

**DENTAL ASSISTING DIPLOMA
COMPETITIVE ADMISSIONS POINTS – Effective FALL 2027 Entry**

PROGRAM RELATED COURSES – STAGE I		POINTS EARNED
First Attempt BIO 161, 163 or BIO 168 and 169 (BIO 168 or 169 only)	A = 10 Points B = 7 Points (A=5 pts. ea.; B=3.5 pts. ea.)	
Second Attempt BIO 161, 163 or BIO 168 and 169 (BIO 168 or 169 only)	A = 5 Points B = 3 Points (A=2.5 pts. ea., B=1.5 pts. ea.)	
ENG 111	A = 4 Points B = 3 Points C = 2 Points	
PSY 150	A = 4 Points B = 3 Points C = 2 Points	
ADDITIONAL DEPARTMENTAL POINTS – STAGE II		EARNED POINTS
Instructor / Employer References – 3 or more references from a current/former instructor/employer	YES = 9 Points NO = 0 Points	
Completed 20+ hours Volunteer Service within the community.	YES = 12 Points NO = 0 Points	
Successful completion of the BIO 161 (or acceptable substitution) by the application deadline	YES = 15 Points NO = 0 Points	

No points will be awarded for Science courses with 3 or more attempts.

*Science courses must be a “C” or higher and must be taken within the last five (5) years.

*Health Grade Point Average is calculated on related courses: BIO 161, BIO 163 or combined BIO 168 and BIO 169, ENG111 and PSY 150.

*A minimum Health GPA of 2.0 is required, and is presented on the Health Applicant Rating Form (HARF).

Total Possible Stage I Points: 18

Total Possible Stage II Points: 36

Total Possible Points: 54

Instructions for Competitive Point Documentation: Please note Documents to verify these items must be uploaded at time of Health Application using Upload function.

Applicants to the Dental Assisting Program may earn extra competitive points for these areas as long as they UPLOAD VERIFICATION DOCUMENTS at time of completing the Health Application.

Documents must be in either of these formats when preparing to upload: **.pdf, .doc, .docx, .jpeg** to upload.

- 1) **Reference Letters from instructors or employers.** Letters must be signed and dated. Save as appropriate format shown above using this Naming format and upload when applying: `LastName_FirstName_Letter`
- 2) **Completion of 20+ hours of Volunteer Service in the Community –** use the form(s) starting at page 2 to document and then upload the form (s). Save as appropriate format shown above using this Naming format and upload when applying: `LastName_FirstName_Service`

**DENTAL ASSISTING
VOLUNTEER WITHIN COMMUNITY FORM**

FIRST NAME _____ **LAST NAME** _____

Name /Address / Phone # of Organization Volunteer Service provided for:

How many hours of volunteer service were completed? _____

Dates of Service: _____

Office Signature: _____

Name /Address / Phone # of Organization Volunteer Service provided for:

How many hours of volunteer service were completed? _____

Dates of Service: _____

Office Signature: _____

Name/Address/Phone # of Organization Volunteer Service provided for:

How many hours of volunteer service were completed? _____

Dates of Service: _____

Office Signature: _____