will be considered invalid, have included all the required application materials listed above, read and understand BMCC's 2011/2012 Dental Assisting Technician Application - Statement of Understanding and Compliance, and that Blue Mountain Community College is not responsible for notifying me of any missing application materials prior to the application deadline.

Applicant Signature: _____ **Date:** _____

Blue Mountain Community College is an equal opportunity educator and employer.