DENTAL HYGIENE PROGRAM

ADMISSION INFORMATION
&
APPLICATION PACKET

APPLICATION PERIOD:
February 1, 2013 – April 30, 2013

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

Mesa Community College at Red Mountain
7110 E. McKellips Rd.
Mesa, AZ 85207
480.654.7221
http://www.mc.maricopa.edu/dept/d11/dental/

Phoenix College
1202 West Thomas Road, Phoenix, AZ 85013-4234
602.285.7320
http://www.pc.maricopa.edu/dental

Rio Salado College
SES (Advisement Department) - Application
2323 West 14th Street, Tempe, AZ 85281-6950
480.517.8580
Program Location
School of Dental Hygiene
1150 E. Washington St.
Phoenix, AZ 85034
480.377.4100
http://www.riosalado.edu

All potential applicants are encouraged to transition from the associate degree Dental Hygiene program to the baccalaureate program at NAU. For more information, please contact Kelly Stoneberger, Kelly.Stoneberger@nau.edu

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) degree in Dental Hygiene prepares students to practice entry-level dental hygiene. Dental hygiene students will provide preventive and therapeutic oral health care services, and will develop a commitment to the community through extramural opportunities serving diverse populations. The program is a blend of academic and clinical coursework that requires attention to detail and motivation to complete tasks on a timeline.

Mesa Community College Program:

Mesa Community College Dental Hygiene Program began in 2005. The program is 4 traditional semesters in length with a two week block course in the summer just before second year begins. Students attend classes in the afternoon and have clinic from 5:00-9:00 in the evening Monday through Thursday. Classes are held at the Red Mountain Campus and clinics are held at the Arizona School of Dentistry and Oral Health in Mesa. Mesa Community College delivers a mindfulness-based themed program. Mindfulness assists in developing students with high levels of emotional intelligence in addition to developing excellent clinical and professional skills.

Phoenix College Program:

Phoenix College Dental Hygiene Program was the first dental hygiene program in the state of Arizona graduating the first class in 1970. Our program curriculum has been shared with Rio Salado and Mesa Community Colleges to form the Maricopa Community Colleges Dental Hygiene Program. Each program has the same curriculum in which the delivery of the program varies. Phoenix College is a traditional day program with courses both hybrid and face to face and clinics being delivered M-F during the day. The program is four semesters in length with the traditional breaks for summer and holidays. In a recent survey our students stated that they chose Phoenix College for the experienced program and faculty, traditional schedule delivery, and outcomes of successful graduation from the program and required testing for licensure.

Rio Salado College Program:

The Rio Salado College School of Dental Hygiene was developed in 1993 in partnership with the Arizona Dental Association. The Program is an 18 month program with 22 students admitted each October. It is designed as a fast paced, accelerated program that provides accessible, innovative, high quality education. The curriculum is delivered with a blend of formats including in-person, hybrid and online which gives the student customized, high quality learning design. The Rio Salado Dental Hygiene Program has a long standing tradition of successful testing and board outcomes.
B. OCCUPATIONAL INFORMATION:

Graduates are employed in private dental offices, hospitals, schools, and clinics within their community. Registered Dental Hygienist function within the legal scope of practice and use professional standards of care when treating clients and families across the life span. The 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 $1600.00. As of January 1, 2008 applicants for licensure in Arizona must provide evidence of citizenship or nationality. For questions about eligibility for licensure and the documents required showing eligibility, contact the Arizona State Board of Dental Examiners. 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 $16,000.00 - $18,000 subject to change.
DENTAL HYGIENE PROGRAM CONTACT INFORMATION

Web Page: www.Dental.maricopa.edu

E-mail for general questions: dental.hygience@domail.maricopa.edu

Hot line for general questions: 480.731.8240

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>Enrollment Services</td>
<td>480-654-7600</td>
</tr>
<tr>
<td>Phoenix College</td>
<td>Advisement Center</td>
<td>602-285-7862</td>
</tr>
<tr>
<td>Rio Salado College</td>
<td>Advisement Department</td>
<td>480-517-8580</td>
</tr>
</tbody>
</table>

The following list identifies the Directors comprising the Dental Hygiene Program Council. The Council represents the governing body of the Dental Hygiene 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>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mesa Community College at Red Mountain</td>
<td>Deborah Holexa</td>
<td>480-654-7252</td>
</tr>
<tr>
<td>Phoenix College</td>
<td>Carmel Ann Weingart</td>
<td>602-285-7752</td>
</tr>
<tr>
<td>Rio Salado College</td>
<td>Terri Hanger</td>
<td>480-377-4102</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:
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.
See an Academic Advisor for information in applying for the card. Allow a minimum of 4 to 8 weeks to receive the card.

6. 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. Students who have concerns regarding passing this required background check have an option of taking a self-assessment check which is private between Certified Background Check and the student. This self-assessment check will **not** be admissible to the program for demonstration of passing the Certified Background Check.
This is a tool for the student and can be managed by contacting **Certified Background Check Student Support at 1-888-666-7788, or studentservices@certifiedprofile.com** or MCCCD Healthcare Education at 480-731-8240. (http://healthcare.maricopa.edu/pdfDocs/FAQs_Background_Check.pdf)
Should the applicant fail the background check, they will be removed from the application process and cue. The applicant who does not pass the Certified Background Check has the prerogative to appeal the failure with **Certified Background Check**. 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.
7. **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 are required
   2. A graduate from a CODA accredited Dental Assisting program
   3. 6 months paid dental assisting in an office that employs a dental hygienist

8. **Reference Form:**
   A reference form must be submitted with the application.

   ** District Dental Hygiene Program application subject to change without notice.

9. **General Education Course Requirements:**
   PLEASE TAKE NOTE: The GPA requirements have increased as of February 1, 2013
   GPA for Science is 3.50
   GPA for General Education is 3.25

   **Prerequisite General Education Courses Required for Application:**

<table>
<thead>
<tr>
<th>BASIC SCIENCES:</th>
<th>Minimum GPA 3.50</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHM138+CHM138LL or 230+230LL</td>
<td>Chemistry for Allied Health Lecture and Lab</td>
</tr>
<tr>
<td>BIO201 &amp; 202</td>
<td>Human Anatomy &amp; Physiology</td>
</tr>
<tr>
<td>BIO205</td>
<td>Microbiology</td>
</tr>
<tr>
<td>GENERAL EDUCATION: Minimum GPA 3.25</td>
<td></td>
</tr>
<tr>
<td>ENG101</td>
<td>First-Year Composition</td>
</tr>
<tr>
<td>ENG102</td>
<td>First-Year Composition</td>
</tr>
<tr>
<td>COM (100, 110, 225, 230)</td>
<td>Communication</td>
</tr>
<tr>
<td>MAT 102</td>
<td>Math Concepts/Applications OR Higher level</td>
</tr>
<tr>
<td>SOC101</td>
<td>Intro to Sociology</td>
</tr>
<tr>
<td>PSY101</td>
<td>Intro to Psychology</td>
</tr>
<tr>
<td>CRE101</td>
<td>Critical &amp; Evaluative Reading I OR Test exempt</td>
</tr>
<tr>
<td>HUM</td>
<td>(To be selected, refer to the college catalog for approved list of Humanities &amp; Fine Arts courses)</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 to 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. Additional information is available on the website: [www.Dental.maricopa.edu](http://www.Dental.maricopa.edu) under FAQs (Frequently Asked Questions.)

- **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:**
  - Fingerprint Clearance Card – Bring your level 1 clearance card to the academic office
  - Statement of High School graduation or GED
  - Official transcripts on file at the college of first choice

3. When to Apply:

- The Dental Hygiene Program accepts completed applications; no provisional 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 applications received during each period will receive a random date and time stamp. Dates are approximate to reflect Monday through Friday during regular business hours. Application periods with start or end dates affected by weekends and holidays will move to the following business day.

<table>
<thead>
<tr>
<th>November 1 - January 31</th>
<th>May 1 – July 31</th>
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</thead>
<tbody>
<tr>
<td>February 1 – April 30</td>
<td>August 1 – October 31</td>
</tr>
</tbody>
</table>

4. Notification of Admission Status:

- You will receive an e-mail and/or a letter indicating acceptance of your application.

- Applicants can monitor their application and make choices of preferred program options at [www.Dental.maricopa.edu](http://www.Dental.maricopa.edu) (Application Status). It is very important to update your name, e-mail address, mailing address and phone numbers. The placement office will send e-mail/letters offering placement only to the address listed on this website.
• 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 choices. Once placed, the applicant receives a letter with the placement information and has 10 business days to respond and accept or to defer to the next placement cycle. After the 10 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.

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 must provide documentation of compliance with all health and safety requirements required to protect patient safety.** Only students in compliance 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.

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 Dental Hygiene 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. 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. Additionally, students who have been admitted to an MCCCD healthcare program or who are currently enrolled in one as of September 1, 2011 will be required to sign an MCCCD Criminal Background Check Disclosure Acknowledgement form. 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. (http://healthcare.maricopa.edu/pdfDocs/FAQs__Background_Check.pdf)

• **CPR CERTIFICATION:** Prior to enrollment students are required to obtain a CPR certification at the Healthcare Provider level which will remain current for the duration of the program.

• **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 residency requirements and/or if you have been convicted of a felony or misdemeanor involving conduct, at 602-242-1492 or www.azdentalboard.org. **Effective January 1, 2008** applicants for licensure in Arizona must provide evidence of citizenship or nationality.

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: February 1, 2013- April 30, 2013 (Page 1 of 3)

(PRINT) Name ____________________________________________

All names previously used: ____________________________ Student ID Number ____________________________

Phone: Day __________________ Evening ____________________ Cell ______________________________

Mailing Address ______________________________________

City ___________________________ State ____________ Zip ____________

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>OR GED: Date of Completion</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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 of the Dental Hygiene Program 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 DH 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 DH 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 Dental Hygiene 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 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 DH Council. Final acceptance into the dental hygiene program is pending until the Dental Hygiene Council has reviewed the applicants file. The Dental Hygiene 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 Council.

**Decisions made by the Council are final.**

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

**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.
Dental Hygiene Program
Information and Application Packet

APPLICATION ADMISSION CHECKLIST (Page 3 of 3)
Must be signed by Academic Advisor

Print Name:  Student ID:  Date:

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>ETHNICITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>American Indian</td>
</tr>
<tr>
<td>Male</td>
<td>Asian or Pacific Islander</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HIGHEST DEGREE CURRENTLY HELD</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate degree</td>
<td></td>
</tr>
<tr>
<td>Baccalaureate degree</td>
<td></td>
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<tr>
<td>Master’s degree</td>
<td></td>
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<tr>
<td>Doctoral degree</td>
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<tr>
<td>Black, Non-Hispanic</td>
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</tr>
<tr>
<td>Hispanic</td>
<td></td>
</tr>
<tr>
<td>White, Non-Hispanic</td>
<td></td>
</tr>
<tr>
<td>Other/Unknown</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Course</th>
<th>Credits Required</th>
<th>College</th>
<th>Date Completed</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASIC SCIENCE: Minimum GPA 3.50</td>
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</tr>
<tr>
<td>CHM138+138LL or 230+230LL</td>
<td>Chemistry for Allied Health</td>
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<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>
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<tr>
<td>BIO205</td>
<td>Microbiology</td>
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<td>GENERAL EDUCATION: Minimum GPA 3.25</td>
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<tr>
<td>ENG101</td>
<td>First Year Composition</td>
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<td>ENG102</td>
<td>First-Year Composition</td>
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<tr>
<td>COM (100, 110, 225, 230)</td>
<td>Communication</td>
<td>3</td>
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<tr>
<td>HUM</td>
<td>(To be selected, refer to the college catalog for approved list of Humanities &amp; Fine Arts courses)</td>
<td>3</td>
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<td>SOC101</td>
<td>Introduction to Sociology</td>
<td>3</td>
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<tr>
<td>PSY101</td>
<td>Introduction to Psychology</td>
<td>3</td>
<td></td>
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<tr>
<td>MAT102</td>
<td>Math Concepts/Applications OR Higher level</td>
<td>3</td>
<td></td>
<td></td>
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<tr>
<td>CRE101</td>
<td>Critical and Evaluative Reading or Test Exempt</td>
<td>0-3</td>
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</table>

Dental Experience Verification Form or Graduate of ADA / CODA Dental Assisting Program Submitted

Reference Form Submitted

Academic Advisor Signature:  Date:
Reference Form – Maricopa County Community Colleges Dental Hygiene Program

Applicant Instructions: One reference is required to complete your application. The reference must come from a non-relative who knows you well and can comment on your academic ability, employment skills and your suitability and preparation for a career in dental hygiene.

Please give this form to your designated reference, providing him or her with an envelope. Ask that he or she complete the form and place it in the sealed envelope with his or her signature across the seal of the envelope and return it to you to submit it with your application materials.

References written in confidence are often of greater value in assessing an applicant’s qualifications. Please read the statement below and indicate your preference with regard to the confidentiality of this evaluation.

In accordance with the Family Rights and Privacy Acts of 1974 (Public Law 93-380), I understand that I have the right of access to this reference but may choose to waive that right. My preference is noted below:

___ I waive my right of access to this reference form
___ I do NOT waive my right of access to this reference form

Applicant’s signature ___________________________ Date ____________________

Applicant’s name (please print) ___________________________ Student ID Number ___________________________

Evaluator Instructions: Please complete the following information. Sign the envelope (provided by the student) on the back across the sealing flap and return this form directly to the student who will then submit it with their application.

Name ___________________________ Title/Occupation ___________________________

Address ____________________________________________________________

City ___________________________ Street ___________________________ State ___________________________ Zip ___________________________

Phone (_______) ___________________________

How long have you known the applicant? ___________________________

In what capacity have you known this person? ____________________________________________________________

Are you a relative of this applicant? Yes_____ No_____

Please indicate your evaluation of the applicant with a check mark:

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<th>Exceptional</th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
<th>Not Observed</th>
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<tr>
<td>Intellectual Ability</td>
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<td>Communication Skills</td>
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<td>Emotional Maturity</td>
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<td>Adaptability</td>
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<td>Team Player</td>
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<td>Dependability</td>
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<td>Conflict Resolution</td>
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<td>Awareness of Limitations</td>
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<td>Reaction to Criticism</td>
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<td>Personal Integrity/Honesty</td>
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<tr>
<td>Overall Evaluation</td>
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</table>

Overall recommendation for admission to the Dental Hygiene Program: (Select ONE overall recommendation)

_______ I recommend the applicant with no reservation.

_______ I do not recommend this applicant.

Additional comments optional. You may attach a separate sheet.

Signature ___________________________ Date ___________________________
DENTAL HYGIENE PROGRAM
INFORMATION AND APPLICATION PACKET

Maricopa Community Colleges
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. Observation 40 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

   Date          Hours
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

   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. 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.
   a. 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 __________
DENTAL EXPERIENCE VERIFICATION
Verification signatures **must** be notarized

Applicant Name ________________________________ Student ID Number ________________________________
Address ______________________________________ Phone Number ________________________________

City __________________________ State ______________ Zip ________________________________

3. **Employment as a chairside dental assistant in a dental setting that employs a clinical dental hygienist.**
   *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 candidate's 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 __________________________