



DENTAL HYGIENE PROGRAM APPLICATION

APPLICATION **Open: December 1, 2008** **Close: February 1, 2009**

EACH OF THE FOLLOWING STEPS NEED TO BE COMPLETED BEFORE APPLICATION WILL BE REVIEWED. IF ANY OF THE FOLLOWING ARE NOT IN YOUR PACKET YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE REVIEWED.

CHECKLIST

- 1. Submit a Phoenix College Student Information Form (application) to the Admissions Office.
- 2. Completed Dental Hygiene Application postmarked by **February 1, 2009** deadline. (Applications postmarked before December 1st or postmarked after February 1st **WILL NOT** be processed. -Incomplete applications **WILL NOT** be processed.)
- 3. Copy of GED or H.S. diploma attached to application.
- 4. If “exempt” from reading requirement, attach documentation of ASSET / Compass /Accuplacer score to application. Minimum scores for exemption: Asset 47+, Compass 91+, Accuplacer 92+ Please designate the college where your ASSET/Compass/Accuplacer test was taken on the application.
- 5. Documentation of the following (If applicable):
 - o Certified Dental Assistant. Provide a copy of current certificate.
 - o Dental Assisting work experience. Experience Verification Form is enclosed. A separate form is required for each employer. Employers’ signatures must be notarized. Feel free to photocopy forms as needed.
 - o Current enrollment (with an expected graduation date) or completion of an ADA accredited Dental Assisting program. Transcript required.
 - o Copy of Associate, Bachelors and/or Masters degree or transcript showing degree awarded.
 - o Copy of unofficial transcripts from each college and/or university attended. - Mandatory
 - o Copy of CPR Certification (Health Care Provider Level.) - Mandatory
 - o Copy (front/back) of *Fingerprint Clearance Card (FCC) from Arizona Department of Public Safety. - Mandatory
The application process can take up to 8 weeks - Contact your advisor or DPS 602-223-2279 for a FCC Application
- 6. Request one employer to complete one Reference Form and include it with your application in a sealed envelope with employer signature across the seal of envelope.
- 7. If you have previously applied you **MUST** resubmit all above items, including unofficial transcripts and employment verification forms.

Submit items 2 - 6 in ONE (1) packet to:

Debi Moser, Allied Health Advisor
Phoenix College
1202 W. Thomas Road
Phoenix, AZ 85013

- 8. Have all official transcripts mailed directly to Phoenix College, from the college or university of attendance. Phoenix College will not accept hand-carried transcripts, or transcripts that have been mailed to us by the student. Transcripts must be received by February 1, 2009, for consideration.
- 9. Request an official transcript evaluation of all college transcripts (**excluding** the Maricopa Community Colleges) from the Admissions Office at Phoenix College (602) 285-7800. The evaluation process can takes up to 6 weeks.
- 10. 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

If you have any questions about the application process, please contact Debi Moser at (602) 285-7862 or (602) 285-7110 or by email debi.moser@pccmail.maricopa.edu

INTERNATIONAL TRANSCRIPTS

Please contact the Admission and Records Office at (602)285-7800 for information regarding evaluation of transcripts from institutions outside of the United States.

PART I INFORMATION

NAME _____
Last First Middle

Former name(s) (Maiden) that may identify transcripts _____

Student Number _____ Telephone (____) _____ (____) _____
Day Evening

Mailing Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

E-mail Address _____

If previously applied to our Program, indicate date: _____ **(SEE #8 on Checklist)**

Are you a legal Arizona resident as defined in the Phoenix College catalog? Yes No

Date present stay in Arizona began _____
Month Day Year (if born in AZ and resided here continuously since birth, use date of birth)

PART II COURSE WORK

1. **All** prerequisites must be completed prior to applying to the Dental Hygiene program.
2. **All** courses must reflect a grade of "C" or better.
3. The minimum overall grade point average in all prerequisite courses must be 2.5
4. Students must complete Part II, include all completed course work.

<i>Course</i>	<i>Grade</i>	<i>College</i>	<i>Semester/Year Completed</i>
BIO 201	Human Anatomy & Physiology I		
BIO 202	Human Anatomy & Physiology II		
BIO 205	Microbiology		
CHM138 or CHM 230	Chemistry for Allied Health		
CHM138LL or CHM 230LL	Chemistry for Allied Health Laboratory		
ENG101	Freshman English		
ENG102	Freshman English		
PSY101	Intro Psychology		
SOC101	Intro Sociology		
COM100, 110, 225, or 230	Communications		
Humanities (See PC Catalog)	Title: Subject Code:		
MAT102 OR Higher	Math Concepts Subject Code:		
CRE101 OR ASSET / Compass test (list score)	Critical & Evaluative Reading		
CPR Healthcare Provider Card (Copy to be included in application)	Expires:		

**** ANY SECTION LEFT BLANK, application will be considered INCOMPLETE and will NOT be reviewed.**

PART III EDUCATION

List each college attended

College	City and State	Dates Attended

Submit a copy of: <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma	Have you completed: (If yes, submit copy of degree.) <input type="checkbox"/> Associate <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Master
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Have you completed a Dental Assisting Program that is accredited by the American Dental Association Commission on Dental Accreditation:

- Yes No

School: _____ Month/Year Program Completed: _____

PART IV EXPERIENCE IN THE DENTAL FIELD

Select all that apply & attach documentation:

- Dental Assistant Experience
 - Chairside
 - Front Office
 - Back Office

Notarized Employment Verification Form REQUIRED for each employer. (See #8 on check list.)

- Current Certified Dental Assistant (CDA) - Copy of current certificate REQUIRED. (See #8 on check list.)

PART V SIGNATURE OF APPLICANT

I certify that:

1. All information provided in this application is true and complete.
2. I understand that all prerequisites must be completed prior to applying to the Dental Hygiene program.
3. **It is my responsibility to provide all requested information to complete my file. Failure to provide all requested information will result in an incomplete application and will NOT be reviewed. Admission to the program is conditional until all requirements have been satisfactorily completed.**
4. Participation in the program requires that students also act as patients as a part of student learning. I understand that I will be exposed to blood borne pathogens, infectious diseases, hazardous chemicals and ionizing radiation and I must adhere to standard infection and hazard control protocols as outlined by the program.
5. Students are responsible for the recruitment of clients for their clinical experience, and therefore may incur fees associated with clinical services.
6. I understand that I must attend the New Student Orientation to maintain my start date position in the program.
7. I understand that MCCD Allied Health Programs Safety Documentation must be completed.

Applicant Signature

Date

Phoenix College, one of the ten Maricopa Community Colleges, is approved by the Arizona State Board of Directors for Community Colleges and accredited by the North Central Association of Colleges and Schools, Commission on Institutions of Higher Education. The Maricopa Community College District does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, handicap/disability, age or Vietnam era/disabled veteran status in employment or the application, admission, participation, access and treatment of persons in instructional programs and activities.



DENTAL EXPERIENCE
EMPLOYMENT VERIFICATION

Please copy for multiple employers
Attach one form for each employer to application
Employer signatures must be notarized

Applicant Name _____

Social Security Number _____

Address _____
Street

Phone Number _____

City _____ State _____ Zip _____

Employer Name _____

Name of Practice _____

Office Manager _____

Employer Address _____

Employer Phone Number _____

Dates of Employment (Example: Jan. 1, 1991 to Present) _____

Number of Dental Assistant Experience hours (Total Hours must be calculated - Incomplete applications, or applications with white out/crossed out documentation, or applications with total hours not calculated, will not be considered.)
(Example: 40 hour week x 50 weeks = 2000 total hours.)

- Chair side Total number of chair side hours:
Front Office Total number of front office hours:
Back Office Total number of back office hours:

TOTAL HOURS: _____

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 Signature _____ Date _____

Notary Signature _____ Date _____

