



**Career Technical Education  
Bilateral Credit Agreement FY2026**

**Dental Assisting – Auburn CC**

Request info:



FOR OFFICE USE ONLY

LID: \_\_\_\_\_

Approved Credits: \_\_\_\_

**STUDENT:** Complete the "STUDENT" portion of this agreement.

- \_\_\_\_ 1. Apply to [Lakeland Community College](http://Lakeland Community College) as a CTE student. Once your transcript is received you will receive an email with **Lakeland ID (LID)** and instructions on how to get to your myLakeland account. **(Keep this for future use!)**  
**Enrolled CCP students do not have to reapply to Lakeland.**
- \_\_\_\_ 2. Ensure that the Lakeland Community College's Admissions Office has a copy of your final, official high school transcript by **June 10th**. This transcript **MUST** be sent directly from your high school to [transcripts@lakelandcc.edu](mailto:transcripts@lakelandcc.edu).
- \_\_\_\_ 3. Take a picture or make a copy of this agreement for your records and forward it to your high school CTE instructor by **June 1**.
- \_\_\_\_ 4. Questions? Visit: <https://lakelandcc.edu/web/about/career-technical-education> or Email: [CTE@lakelandcc.edu](mailto:CTE@lakelandcc.edu)

**NOTE:** *It is the student's responsibility to ensure that all required documents are on file at Lakeland. Bilateral agreements must be submitted directly by the school to the CTE Office. Agreements turned in by the student will NOT be accepted.*

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|   |   |
|---|---|
| Last Name:  | First Name:   |
| Home High School:   | High School Graduation Year:  |
| If CCP student, Lakeland ID # (LID):  | Preferred E-mail Address for Notifications <b>(print clearly)</b> : |
| I plan to attend Lakeland CC: (circle) <b>YES NO UNSURE</b>   |   |
| I would like my Career Technical Credit Transfer (CTAG) credit and Bilateral Agreement credit posted to a Lakeland CC transcript.<br>Yes _____ No _____ (answering <b>YES</b> will allow your college credit earned in high school to be posted to a college transcript.) |   |
| Yes _____ No _____ I give Lakeland CC permission to request my final high school transcript.  |   |
| <b>Student Signature:</b>   | <b>Date:</b>  |

**INSTRUCTOR:** Students must earn at least a 2.75 GPA in the CTE program to be eligible for credit. (NOTE: Credits will be verified by official HS transcript.)

| This credit is processed for students who attend Lakeland. | Lakeland Course # w/catalog link | Lakeland Course Title                    | Credit Hours |
|--|----------------------------------|--|--------------|
|  | <a href="#">HLTH 1100</a>        | Introduction to U.S. Health Care System* | 2            |
|  |                                  |  |              |
|  |                                  |  |              |

*\* In order to receive credit for these courses, students must earn a 75% or higher in the corresponding portion of their Dental Assisting program.*

Instructor's Signature: \_\_\_\_\_ Instructor's Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_ Instructor's Email: \_\_\_\_\_

**\*Instructor should submit this completed form to the CTE Director/Career Center Coordinator by June 10th.**

**CTE OFFICE VERIFICATION:**

| Office Use | R | Checklist  |
|------------|---|--|
|            | 1 | Bilateral Agreement Submitted by CTE Instructor (this form)    |
|            | 2 | Completed HS CTE Program                                       |
|            | 3 | Official HS Transcript Submitted to Lakeland Community College |
|            | 4 | Earned 2.75 GPA or higher in College CTE Program               |
|            | 5 | Applied to Lakeland (during HS graduation year) – LID          |

Credits Approved: \_\_\_\_\_ Credit Denied: \_\_\_\_\_ Reason for Denial: \_\_\_\_\_  
CTE Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OTHER PROGRAM INFORMATION:**

CTAG credit is processed by the school where the student is attending. This credit is earned from Web Exams and is pulled from the statewide CTAV system. Only students attending Lakeland Community College will use Lakeland to process this credit.

| <b>CTAG/ODE Courses Taught</b>      | <b>Course Code</b> | <b>Lakeland Course Match</b> |
|-------------------------------------|--------------------|------------------------------|
| Dental Technology                   | 072075             | DAST 1100                    |
| Dental Radiography                  | 072076             | DAST 1200                    |
| Oral Diagnosis & Treatment Planning | 072080             |                              |
| Medical & Dental Office Technology  | 072155             |                              |
|                                     |                    |                              |

| <b>Industry Recognized Credentials - <a href="#">LINK</a></b>                              | <b>Points</b> |
|--|---------------|
| AHA – CPR/BLS & AED for Healthcare providers   | 1             |
| Commission on Ohio Dental Assistant Certification (CODA) – Ohio Certified Dental Assistant | 6             |
| American Medical Technologists (AMT) - Registered Dental Assistant (RDA)                   | 6             |
| Ohio State Dental Board – Dental Assistant Radiographer’s Certificate                      | 6             |
| OSHA - 10 Hour   | 1             |

**Notes:**

|  |
|--|
| Dental Assisting CTE Curriculum - ODE <a href="#">LINK</a>                           |
| Course Description: all Courses in the Dental Assisting Pathway <a href="#">LINK</a> |
| Removed MDAS 1210 due to accreditation rules, but added 2 CTAG matches               |

**Special Notes:**

**-Are you transferring credits to another college or university?** YES \_\_\_\_\_ NO \_\_\_\_\_ UNSURE \_\_\_\_\_ **If yes, please read carefully!**

Once the bilateral credit is processed by Lakeland, students will be able to log into their myLakeland account and see credit on their Lakeland transcript. Be sure to check that your credit has been posted **BEFORE** you request a transfer. Students can then access the “Request for Transfer” form through this link: [Lakeland Community College \(OH\) Transcript Request | Parchment](#)

Your Lakeland transcript will be sent to its destination upon payment of the transfer fee and submission of the form (\$10).

**Please note that each college or university makes an independent decision as to whether they will accept credit/s.**

**Acceptance of credit is only guaranteed if you attend Lakeland.** You will receive the most credit if you use it at Lakeland and stay on the same career path. What school do you plan to attend? \_\_\_\_\_

-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 [www.lakelandcc.edu](http://www.lakelandcc.edu) 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. The school where the student is attending will process the CTAG credit.

-College courses are being reviewed and updated on a regular basis. Visit: <https://catalog.lakelandcc.edu/> for the most updated version of the Lakeland 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.

-Accumulation of college 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.**

**Dental Assistant Technology – Auburn Career Center**

\_\_\_\_\_  
Instructor – Rita Antolick

Date \_\_\_\_\_

\_\_\_\_\_  
Other Representative (if applicable)

Date \_\_\_\_\_

**Lakeland Community College**

\_\_\_\_\_  
Lucy Ott, CTE/Tech Prep Coordinator

Date \_\_\_\_\_

\_\_\_\_\_  
Margaret Bertin, Dental Assisting Program Coordinator

Date \_\_\_\_\_

\_\_\_\_\_  
Denise Lash, Medical Assisting Program Coordinator

Date \_\_\_\_\_

\_\_\_\_\_  
Regina Prosser, Dean of Health Technologies

Date \_\_\_\_\_

\_\_\_\_\_  
Erin Shufro, Associate Provost of Faculty Engagement and Dean of Faculty

Date \_\_\_\_\_

\_\_\_\_\_  
Laura C. Barnard, J.D.  
Executive Vice President and Provost

Date \_\_\_\_\_

After signing this document, please forward it to Lucy Ott, CTE/Tech Prep Coordinator – A-1040b, lott1@lakelandcc.edu.