

Student Agreement of Participation Form

Dental Assisting (CFDAC) Pathway II (ADAEP)



Students applying to the Dental Assisting-Pathway II (ADAEP) program at WCC must be **employed as a chairside dental assistant** for a **minimum of 24 hours per week** in a dental office. Both the student and employing dentist must verify participation and employment. To do so, the student must complete this form. The employing dentist must complete the [Dentist Agreement of Participation and Employment Verification Form](#).

Important: The information provided on both forms **must match**, including the semester, year, dental office/practice name, and participating/employing dentist.

Submit to: Health & 2nd Tier Admissions Office at healthadmissions@wccnet.edu or [Student Welcome Center](#) (2nd Floor, Student Center).

TO BE COMPLETED BY STUDENT:

Student Name: _____ Student ID: _____

Employing/Participating Dentist Name: _____

Dental Office/Practice Name: _____

Please select the semester and indicate the year of participation.

This agreement is valid only for the semester and year indicated below.

☐ **Fall Semester** (August-December) - Year: _____

☐ **Winter Semester** (January-May) - Year: _____

Student Acknowledgements

By signing below, you confirm that you have read and understand the following:

1. I verify that I am **currently employed a minimum of 24 hours per week as a chairside dental assistant** in the dental office listed above and on the *Dentist Agreement of Participation and Employment Verification Form*, and that my employing dentist has agreed to participate in the program.
2. I understand that **active participation by my employing dentist is required** for me to remain in the program.
3. I understand that a **condition of my acceptance and continuation in the program is ongoing employment** of at least 24 hours per week as a chairside dental assistant in the dental office listed on both this form and the *Dentist Agreement of Participation and Employment Verification Form*.
4. If I **change employers before the semester begins**, I must submit a new *Student Agreement of Participation Form* and a new *Dentist Agreement of Participation and Employment Verification Form*.
5. I agree to **notify Tina Sprague, Dental Assisting Program Director** (734-973-3337 or ksprague@wccnet.edu) **immediately** if I leave the dental office listed above or if my employment status changes at any time during the program.

***Student Signature:** _____ **Date:** _____

***Electronic signatures are valid only if sent from the student's WCC email. Paper forms must have a handwritten signature.**