DENTAL HYGIENE PROGRAM

ADMISSION INFORMATION
& APPLICATION PACKET

APPLICATION PERIOD:
July 1, 2019 – June 30, 2020

Mesa Community College
Phoenix College
Rio Salado College
## Dental Hygiene Program Locations

<table>
<thead>
<tr>
<th>College</th>
<th>Address</th>
<th>Phone Number</th>
<th>Program Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mesa Community College</td>
<td>7110 E. McKellips Rd., Mesa, AZ 85207</td>
<td>(480) 654-7221</td>
<td><a href="https://www.mesacc.edu/programs/dental-hygiene">https://www.mesacc.edu/programs/dental-hygiene</a></td>
</tr>
</tbody>
</table>

The Maricopa Community Colleges reserve the right to change, without notice, any materials, information, curriculum, requirements, and regulations in this publication.
I. PROGRAM INFORMATION

A. DESCRIPTION:

The Associate in Applied Science (AAS) in Dental Hygiene degree prepares students to become primary care oral health professionals. A licensed dental hygienist may provide education, assessment, diagnostic, preventive and therapeutic services, research, and administrative services that support overall health through the promotion of optimal oral health. Hygienists may be employed in general or specialty dental practice in private or public healthcare settings. The program also prepares students for university transfer. The dental hygiene program offers a rigorous, intensive, science-based curriculum. Students will provide services in clinical settings and will develop a commitment to the community through enrichment experiences serving diverse populations. Successful students will develop and demonstrate critical thinking, as well as ethical and professional behaviors required by the field. Applicants should possess hand-eye coordination, manual dexterity, and attention to detail. Students in an MCCCD Dental Hygiene program will be exposed to bloodborne pathogens and infectious diseases. The program strictly adheres to established policies and procedures regarding infection control as recommended by the Centers for Disease Control and Prevention, American Dental Association, the Organization for Safety and Asepsis Procedures, and the Occupational Safety and Health Administration.

Mesa Community College Program:

Mesa Community College’s Dental Hygiene Program began in 2005. The program consists of four traditional semesters with a two week block course in the summer just prior to the beginning of second year. Students attend classes in the afternoon and have clinics and labs from 5:00-9:00 pm Monday through Thursday. Classes are held at the MCC Red Mountain campus and clinics and labs are held at Arizona School of Dentistry and Oral Health in Mesa. MCC’s Dental Hygiene Program offers a rigorous and intensive science oriented curriculum that is CODA accredited. The program promotes the evolution of dental hygiene by exploring and implementing evidence-based methods and ideas. The program balances the science with a mindfulness inspired approach. Mindfulness, awareness and presence practices are integrated for the development of high levels of emotional intelligence and the cultivation of compassionate, empathetic and professional behavior.

Phoenix College Program:

The Phoenix College Dental Hygiene Program, established in 1968, was the first dental hygiene program in Arizona, and has been a leader in educating dental hygienists for over 50 years. This four-semester dental hygiene program offers traditional face-to-face classes held Monday through Friday with a winter and summer break. The Phoenix College Dental Hygiene Program prides itself on their state of the art, modernized dental clinic equip with the most current technologies. Additionally, our experienced faculty team is student focused and dedicated to ensuring student success. Overall program outcomes and high pass rates on required exams demonstrates evidence of our student support. Successful completion of the curriculum prepares graduates for the National Dental Hygiene Board exam and clinical licensure exams, which are required to obtain a dental hygiene license in any of the fifty states. The Phoenix College Dental Hygiene Program’s reputation within the local dental community is long-standing and leads employers to seek out our graduates due to their excellent career preparation. The program maintains accreditation by the Commission on Dental Accreditation of the American Dental Association, a specialized accrediting body recognized by the United States Department of Education.
The Rio Salado College School of Dental Hygiene was developed in 1997 in partnership with the Arizona Dental Association. We continue to work closely with this partnership through educational offerings and community service events. The program is 15 months long and accepts 22 students each September. It is designed as a fast paced, accelerated program that provides accessible, innovative, high quality education. The curriculum which is shared with Phoenix College and Mesa Community College dental hygiene programs is delivered with a blend of formats including in-person, hybrid and online giving the student high quality learning design. Rio Salado Dental Hygiene Program has a long-standing tradition of being nationally recognized, delivering above the national average on board examination scores and completing a 100% pass rate on clinical examinations.

**B. OCCUPATIONAL INFORMATION:**

Graduates are employed in general or specialty dental practices, in private or public healthcare settings. Registered Dental Hygienists function within the legal scope of practice and use professional standards of care when treating patients and families across the life span. The AAS degree provides the graduate with an educational foundation for articulation into the University setting.

**C. ELIGIBILITY FOR LICENSURE:**

The Commission on Dental Accreditation (CODA) of the American Dental Association (211 E. Chicago Ave., Chicago, Ill. 60611-2678 (312) 440-4653) grants accreditation to the Dental Hygiene Programs at Phoenix College, Rio Salado College, and Mesa Community College. CODA is the specialized accrediting body recognized by the United States Department of Education. Graduates are eligible for board examinations and licensure in all fifty states. Licensing requirements in Arizona are the exclusive responsibility of the Arizona State Board of Dental Examiners. In Arizona the approximate cost of licensing exams and fees, is $2300.00. For questions about eligibility for licensure and the documents required showing eligibility, contact the Arizona State Board of Dental Examiners or go to the website: [https://dentalboard.az.gov/](https://dentalboard.az.gov/). Be sure you check with the state you wish to be licensed in as all states have specific licensing requirements.

**D. COST ESTIMATE FOR THE DENTAL HYGIENE PROGRAM:** Approximately $18,000.00 - $22,000.00 subject to change.
DENTAL HYGIENE PROGRAM
INFORMATION AND APPLICATION PACKET

DENTAL HYGIENE PROGRAM CONTACT INFORMATION

Web Page:  https://www.maricopa.edu/academics/healthcare/dental
E-mail for general questions:  dental.hygiene@domain.maricopa.edu
Placement/Waitlist Hotline:  480.731.8264

Advisement:  Following review of the Information and Application Packet, see an Advisor/Admissions Officer at the college of first choice.

<table>
<thead>
<tr>
<th>College</th>
<th>Advisor/Admission Officers</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mesa Community College at Red Mountain</td>
<td>Academic Advisement</td>
<td>480-654-7600</td>
</tr>
<tr>
<td>Phoenix College</td>
<td>Academic Advisement</td>
<td>602-285-7777</td>
</tr>
<tr>
<td>Rio Salado College</td>
<td>Academic Advisement</td>
<td>480-517-8580</td>
</tr>
</tbody>
</table>

The following list identifies the Directors for each of the Maricopa Dental Hygiene Programs. The Dental Hygiene Program Directors serve as members of the Oral Health Council, which represents the governing body of the Maricopa Dental program. Unresolved issues about the admission and progression through the program may be directed to one of the following members:

<table>
<thead>
<tr>
<th>College</th>
<th>Dental Hygiene Director</th>
<th>E-mail</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mesa Community College at Red Mountain</td>
<td>Debi Sparks RDH, MAEd Program Director</td>
<td><a href="mailto:deborah.sparks@mesacc.edu">deborah.sparks@mesacc.edu</a></td>
<td>480-654-7266</td>
</tr>
<tr>
<td>Phoenix College</td>
<td>LaQuera (Kerry) Darrow RDH, MEd Program Director</td>
<td><a href="mailto:laquera.darrow@phoenixcollege.edu">laquera.darrow@phoenixcollege.edu</a></td>
<td>602-285-7328</td>
</tr>
<tr>
<td>Rio Salado College</td>
<td>Holly Harper RDH, CDA, MEd Faculty Chair of Dental Programs</td>
<td><a href="mailto:holly.harper@riosalado.edu">holly.harper@riosalado.edu</a></td>
<td>480-517-8288</td>
</tr>
</tbody>
</table>
REQUIREMENTS FOR ADMISSION

1. Advisement:
The first step for applicants seeking admission to the Dental Hygiene Program is to meet with an Academic Advisor.
*Please see section regarding Reapplication if you have attended but did not complete a previous dental hygiene or other healthcare program.

2. Student Information Form:
Complete this form at the college of first choice if you are a new student to the campus. The form is necessary for your transcript evaluation and registration for courses.

3. High School graduation or GED:
High school graduation or GED is required for the Associate in Applied Science degree in Dental Hygiene. Applicants must signify that they meet this requirement by signing the Dental Hygiene application page containing the Declaration of High School Graduation or GED.

4. Transcripts:
Request that ALL official colleges/universities transcripts be sent to the Admissions Office at the college of first choice. Please request that the institution include a current name and student identification number. It is the students' responsibility to confirm the receipt and evaluation of all transcripts with the Academic Advisor. Please note each college has their own evaluation processing times, which can vary. Transcripts sent to the Dental Hygiene Office at the Maricopa Community Colleges District address cannot be accepted and will be returned to the college of origin. All transcripts must be sent to the Admissions Office at one of the college locations.

5. Fingerprint Requirement:
A level one Fingerprint Clearance Card is required as part of the application. You can apply for a level one Fingerprint Clearance Card through the Arizona Department of Public Safety by going to the following website: https://www.azdps.gov/services/public/fingerprint. Allow a minimum of 4 to 8 weeks to receive the card.

When submitting your completed application, bring your current, level one Fingerprint Clearance Card to an academic advisor. The advisor will photocopy both the front and back side of the card for submission along with your completed application.

6. Dental Experience/Verification Form:
In order to meet the dental experience requirements one of the following must have been met within the last 5 years:
1. A minimum of 40 observation hours of a clinical dental hygienist
2. Graduated from a CODA accredited Dental Assisting program
3. 6 months paid chair side dental assisting in a dental setting

7. General Education Course GPA Requirements:
GPA for Pre-requisite Basic Sciences is 3.50
GPA for Pre-requisite General Education Courses is 3.25
**Prerequisite General Education Courses Required for Application:**

<table>
<thead>
<tr>
<th>BASIC SCIENCES: Minimum GPA 3.5 (Basic Science courses must have been completed within the last 5 years or as determined by the Program Director)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*CHM130+130LL</td>
</tr>
<tr>
<td>BIO201</td>
</tr>
<tr>
<td>BIO202</td>
</tr>
<tr>
<td>BIO205</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GENERAL EDUCATION: Minimum GPA 3.25</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENG101 OR ENG107</td>
</tr>
<tr>
<td>ENG102 OR ENG108</td>
</tr>
<tr>
<td>COM (100, 110, 225, or 230)</td>
</tr>
<tr>
<td>MAT112 or MAT140, 141, or 142</td>
</tr>
<tr>
<td>SOC+++</td>
</tr>
<tr>
<td>PSY+++</td>
</tr>
<tr>
<td>CRE101</td>
</tr>
<tr>
<td>HU or HUM^MHL155^PHI213</td>
</tr>
</tbody>
</table>

*Students that have completed CHM138 or CHM230 lecture and lab before Fall 2019 have fulfilled the CHM requirement for acceptance into the dental hygiene program. Please note that CHM 130 is required for participation in the CEP program through NAU.*
CONTINUOUS ENROLLMENT PROGRAM AND UNIVERSITY TRANSFER

All potential applicants are encouraged to take pre-requisite courses to prepare them for the Concurrent Enrollment Program (CEP) with Northern Arizona University (NAU) or to transfer to a Baccalaureate Degree Program. For more information on NAU’s CEP or degree completion program please contact Madalyn Smolinski, Coordinator at 928-523-7147 Madalyn.Smolinski@nau.edu or Jill Cooney, Academic Advisor at 928-523-2517 Jill.cooney@nau.edu or Chhs.advisor@nau.edu.

If you are interested in the Concurrent Enrollment Program (CEP) with Northern Arizona University (NAU) to complete your Bachelor of Science Degree in Dental Hygiene as you complete your Associate of Applied Science (AAS) degree in dental hygiene, or if you are interested in university transfer for advanced degree completion within Arizona, please note the prerequisite options below that best fit your plan. Be sure you work with a college transfer specialist to complete the necessary application.

PLEASE INDICATE YOUR INTEREST BELOW

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am interested in CEP with NAU</td>
<td></td>
</tr>
<tr>
<td>I am interested in University Transfer</td>
<td></td>
</tr>
</tbody>
</table>

PREREQUISITE COURSES REQUIRED FOR PARTICIPATION IN THE NAU CEP PROGRAM OR UNIVERSITY TRANSFER:

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Name</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAT 140, 141, or 142</td>
<td>College Mathematics (MAT140, 141, or 142) required for CEP or Baccalaureate Degree.</td>
<td>3 credits</td>
</tr>
<tr>
<td>MAT 206 or PSY230</td>
<td>Elements of Statistics or Introduction to Statistics</td>
<td>3 credits</td>
</tr>
<tr>
<td>COM 225</td>
<td>Public Speaking</td>
<td>3 credits</td>
</tr>
<tr>
<td>MHL 155</td>
<td>Survey of American Music</td>
<td>3 credits</td>
</tr>
<tr>
<td>PHI 213</td>
<td>Medical and Bio-Ethics</td>
<td>3 credits</td>
</tr>
</tbody>
</table>
APPLICATION PROCESS

1. Where to Apply:
Submit the Dental Hygiene Program Application with the required documentation of admission requirements to the Academic Advisor at the college of first choice. Only one application is accepted, additional applications received will be discarded.

2. How to Apply:

• Copy your complete application with admission requirements before submitting the application at the college of first choice. You may be required to provide a copy of the application after acceptance. This information packet contains a description of the admission process for your reference.

• **Complete Application:** When all admission requirements have been met and the Academic Advisor deems the application complete, the application is accepted. Under no circumstances will an incomplete application be accepted.  

  **Requirements for a Complete Application:**
  o Fingerprint Clearance Card – Bring your level 1 clearance card to the academic office
  o Statement of High School graduation or GED
  o Official transcripts on file at the college of first choice
  o Dental experience verification completed and notarized

3. When to Apply:

• The Dental Hygiene Program only accepts completed applications; no provision or incomplete applications are accepted. Applications that meet all admission requirements are accepted at any time during regular campus business hours. If the applicant meets all requirements the campus advisor will enter the student’s application information into a computer database. All complete applications will receive a date and time stamp, this will secure a position in the Dental Hygiene Programs’ queue. Dates are approximate to reflect Monday through Friday during regular business hours.

4. Notification of Admission Status:

• You will receive an e-mail to your Maricopa student email account indicating acceptance of your application. To inquire about your placement on the Dental Hygiene Programs’ queue (wait list), please email dental.hygiene@domail.maricopa.edu or call (480) 731-8264.

• Applicants can update their preferred school choices via email sent to dental.hygiene@domail.maricopa.edu. **It is very important to update your name, e-mail address, mailing address and phone numbers through my.maricopa.edu.** The District placement office will send a “Letter of Intent” via Maricopa student email account offering placement.

• Student schedules must be flexible to accommodate the required days and hours of the program. Educational experiences may occur during the day, evening, or weekend hours.

• Applicants are placed in open positions by computer according to their indicated preferred school choices. Once placed, the applicant receives a letter with the placement information and has 7 business days to respond.
and accept or to defer to the next placement cycle. After the 7-day return period, the placement offer expires and the application withdrawn from the data base. Applicants receiving placement within two (2) weeks before the start of a semester must respond within 48 hours to secure their placement status via e-mail or phone.

- Applicants accepting placements will receive an admission letter and packet of information from the college within 4 to 6 weeks. The admission packet will contain the dates of the Dental Hygiene student orientation, registration information, and directions on completing the Health and Safety Documentation Checklist and Health Care Provider Signature Form in CastleBranch.

5. Deferring Placement:

Once the applicant receives the placement letter, he/she has 10 business days to accept placement or to defer placement. Applicants may only defer placement once. The deferral option is only valid before a placement is accepted. Once the deferral is made, the applicant forfeits additional placements until the next placement cycle. If the applicant chooses not to attend the Dental Hygiene program after placement is accepted, the applicant is not eligible for deferral and must file a new application.

**INFORMATION FOR APPLICANTS**

**ZERO TOLERANCE POLICY:** The Dental Hygiene Program supports a Zero Tolerance Policy for the following behaviors:

- Intentionally or recklessly causing physical harm to any person on the campus or at a clinical site, or intentionally or recklessly causing reasonable apprehension of such harm.
- Unauthorized use or possession of any weapon or explosive device on the campus or at a clinical site.
- Unauthorized use, distribution, or possession for purposes of distribution of alcohol or any controlled substance or illegal drug on the campus or at a clinical site.

Dental Hygiene students engaging in this misconduct are subject to immediate dismissal from Dental Hygiene program and disciplinary action as described in the Student Handbook of the college.

**HEALTH DECLARATION:** It is essential that Dental Hygiene students be able to perform a number of physical activities in the clinical portion of the program. Students will be required to lift patients, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement direct patient care. The clinical Dental Hygiene experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients’ lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Individuals should give careful consideration to the mental and physical demands of the program prior to making application.

All students enrolled in the dental hygiene program must provide documentation of compliance with all health and safety requirements required to protect patient safety. Only students demonstrating compliance with all health and safety requirements are permitted to enroll in Dental Hygiene courses. Students will meet these requirements by providing the required documentation for the Health/Safety Requirements Documentation Checklist and the signed Health Declaration Form(s). For additional information on Maricopa Allied Health Programs’ Health and Safety Requirements, please see the [Maricopa Health and Safety Requirements](#) webpage.

Students must be able to fully participate in program activities whether in the classroom, laboratory, or clinical settings. This is inclusive of externships which may have additional requirements and or restrictions for participation. Should a student become unable to participate partially or fully in the programs’ activities he/she may be withdrawn from the program.
Invasive procedures are innate in the dental hygiene program and include and are not limited to digital palpation of a needle tip in a body cavity or the simultaneous presence of the Heath Care Workers (HCW) fingers and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomic site. The performance of exposure prone procedures presents a recognized risk of percutaneous injury to the HCW, and— if such injury occurs—the HCW’s blood is likely to contact the patient’s body cavity, subcutaneous tissues, and/or mucous membranes. This can pose a material risk to patients and students in the program should the HCW have a communicable chronic illness.

Please refer to the following website for the CDC’s MMWR for recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure Prone Invasive Procedures. http://www.cdc.gov/mmwr/preview/mmwrhtml/00014845.htm

The Oral Health Council will review on a case by case basis the ability for a student to fully participate in and complete the program.

**DRUG SCREENING:** All students are required to complete the urine drug screening procedure under the program account number, within the specified timeframe, and according to directions given at the time of notification. Only students in compliance with the screening guidelines and receiving a negative drug screen, as reported by the Medical Review Officer (MRO), will be permitted to continue their enrollment in Dental Hygiene courses.

**BACKGROUND CLEARANCES:** The level 1 fingerprint clearance card must remain current and valid throughout enrollment in the program. All Dental Hygiene students must undergo a background check to verify identity, social security number, and to show proof that they do not appear on the OIG/LEIE databases. Any student who becomes sanctioned or excluded while enrolled in the program will not be permitted to continue in Dental Hygiene program.

**Supplemental Background Check:**
For all allied health who seek to begin MCCCD healthcare programs on or after September 1, 2011, new background check standards will be in effect. These changes are necessary due to the fact that six of eleven of MCCCD’s largest clinical experience hospital partners have established stringent background check standards that preclude MCCCD from assigning students to those sites who cannot meet those standards. In order for MCCCD students to be able to continue to complete clinical experiences at local hospitals, students must meet these new standards.

Each student must provide documentation that he or she has completed and “passed” a MCCCD-supplemental background check through the approved vendor CastleBranch. Students are required to pay the cost of obtaining this background check. Information on completing the required background check will be provided to the candidate upon placement in February prior to program start date in August. Please refer to the Background Check Requirements and the Health and Safety Requirements at Maricopa Community Colleges website for further instructions.

Should the applicant fail the background check, they will be removed from the application process and cue. The applicant who does not pass the supplemental background check has the prerogative to appeal the failure. Should the applicant win the appeal and be cleared of the failure, they may be reinstated to the program applicant list and take the old date stamp in the next placement for the program.

**CPR CERTIFICATION:** Prior to enrollment students are required to obtain a CPR certification at the Healthcare Provider Professional rescuer level which must remain current for the duration of the program. The course must be an in-person/hands on course. NO online courses will be accepted.
WAIVER OF LICENSURE/CERTIFICATION GUARANTEE: Admission or graduation from the Dental Hygiene Program does not guarantee obtaining a license to practice Dental Hygiene. Licensure IS the exclusive right and responsibility of the State Boards of Dentistry in each state. Students must satisfy the requirements of the Dental Practice Act: Statutes, Rules and Regulations, independently of any college or school requirements for graduation. State licensure of dental hygienists requires background information prior to licensing a candidate. It is recommended that you consult the Arizona State Board of Dental Examiners for All current licensure requirements, at 602-242-1492 or https://dentalboard.az.gov/.

Essential Skills and Functional Abilities for Dental Hygiene Students

Essential abilities are academic performance requirements that refer to those physical, cognitive and behavioral abilities required for satisfactory completion of all aspects of a dental hygiene program curriculum, and the development of personal attributes required by the faculty of all students at graduation. The essential abilities required by the curriculum are in the following areas: motor, sensory, communication, intellectual (conceptual, integrative, and quantitative abilities for problem solving and diagnosis) and the behavioral and social aspects of the performance of a dental hygienist. These are attributes each dental hygienist must possess and the use of a third party for the fulfillment of these attributes is not adequate.

Motor Skills
  • Physical dexterity to master technical and procedural aspects of patient care.
  • Lifting/ sitting for long periods of time.
  • Adequate physical stamina and energy to carry out taxing duties over long hours.
    (These vary by specialty and must be made program-specific.)

Sensory Abilities
  • Students must be able to gather information with all senses, especially sight, hearing and manual dexterity, in order to perform the dental hygiene process of care.

Communication Skills
  • Students must be able to communicate effectively with patients, including gathering information appropriately, explaining medical/dental information in a patient-centered manner, listening effectively, recognizing, acknowledging and responding to emotions, and exhibiting sensitivity to social and cultural differences.
  • Students must be able to communicate effectively and work cooperatively with supervisors, other students, and all other health care team members.

Intellectual Abilities
  • Students must be able to comprehend and learn factual knowledge from readings and didactic presentations, gather information independently, analyze and synthesize learned material and apply information to clinical situations. Students must be able to develop habits of life-long learning.
  • Students must be able to develop sound clinical judgment and exhibit well-integrated knowledge about the dental hygiene process of care, to include: assessment, planning, implementation and evaluation of dental hygiene services. They must be comfortable with uncertainty and ambiguity in clinical situations, and seek the advice of others when appropriate.

Behavioral, Social and Professional Abilities
  • Students must possess the emotional maturity and stability to function effectively under stress that is inherent in healthcare professions and to adapt to circumstances which are unpredictable or that change
rapidly. They must be able to interact productively, cooperatively and in a collegial manner with individuals of differing personalities and backgrounds, and be an active contributor to the process of providing health care by demonstrating the ability to engage in teamwork and team building. They must demonstrate the ability to identify and set priorities in patient management and in all aspects of their professional work. They must be punctual and perform work under strict time frames.

- Students must be capable of empathetic response to individuals in many circumstances and be sensitive to social and cultural differences.
- Students must exhibit an ethic of professionalism, including the ability to place others’ needs ahead of their own. They must exhibit compassion, empathy, altruism, integrity, responsibility and tolerance, as well as demonstrate the ability to exercise the requisite judgment required in the practice of dental hygiene.

**Essential Abilities Requirements for Promotion and Retention Signature**

I have read and have had the opportunity to have all of my questions answered regarding the Essential Abilities Requirements for Promotion and Retention in the MCCCD Dental Hygiene Programs. My signature represents that I understand and will abide by these requirements.

__________________________________________  __________________________________________
Signature                                           Date

__________________________________________
Print Full Name
APPLICATION for Period: July 1, 2019 – June 30, 2020 (Page 1 of 3)

(PRINT) Name ____________________________

Last ☐  First ☐  Middle ☐

All names previously used: ________________________________ Student ID Number ________________________________

Phone: Day __________________________ Evening __________________________ Cell __________________________

Mailing Address ______________________________

City __________________________ State __________ Zip __________

MARICOPA E-Mail Address ______________________________

This E-mail will be used to contact you regarding placement into the Dental Hygiene program.

Declaration of High School Graduation or GED:

<table>
<thead>
<tr>
<th>Name of High School</th>
<th>City/State</th>
<th>Date of Graduation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OR GED: Date of Completion

*MCCCD Dental Hygiene Program Reapplication Guidelines:

A student exiting a MCCCD dental hygiene program for any reason must complete an Exit Interview Form with the Dental Hygiene Program Director to be eligible for readmission.

No student is guaranteed readmission. A student may be granted ONE readmission if: there is space available; the student has had no previous readmissions; the student meets current admission criteria, and provides evidence of how they will be successful if awarded readmission. The student must meet all current admission requirements.

All readmissions are subject to space availability and approval by the Oral Health Leadership Council.

The Program Director will specify certain criteria necessary for readmission. Criteria may include repeating of academic courses, work experience, remediation classes, counseling, or other activities to promote the success of the student.

The Program Director and/or the Oral Health Leadership Council reserves the right to deny a request for readmission if the student was dismissed for issues relating to academic integrity, unsafe patient care, inappropriate conduct, and/or one (1) failure from any dental hygiene program.

The Dental Hygiene Program Director and/or the Oral Health Leadership Council reserve the right to approve an admission or readmission for a student in good standing who has to withdraw.

The final determination for readmission is made by the Oral Health Leadership Council.
Additional Admission Steps to Complete if Attended a Previous Dental Hygiene or other Healthcare Program:

1. Any previous enrollment in a Dental Hygiene or other allied health or nursing program in which you did not graduate will require additional documentation. You must request a letter from the program director explaining the reasons for withdrawal or dismissal.
2. Submit a letter to the Oral Health Leadership Council stating what circumstances have changed for you and why you would be successful if readmitted/accepted.
3. Submit ALL college transcripts including those from any dental hygiene, nursing program, or other allied health programs.
4. Address each letter to the Dental Hygiene Administrator, Maricopa Community Colleges, 2411 W. 14th Street, Tempe, AZ 85281.

All information from the previous college experience may be subject to review by the Oral Health Leadership Council. Final acceptance into the dental hygiene program is pending until the Oral Health Leadership Council has reviewed the applicants file. The Council reserves the right to deny acceptance of this application if applicant was dismissed for issues relating to academic integrity, unsafe patient care, inappropriate conduct, and/or one (1) or more failures from any Dental Hygiene course. The application is complete only when all letters have been received and reasons for exiting the program identified.

Re-applicants will be notified in writing by the Oral Health Leadership Council and/or council representative.

Decisions made by the Council are final.

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Dates Attended</th>
<th>Reason for leaving: Letter required before eligible for placement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I have provided true, correct, and complete information on both sides of my application. I have read and I understand the information presented in this application packet. I attest that I have graduated from high school or hold a GED.

Signature ____________________________ Date ____________

Note: Applicants must supply all information as requested. Applicants failing to identify Dental Hygiene schools attended or those supplying false information will not be eligible for admission or enrollment in the Dental Hygiene program.

If application is deemed incomplete, the application will be returned and the date and time stamp will be considered null and void and a new application must be submitted.
Return your completed application to the college of first choice from the options listed below. Prior to placement, you will receive a letter identifying the program options available as long as you remain in the placement data base.

Mesa Community College  Phoenix College  Rio Salado College

ADA Survey: Optional: The Dental Hygiene program is required to report the following demographic data to the accrediting agency. Please provide this data for accurate reporting of numbers only. Place an “X” in the box next to the correct response.

<table>
<thead>
<tr>
<th>GENDER</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIGHEST DEGREE CURRENTLY HELD</td>
<td>Associated degree</td>
<td>Baccalaureate degree</td>
</tr>
<tr>
<td>ETHNICITY</td>
<td>American Indian</td>
<td>Asian or Pacific Islander</td>
</tr>
</tbody>
</table>

Fingerprint Clearance Card: Advisor must copy (front and back) of card and attach to application. Date of Expiration: 

Prefix | Course | Credits Required | College | Date Completed | Grade |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BASIC SCIENCE: Minimum GPA 3.50</strong> (Basic Science courses must have been completed within the last 5 years or as determined by the Program Director)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHM130+LL</td>
<td>Fundamental Chemistry</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIO201</td>
<td>Human Anatomy &amp; Physiology</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIO202</td>
<td>Human Anatomy &amp; Physiology</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIO205</td>
<td>Microbiology</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GENERAL EDUCATION: Minimum GPA 3.25</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENG101 or ENG 107</td>
<td>First Year Composition</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENG102 or ENG 108</td>
<td>First-Year Composition</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COM (100, 110, 225, 230)</td>
<td>Communication</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HU or HUM</td>
<td>Any approved general education course from the Humanities, Arts and Design area.</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOC+++</td>
<td>Any Sociology course meeting SB designation</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSY+++</td>
<td>Any Psychology course meeting SB designation</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAT112 or MAT140, 141, 142</td>
<td>Mathematics Concepts and Applications OR Higher level</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRE101</td>
<td>Critical and Evaluative Reading or Test Exempt</td>
<td>0-3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Completed Dental Experience Verification Form submitted

Academic Advisor Signature: Date:
DENTAL HYGIENE PROGRAM
INFORMATION AND APPLICATION PACKET

DENTAL EXPERIENCE VERIFICATION
Verification signatures must be notarized

Applicant Name ___________________________ Student ID Number ___________________________

Address ___________________________ Phone Number ___________________________

City ___________________________ State ___________________________ Zip ___________________________

The dental experience requirement can be met one of three ways. Please complete the experience which is applicable to you and provide documentation for this as required.

1. 40 observation hours of a clinical dental hygienist working in a dental setting OR completion of the dental observation course offered by the MCCCD Dental Hygiene Programs.

   Have Supervisor at the site complete documentation and have form notarized.

   Observation Site ___________________________

   Address ___________________________

   Supervisor Name ___________________________

   Supervisor Phone Number ___________________________

   Dates and hours of Observation
<table>
<thead>
<tr>
<th>Date</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   I verify that ___________________________ has observed in this dental setting as listed above and that all of the above information is true and correct.

   ___________________________ Supervisor Printed Name

   Supervisor Verification Signature ___________________________ Date ___________________________

   Notary Signature ___________________________ Date ___________________________

2. Graduate of an ADA/CODA accredited dental assisting program within the past five years. Program must have been accredited at time of your attendance. Please see site for determination of accreditation. http://www.ada.org/5500.aspx

   A. Complete information and have notarized.  B. A copy of your certificate/diploma is required

   School attended ___________________________

   School Address ___________________________

   Program Director ___________________________

   Phone Number ___________________________

   Date of Graduation ___________________________

   I verify that I ___________________________ have graduated from an ADA/CODA accredited dental assisting program as listed above and that all of the above information is true and correct.

   ___________________________ Applicant Verification Signature ___________________________ Date ___________________________

   Notary Signature ___________________________ Date ___________________________

MCCCD Dental Hygiene Program Generic Application 2019 rev. 6/24/19
DENTAL EXPERIENCE VERIFICATION

Verification signatures must be notarized

Applicant Name ____________________________ Student ID Number ____________________________

Address __________________________________ Phone Number ____________________________

City ____________________________ State ____ Zip

3. 6 months paid employment as a chair side dental assistant in a dental setting within the past five years. Have employer document employment information and have form notarized.

Employer Name ____________________________ Name of Practice ____________________________

Office Manager ____________________________

Employer Address ____________________________

Employer Phone Number ____________________________

Dates of Employment (Example: Jan. 1, 2008 to Present) ____________________________

Applicant: Please briefly describe duties: ____________________________

__________________________

__________________________

Dentist Employer: Please add additional comments regarding this candidates’ potential for success in dental hygiene:

__________________________

__________________________

__________________________

I verify that ____________________________ has worked for me as listed above and that all of the above information is true and correct.

__________________________  ____________________________

Employer Verification Signature Date Notary Signature Date