TENNESSEE COLLEGE OF APPLIED TECHNOLOGY
NORTHWEST

1600 Highway 51 South • Covington, TN 38019 • (901)475-2526 • Fax (901)475-2528
Website: www.tcatnorthwest.edu

Dear Applicant:

Thank you for your interest in the Dental Assisting Technology program at Tennessee College of Applied Technology Northwest Covington location.

The next class will begin January 2027.

The deadline to submit the application packet December 4, 2026.

When completing the application packet, it is imperative that you follow the instructions thoroughly.

The attached packet must be complete. Files that are incomplete will not be considered until complete.

Seats are limited. Acceptance is based on packet completion, first come, first serve.

We appreciate your interest in Dental Assisting Technology program. If you have any further questions, please call us at 901-475-2526

Sincerely,

Erika Smith

Erika Smith, BSN, RN
Director of Nursing & Allied Health
Four Rivers Regional Practical Nursing Program
731-410-7182

TCAT Northwest does not discriminate on the basis of race, color, religion, creed, ethnicity or national origin, sex, disability, age status as a protected veteran or any other class protected by Federal or State laws and regulations and by Tennessee Board of Regents policies with respect to employment, programs, and activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Erika Smith, Title VI Coordinator 340 Washington Street Newbern, TN 38059 731-410-7182, esmith@tcatnorthwest.edu

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Dental Assisting Technology Applicant Admission Check Sheet

THE FOLLOWING SHOULD BE SUBMITTED TO TCAT Covington Student Services Office

1. **Request an Official High School/High School Equivalency Transcript.**
   Official Transcripts/GED Scores should be mailed to the following:
   TCAT Northwest Covington Location
   Attention: Dental Assisting Program
   1600 Hwy 51 South
   Covington, TN 38019

   - **NOTE: All foreign transcripts must be converted to U.S. Equivalency. Please visit www.wes.org for more information about this process.**

2. **Submit a copy of your Driver's License.**
   - **NOTE: If you are from another country, submit a copy of your driver's License and you Permanent Resident Card or Naturalization Certificate.**

3. **Provide proof of MMR, Varicella and Hepatitis B Vaccines. Covid vaccinations may be requested by the clinical site.**

4. **Complete Dental Assisting Technology Packet.**

IMPORTANT: The above requirements are required for admission into Dental Assisting Technology Program. You will not be considered for the program if your packet is incomplete.

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Dental Assistant Technology Student Application

TENNESSEE COLLEGE OF APPLIED TECHNOLOGY NORTHWEST (Covington Location)

1600 Hwy 51 South | Covington, TN 38019

Social Security Number: XXX-XX-_____ Date of Birth: ____-____-____ **Male or Female** (Circle one)

Name: _____
Last **First** **Middle** **Maiden**

Current Address: _____
Street **City** **State** **Zip code**

Place of Birth: _____**(State or Country)** Miles traveled to school _____

County Residing: _____Home Phone number: (____) _____

Cell Number: (____) _____ Work Number: (____) _____

E-mail Address: _____

Race: Do you consider yourself to be of Hispanic/Latino/Spanish Origin? Yes____No _____

Race (Check all that apply): ☐ Asian or Pacific Islander ☐ Alaskan Native ☐ Black Not Hispanic ☐ Hispanic ☐ White Not Hispanic ☐ American Indian ☐ Other

CITIZENSHIP STATUS (Check one) **MUST BE COMPLETE:**

U.S. Citizen ☐

Foreign Temporary Resident ☐ Country of Citizenship: _____

Foreign Permanent Resident ☐ Country of Citizenship: _____

Alien Registration Number: _____; must provide copy of card.

Federal Law requires all male citizens or eligible non-citizens born on or after January 1, 1960, to register with Selective Service. Chapter 759 of the Public Acts of 1984 provides that no person who is required to register with the Selective Service to be eligible to enroll in any state post-secondary school until such person has registered with the Selective Service. Please indicate your status:

_____ **Registered (Selective Service # _____)**
_____ **I am required to register, but not registered.**
_____ **I am a member of the Armed Services.**
_____ **I am female.**
_____ **I have not reached my 18th birthday.**
_____ **I was born prior to January 1, 1960.**
_____ **I am a permanent resident of the trust territory of Pacifica Island or Mariana Island.**

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Emergency Contact: _____
Name Relationship

Phone Number: _____

EDUCATION:

High School Attended: _____
High School Graduate: Yes ___No _____ Date Graduation: _____
Received High School Equivalency: Yes _____No ____Date Received: _____

Have you ever attended another for Dental Assistant Program? _____
If yes, list school _____
If yes, reason for not completing _____

BACKGROUND: Background checks must be run on all applicants. (Instructions in packet)

Have you ever been convicted of a violation of the law other than a minor traffic violation?

Yes _____No _____

If yes, please describe: _____

REFERENCES:

Name	Phone Number	Relationship	Length of Time Known

I understand that withholding information request on this application or giving false information may make me ineligible for admission into, or continuation of, the Dental Assisting Technology program at TCAT Northwest. With this in mind, I certify that all statements on this application are correct and complete. Further, if I am admitted to the TCAT Northwest Dental Assisting Technology program, I agree to abide by all rules and regulations of this institution.

SIGNATURE: _____ **DATE:** _____

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Certificate of Immunization

Effective January 4, 2010, all new full-time students must provide proof of immunization for two doses of measles, mumps and vaccines. As of July 1, 2011 two doses of varicella (chicken pox) vaccine is also required for all new, full time students.

Student's Name: _____
(Please Print)

PART 1 (EXCEPTIONS)

Please check one of the following exceptions, if applicable, and sign.

☐ I certify that I was born prior to January 1, 1957, therefore exempt from the MMR requirement.

☐ I certify that I was born prior to January 1, 1980, therefore exempt from the Varicella (chicken pox) requirement.

☐ I certify that I am a 1999 or after Tennessee high school graduate and meet the sate immunization requirements for MMR.

Signature: _____ Date: _____

PART II RELIGIOUS EXEMPTION (if applicable)

☐ Refused immunization because of religious doctrine.

Due to religious doctrine, I must refuse immunization. Reason affirmed under the penalties of perjury. Attach statement from religious leader of practicing faith.

Signature: _____ Date: _____

PART III TO BE COMPLETED BY PHYSICIAN

MMR AND VARICELLA (Chicken Pox) Check the appropriate box:

☐ Received two (2) doses of vaccination MMR#1 Mo/Yr._____ MMR #2 Mo/YR._____
Varicella#1 Mo/Yr. _____ Varicella: #2 Mo/Yr._____

☐ 1979-1998 TN high school grad needs proof of one additional dose of MMR **OR** TN high school grad from January 1999 to May 2016, needs one dose of Varicella MMR: Mo/Yr._____ Varicella: Mo/YR._____

☐ Medically contraindicated because of pregnancy, allergy to vaccine etc. MMR_____ Varicella_____
Must list reasons:_____

☐ Had disease as confirmed by medical record. MMR: Mo/Yr._____ Varicella: Mo/Yr. _____

☐ Laboratory confirmed immunity to the disease. MMR: Mo/Yr._____ Varicella: Mo/Yr. _____

Print name of physician: _____

Address: _____

Office Telephone: _____ Office Fax Number: _____

Physician's Signature: _____ Date: _____

340 Washington St. | Newbern, TN 38059 | 731-627-2511 | 731-627-2310 | www.tcatnorthwest.edu

A Tennessee Board of Regents Institution

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TCAT Northwest Criminal Background Check Notice

TCAT Northwest Dental Assisting Technology Students:

Neither the TCAT Northwest nor Tennessee Board of Regents requires background checks for admission into any program at the Tennessee Colleges of Applied Technology.

During the Dental Assisting Technology program clinical sites may require students to undergo a criminal background check as a condition for access to the site for a clinical rotation. Students will be subject to multiple background checks at the discretions of the clinical sites. Clinical sites will set the specifications for any background check and the background check will be conducted by a third party. Students will be responsible for paying cost for any criminal background check required by clinical site. Records pertaining to an individual student's criminal check will be maintained by the third party that conducted the criminal background check.

Clinical sites determine who may come into their facility and assist in providing patient care. The clinical site may decline admission to anyone with who does not meet the clinical sites standards for passing a background check. If a students is prohibited from admission to a clinical site**, he/she will not be able to acquire the necessary clinical hours and will not be able to meet the program requirements.**

Some facilities may require students to complete am additional background check with fingerprinting. The clinical site will determine if a student may attend their clinical site based on their background check. **If a clinical site denies the student access to their site they will not be able to obtain the required number of clinical hours and therefore will be unable to successfully complete the Dental Assisting Technology program**.

Alternatives/Options

If a student knows he/she had a criminal history that will appear on a criminal background check or receives a negative result ("red flag") from a criminal background check, he/she has the option to attempts to have the red flag item sealed/ expunged. Ideally, the student should complete the sealing/expungement process prior to applying to the program. The applicant with an expungement will need to make sure the background check comes back with a Green Flag in order to ensure that he/she will be granted access by the clinical sites and thereby obtain the required hours to qualify to sit for the state board licensure exam.

All students who apply to the Dental Assisting Technology program will need to sign a form acknowledging that the student understands that a clinical site may refuse a student's access to their facility based on their background results, the student may be unable to successfully complete the Dental Assisting Technology program.

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TCAT Northwest wants to encourage all students with an interest in pursuing a career as a Dental Assistant to do so. At the same time the College wants to encourage all prospective applicants and students to conduct an honest and full self-assessment of his/her ability to complete the program in light of the reality of clinical site for criminal background checks. The Director of Nursing/Allied Health is available to meet with prospective applicants, reviews known background check standards and discuss remedial options prior to application to the Dental Assisting Technology Program.

Each students with Red Flag on their background check is to review the results and meet with the Director of Nursing/Allied Health to discuss options. Only after understanding the background results and available options will the student with a red flag submit an application for admission to the Dental Assisting Technology program at TCAT Northwest.

By signing below, I acknowledge that I have read and understand the policy on background checks.

_____ _____

Student Signature Date

_____

Student Name (Print)

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AUTHORIZATION FOR RELEASE OF STUDENT BACKGROUND INFROMATION AND ACKNOWLEDGMENT

I, _____hereby authorize TCAT Northwest including all employees, agents, and other persons professionally affiliated with TCAT Northwest having information related to the result of my background check and credential check(s) as these terms are generically used by background check agencies, hospitals, clinics, and similar medical treatment facilities to disclose the same to such facilities and the appropriate TCAT Northwest administrators and faculty providing clinical instructions at such facilities , waiving all legal rights to confidentiality and privacy.

I expressly authorize disclosure of this information, and expressly release TCAT Northwest, its agents, employees, and representatives from any and all liability in connection with any statement made, documents produced, or information disclosed concerning the same.

I understand that a hospital, clinic or similar medical treatment facility may exclude me from clinical placement on the basis of a background check. I further understand that's if I am excluded from clinical placement, I will not be able to meet course requirements and/or the requirements for graduation. I release TCAT Northwest and its agents and employees from any and all liability in connection with any exclusion that results from information contained in a background check.

Any hospital, clinic, or similar medical treatment facility to which I am assigned may be required by the Joint commission on Accreditation of Healthcare Organization' policy to conduct an annual compliance audit of five percent (5%) or a minimum of thirty (30) background investigation files. I agreed that, upon request from hospital, clinic, or similar medical treatment facility to which I am assigned, I will provide the results of my background check to be used for audit purposes only.

_____

STUDENT SIGNATURE

_____

PRINT NAME

_____

DATE

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