

# Career Technical Education Bilateral Credit Agreement FY2024 Health Care Academy: Dental Assisting - A-Tech

FOR OFFICE USE ONLY		
LID:		
Approved Credits:		

					Approved Credit	
STUDENT: Co	mplete	the "STUDENT" p	ortion of this agreement.	L		
er	nail wi	th <b>Lakeland ID</b> (LII	nity College as a CTE student.  D) and instructions on how to  not have to reapply to Lakelar	get to your myLakeland acc		
2. Er	nsure tl	hat the Lakeland C	community College's Admission of the community College's Admission the community by your high school of the college of the col	ons Office has a copy of your		school transcript.
3. Ta	ake a pi	icture or make a co	opy of this agreement for you			llege Tech Prep/CTE
		or by <i>June 1<sup>st</sup>.</i> ns? Visit: <u>https://la</u>	kelandcc.edu/web/about/ca	reer-technical-education or l	Email: Lucy Ott at <b>c</b>	TE@lakelandcc.edu
		•	ility to ensure that all require  chool to the Tech Prep/CTE C			-
Last Name:				First Name:		
Home High S	School:			High School Graduation Ye	ear:	
Lakeland ID	# (LID):	:		Preferred E-mail Address	for Credit Notificat	ion (print clearly):
Student Cell:	:					
I would like r	ny Car	eer Technical Cred	it Transfer (CTAG) credit and	Bilateral Agreement credit p	oosted at Lakeland	CC.
Yes No	0	_				
Student Sign	ature:			Date:		
INSTRUCTOR:	in t		urse(s) you recommend this s program to be eligible for cr L	_		
		HLTH 1100	Introduction to U.S. Hea	Ilth Care System*		2
*In order to	rocoiv	o cradit for those	sources students must e	arn 75% or higher in the s	orrosponding nor	tion of their
Dental Assist			e courses, students must e	ann 73% or migher in the C	orresponding por	tion of their
nstructor's S	Signatu	ıre:		ctor's Printed Name:		
Date:			Instru	ctor's Email:		
Submit to:	Luc	cy Ott, CTE Coord	dinator at Lakeland Comm	unity College, 7700 Clockt	ower Drive, Kirtla	and, OH 44094
				•••••		
TECH PREP/C	TE OFF	ICE VERIFICATION	<u>:</u>			
	O	ffice Use R		Checklist		
		1	Bilateral Agreement Sub	mitted by CTE Instructor (	this form)	
		2	Completed HS Tech Prep		•	
		3	Official HS Transcript Sul	omitted to Lakeland Comr	nunity College	
		4	Earned 2.75 GPA or high	er in College Tech Prep/C	TE Program	
		5	Applied to Lakeland (due	ing HS graduation year) -	HD	

Credits Approved:	Credit Denied:	Reason for Denial:		
Tech Prep/CTE Official Si	gnature:		Date:	

#### OTHER PROGRAM INFORMATION:

CTAG/ODE Courses Taught	CTAG	Notes
072035 Principles of Allied Health		
072040 Human Anatomy & Physiology		
072076 Dental Radiography	1	DAST1200
072080 Oral Diagnosis & Treatment Planning		

Industry Recognized Credentials - <u>LINK</u>	Points
American Red Cross – First Aid/CPR/AED	
Ohio State Dental Board - Dental Assistant Radiographer Certification	

#### Notes:

1101031
Dental Assisting CTE Curriculum - ODE LINK
Course Description: all Courses in the Dental Assisting Pathway LINK
MDAS – removed due to accreditation rules

### **Special Notes:**

- -Students who successfully complete a CTE Program and meet the requirements listed in Column R 1-5 on page 1 will receive college credit listed in the INSTRUCTOR section of the Bilateral Credit Agreement. For specific programming options, please visit <a href="https://www.lakelandcc.edu">www.lakelandcc.edu</a> and click on Academics / Degrees & Certificates.
- -CTAG credit is awarded based on a student's performance on WebXam/End-of-Course Assessments that are offered through the CTE Program. Bilateral credit cannot be awarded if there is CTAG credit available through the WebXam/End-of-Course Assessment.
- -College courses are being reviewed and updated on a regular basis. Visit: <a href="https://catalog.lakelandcc.edu/">https://catalog.lakelandcc.edu/</a> for the most updated version of the Course Catalog. Credit is only guaranteed if the course is listed in the Course Catalog, the student attends Lakeland and remains on the same career path.
- -Note that accumulation of bilateral credit may impact federal financial aid. Check with your college or university for more information.

### LAKELAND COMMUNITY COLLEGE CAREER TECHNICAL EDUCATION AGREEMENT APPROVAL FORM

## \*\*OFFICIAL SIGNATURES ARE ON FILE IN THE CTE OFFICE AT LAKELAND COMMUNITY COLLEGE.

	Date
Instructor – Shannon Piper	
	Date
Other Representative (if applicable)	
nd Community College	
Lucy Ott, CTE/Tech Prep Coordinator	Date
Margaret Bertin, Dental Assisting Program Coordinator	Date
Denise Lash, Medical Assisting Coordinator	Date
	Date
Regina Prosser, Dean for Health Technologies	Date
	Date
Erin Shufro, Associate Provost of Faculty Engagement and Dean of Faculty	
	Date

After signing this document, please forward it to Lucy Ott, CTE/Tech Prep Coordinator – A-1043d, lott1@lakelandcc.edu.

### **SUGGESTED SEQUENCE**

Career Technical Education Program: Health Academy: Dental Assisting

Lakeland Community College: **Dental Assisting** 

Course Subject Title	Credit Hours	Type of Credit – AP, CCP, CTE Bilateral, CTAG
Dental Assisting Certificate/Area of Specialization (3265)		
Dental Hygiene (9310) , AAS		