

Dental Assistant (30-508-2)

Petition Form

I AM PETITIONING TO START: FALL SEMESTER SPRING SEMESTER 20_____

Please Print

Last Name	First Name	Middle Initial	MATC Student ID #	E-mail Address
Address		City/State/Zip		Telephone

Student is responsible for updating any changes to the above information on INFONLINE.

Read the following and circle "Yes" or "No" for each line. By circling "Yes" you verify that you have met the criteria. If you have questions about being ready to petition, see the program counselor.

1.	Yes	No	I have applied and achieved admission to the college through the MATC Admissions Office and have an active program code for the Dental Assistant program.
2.	Yes	No	I am in Good Academic Standing.
3.	Yes	No	If I have taken college courses, my cumulative GPA is 2.0 or higher.
4.	Yes	No	I am currently enrolled in courses to complete any conditional requirements.
5.	Yes	No	I have uploaded the following forms to CertifiedBackground.com: (attach verification form). <ul style="list-style-type: none"> American Heart Association Healthcare Provider Level CPR Clinical/Field Placement Agreement and Release Form Essential Functions Form Health Certification Forms Hepatitis Release Form
6.	Yes	No	I have submitted the Criminal Background Check (CBC) Form to the MATC Paralegal, Room M240 (attach verification form). <ul style="list-style-type: none"> MATC CBC Cover Page State BID (disclosure form) MATC Release and Conditions Form <p><i>I understand that completion of the CBC form does not guarantee clinical placement.</i></p>
7.	Yes	No	I have attached a copy of my unofficial MATC transcripts accessed through INFONLINE (if applicable).
8.	Yes	No	I have submitted official transcripts from other colleges and the courses have been transferred (transferred courses will appear in my MATC Program Plan).

I have read and understand the requirements, petition and notification instructions. I have read and understand all the conditions of my petition to enter my program.

Signature

Date

Dental Assistant (30-508-2) Petition Instruction Sheet

REQUIREMENTS

To be eligible to petition for entry into the Dental Assistant Program the following requirements must be completed:

- Officially admitted into MATC with an active program code for the Dental Assistant program.
- Be in Good Academic Standing. (Refer to the MATC Standards of Academic Success)
- Verification that official transcripts have been received by the MATC Admission Office and courses have been transferred and are reflected on my Program Plan (You must attach a copy of your Program Plan with your petition). The Program Plan may be accessed and printed through *INFONLINE*.
- Verification of current American Heart Association Healthcare Provider Level (CPR) certification. You must submit a copy of the front and back of your card to M240, and upload to CertifiedBackground.com.
- Verification of completion of the Essential Functions, Health Certification Form, Hepatitis Release Form and CPR Certification. Submit these forms to the MATC Health Records Specialist in M240 and obtain verification. (Attach a copy of your verification form to your petition)
- Verification of completion of the Criminal Background Check (CBC). Submit the CBC form to the MATC paralegal in M240 and obtain verification. (Attach a copy of your verification form to your petition).
Please Note: Completing the CBC does not guarantee clinical placement.
- Cumulative College GPA of 2.0 or higher (if applicable).
- Completion of any conditional requirements based on ACCUPLACER scores (Blue Form)

PETITION INSTRUCTIONS

- You must submit all of the required documents as requested (regardless of how many times you have petitioned).
- Petitions must be turned in or mailed in a sealed envelope to Room H116, the Health Sciences Division Office (Milwaukee Campus) no later than the close of business by the petition deadline date. No exceptions.
- Mailed petition packets must be received by the deadline date. The mailing address for the Health Sciences Division is 700 West State Street, Milwaukee, Wisconsin 53233.
- Your petition will not be considered unless ALL REQUIREMENTS ARE MET, ALL DOCUMENTS ARE SUBMITTED AS REQUESTED AND YOU HAVE NO OUTSTANDING DEBTS TO MATC.

NOTIFICATION

- Students will be notified of their status via letter within forty-five (45) days of the close of the petition window.
- Accepted students will be required to attend **mandatory** program specific orientations for their respective programs.
- Accepted students that do not attend /complete the program orientation, do not register by the registration deadline or drop core technical courses will **forfeit their seat**.
- Deferring to another year or semester is not an option.
- Non-accepted students and forfeited students are encouraged to petition again during the subsequent petition period.
- All decisions regarding acceptance or non-acceptance are final and cannot be appealed.

MATC reserves the right to hold all decisions final.

**SUMMARY OF MATERIALS
TO BE ATTACHED TO YOUR PETITION:**

- Copy of my unofficial MATC Program Plan, accessed through INFONLINE
- Verification form of completion of the Essential Functions, Health Certification, Hepatitis Release Form and CPR Certification.
- Verification form of completion of the Criminal Background Check
- Blue Form (if applicable)

Criminal Background Check
Verification Form

Student Name _____ Student ID# _____

\$ _____ was received on _____, and the completed criminal background check forms were received by the Paralegal office on _____; thereby satisfying this requirement in the admission's process.

(the required fee amount)

Student Signature

Date

Print Student Name

Print Student Program

I understand that the signature below neither guarantees clinical placement nor implies that the criminal background check has been approved or passed.

MATC Paralegal Staff Signature

Date

Health Records
Petition Verification Form

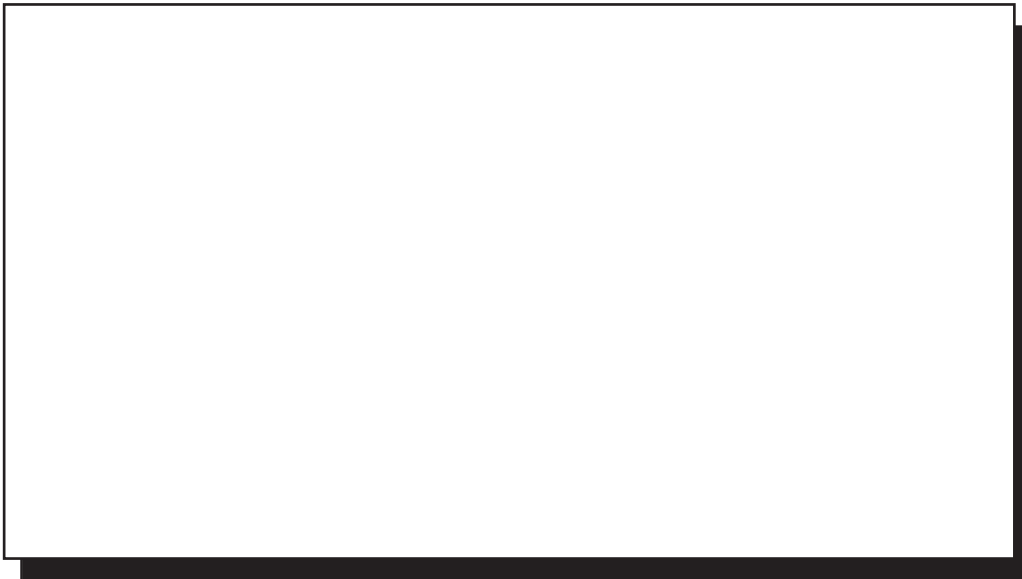
Student ID Number _____

Date _____

Print Student Name _____

Print Student Program _____

A signature below verifies that you have uploaded a complete set of health forms to CertifiedBackground.com. It does not guarantee clinical placement.



This verification form is only valid for the individual program listed and for petitions submitted during designated petition periods.