



**2009-10 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: _____

Email address: (REQUIRED for all applicants): _____@_____

DOCUMENTATION REQUIRED FOR PROGRAM ADMISSION

The following items MUST be included in your Application Packet.

1. Completed BMCC 2009-10 Dental Admission Application Enclosure List
2. Completed BMCC 2009-10 Application for Admission – Limited Entry Program form.
3. Completed BMCC 2009-10 Dental Assisting Technician – Statement of Understanding and Compliance
4. Official High School Transcript or GED Transcript.
5. OTHER COLLEGE TRANSCRIPTS: If you wish to have credits from a college other than BMCC to be evaluated and considered to meet 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. Proof that you will be 18 before November 1, 2009. Provide copy of valid driver's license **or** birth certificate.

CRIMINAL BACKGROUND CHECK: In order to be admitted to this program you must successfully pass the criminal background check done by the Oregon State Police (O.S.P.). BMCC must receive the results of your criminal background check on or prior to Monday, June 15, 2009. Results received after that date will **not** be considered for priority admission.

Timelines:

- **APPLICATION PERIOD:** Monday, February 16, 2009 – Monday, April 27, 2009.
- **TENTATIVE ADMIT NOTIFICATIONS:** Monday, May 11, 2009. Notices will be emailed to students.
- **FULL ADMIT NOTIFICATIONS:** Monday, June 29, 2009

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 our Dental Assisting Technician certificate 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 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.