



**MORENO
VALLEY
COLLEGE**

**Moreno Valley College
Dental Assistant Program Application Checklist**

2024 APPLICATION CHECK LIST

Name: _____

MVC ID#: _____

Please read carefully and follow the instructions. Use only the forms provided in this application packet. The following **MUST** be submitted as one packet to the MVC Dental Assistant Program in order for your application to be evaluated for acceptance into the program.

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APPLY TO MORENO VALLEY COLLEGE: A Moreno Valley College application is required prior to submission of the Dental Assistant Program application. You can submit your MVC application through the MVC website at www.mvc.edu or in person at any of the three RCCD colleges (Moreno Valley, Norco or Riverside). **Failure to submit** an MVC application prior to submitting a Dental Assistant Program application **will** void your Dental Assistant Program application.

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DENTAL ASSISTANT PROGRAM APPLICATION: Complete, sign, and date the Dental Assistant Program application. Any falsification, omission, or misrepresentation will negate an application being reviewed or considered. Do not leave any item blank; answer every question. **DO NOT** submit your resume to substitute for or as an addendum to any portion of the application. Submission of additional/unsolicited materials **will** void your application.

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HIGHSCHOOL AND/OR COLLEGE TRANSCRIPTS: Submit official transcripts from high-school and/or college coursework. Previous Academic GPA (either high-school or college course work if attempted) of 2.0 or higher is required to be considered for the program. Failure to submit proof of high-school or college GPA 2.0 or higher will void your application.

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BLS CPR CERTIFICATION: Submit a copy of your current BLS CPR certification card. This must be from a "hands on" course for health care providers given by the American Heart Association or the American Red Cross. Online courses do not qualify.

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HIGH SCHOOL DIPLOMA OR EQUIVALENT: You must submit a copy of your high school diploma or equivalent. Foreign transcripts must have a "Detailed Evaluation". The counseling office can direct you to the appropriate contact for obtaining this "Detailed Evaluation". Current high school students: submit official transcripts reflecting anticipated graduation date.

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DRIVER'S LICENSE: Submit a copy of your current Driver's License.

I understand and have submitted the above data (including this checklist). I understand that I am responsible to submit the required data, and **that the MVC Dental Assistant Program is under no obligation to notify me of missing materials.** I understand that all application materials become the sole property of the MVC Dental Assistant Program and that the MVC Dental Assistant reserves the right to verify any and all information related to my application. I understand that my completed application packet to the Program is submitted at my expense.

Applicant Signature: _____ Date: _____

THIS CHECKLIST MUST BE RETURNED WITH YOUR APPLICATION PACKET.

**Moreno Valley College
Dental Assistant Program**

2024 APPLICATION OF ADMISSION

**Use only the forms provided, do not duplicate unless otherwise indicated.
Type or print legibly in black ink.**

Name (Last, First, M.I.): _____

Other name(s) used: _____ MVC ID#: _____

Gender: ☐ Male ☐ Female Date of Birth: ____/____/____

Age: _____ Place of birth: _____

Address: _____ City: _____

County: _____ State: _____ Zip code: _____

Home phone: () _____ Work phone: () _____ Cell phone: () _____

E-Mail Address: _____

**IT IS YOUR RESPONSIBILITY TO ADVISE THE PROGRAM
OF ANY ADDRESS/PHONE NUMBER CHANGES.**

If you have successfully completed English 1A or a higher English course at an RCCD college please check here: ☐

If you are submitting official transcripts from another college please check here: ☐

Have you previously been accepted to a Dental Assistant Program? Yes ☐ No ☐

If you marked yes to the above question, please mark the appropriate option: At MVC ☐ or Another College ☐

Have you previously completed any Dental Assistant course or Program? Yes ☐ No ☐

If you answered yes to the question above, please explain: _____

How did you hear about MVC Dental Assistant Program? Check all that apply:

- ☐ Through a friend/another dental assistant/dentist
- ☐ MVC Dental Assistant Program brochure
- ☐ Through a graduate from our program
- ☐ MVC Website
- ☐ Other, please specify: _____

Are you a Dental Hygiene Bridge Program applicant? Yes ☐ No ☐

*The Dental Assistant Program is not responsible for the Dental Hygiene Program's applicant selection or evaluating an applicant's qualification for acceptance. To address any questions regarding the Dental Hygiene Program processes, please contact the Dental Hygiene Program at 951-571-6431.

APPLICATION PERIOD

October 2nd, 2023 – June 17st, 2024

Applications must be emailed, mailed directly, or hand delivered to the Dental Assistant Program. Hand delivered applications will only be accepted by the Dental Assistant Program located in the Dental Education Center, Room C-118A. Hand delivered and emailed applications will be accepted up till 4:00 p.m. on the application deadline date. ***Applications hand delivered or emailed after 4:00 p.m. on application deadline date will only be considered for acceptance if space is available.*** Application sent by mail must be postmarked no later than the application date. ***Applications postmarked after the application deadline date will only be considered for acceptance if space is available.***

Mail the completed application to:
Moreno Valley College
Attn: Dental Assistant Program Director
16130 Lasselle Street
Moreno Valley, CA 92551-2045

Email the completed application to:
Bernadette.smith@mvc.edu

MVC complies with Titles VI and VII of the Civil Rights Act of 1994, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, Sections 102 and 103 of the Americans with Disabilities Act of 1990. We do not discriminate on the basis of race, color, national origin, religion, handicap, or sexual orientation in any of our policies, procedures, or practices.

CERTIFICATION

I certify that all responses to the questions and any information given herein are my own. I understand that information submitted relative to this application becomes property of the MVC Dental Assistant Program. I further understand that the MVC Dental Assistant Program reserves the right to verify any or all data that I or others have provided, whether solicited by me or not.

I further certify that I understand that if selected to the MVC Dental Assistant Program that I must comply with the Health and CPR requirements and deadlines. I understand that I must purchase the instrument issue by the designated deadlines. I understand that failing to adhere to the stated deadlines will result in forfeiting my space in the program.

I further certify that I understand that for Registered Dental Assistant (RDA) licensure in California, I must be fingerprinted, report information related to the illegal use of controlled substances, and any convictions or pleas of nolo contendere even if the charges were dismissed. In addition, the application requires specific information related to convictions, misdemeanor or felony, associated with state or federal action. I understand that if I have the before mentioned history, it may prevent me from becoming licensed as a Registered Dental Assistant in the State of California.

Applicant Signature: _____ Date: _____