

Dental Hygiene Application for Fall 2018

Filing Period: **January 1 – February 15, 2018 at 5:00 p.m.**

Date		Date of Birth		DVC 7 Digit Student ID Number (Required)	
Last Name		First Name		Middle	Other Used
Mailing Address			City	County	State Zip Code
Home Telephone		Work Telephone		Cell Telephone	
Email Address					
Have you attended DVC before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", what year(s) did you attend	
Have you attended another DH program?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", where and when did you attend, and what was the reason for leaving	
Have you applied to the DVC DH Program before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", list previous application year(s):	
Have you graduated from a dental assisting (DA) program?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", when:	
Please provide proof of graduation from a Dental Assisting program (i.e., certificate awarded, official transcript)					
Indicate length of DA program			Where did you take this program		
Do you have current CDA/RDA Licensure?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", please provide proof of current CDA/RDA licensure	
Please indicate dates of your Registered Dental Hygiene Observations: _____					
Please list the name, starting and ending dates, and any degrees or certificates, for all colleges, technical and vocational schools attended. Also include colleges in which courses were attempted although they may not have been completed.					
	Name of College	City and State	Dates Attended	Name and date of degree awarded; or state "degree in progress"; or "no degree"	
1					
2					
3					
4					
5					
Applicant's Certification					
I hereby certify that I have personally read and completed the above application. I understand the application criteria and procedures for the Dental Hygiene Program. I accept complete responsibility for submitting all required official documents. All information provided is true and accurate.					
Signature of Applicant				Date of Application	

Worksheet for Associate of Science (AS) Degree in Dental Hygiene

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Directions: This form is to be completed by the applicant. Enter the course number, course title, college where the course was taken, the date (semester) the course was completed. Substitutions for General Education Courses must be approved by Admissions and Records and are kept on file.

DVC Category/Course	Equivalent Course #	Course Name	College Where Course Was Taken	Date Completed	Course Grade
Prerequisites - Sciences					(within 7 yrs)
BIOSC 139 Anatomy					
BIOSC 140 Physiology					
BIOSC 119 or BIOSC 146 Microbiology					
CHEM 108 or CHEM 120 or CHEM 121 Chemistry					
CHEM 109 or CHEM 227 Organic/Biochemistry					
NUTRI 160 Nutrition					
Prerequisites - General Education					
ENGL 122					
MATH 120 or higher					
COMM 120 or COMM 130					
SOCIO 120					
PSYCH 101 or PSYCH 122					

Applicant's Certification	
I hereby certify that I have personally read and completed the above worksheet. All information provided can be verified by transcripts. I accept complete responsibility for submitting all required official documents.	
Signature	Date

Dental Office Observation Form

Filing Period: **January 1 – February 15, 2018 at 5:00 p.m.**

The Dental Office Observation Form must be dated between 02/15/17 – 02/15/18

To the Dental Professional:

The Diablo Valley College Dental Hygiene Program requires our prospective dental hygiene students to observe the following dental related procedures to gain an understanding of dental and dental hygiene practices. We appreciate your time in allowing students to observe you in your workplace. Our goal is that our applicants will be better informed regarding their chosen career path. This form must be completed and signed by the dentist/hygienist regardless of employment experience of the prospective applicant. **Two observations are required. Each observation requires a minimum of 3 hours.**

Applicant's Name: _____

Observation of a Registered Dental Hygienist, not a Dentist, performing an entire recall prophylaxis and/or supportive periodontal therapy (maintenance) including observation of infection control procedures. The infection control procedures must include: operatory preparation and post-appointment protocol, cleaning and sterilizing instruments (**minimum 3 hours**).

RDH License No. (**REQUIRED**) RDH Signature (**REQUIRED**)

Date Total Hours

Dentist License No. (**REQUIRED**) Dentist Signature (**REQUIRED**)

Date Office Telephone Number

Office Address

**Attach
Dentist's
Business
Card
Here**

REQUIRED

Observation of a Registered Dental Hygienist or a Periodontist, not a general Dentist, performing quadrant(s) of periodontal therapy with local anesthesia on a patient with at least moderate chronic periodontitis (**minimum 3 hours**).

RDH or Periodontist License No. (**REQUIRED**) RDH or Periodontist Signature (**REQUIRED**)

Date Total Hours

Dentist License No. (**REQUIRED**) Dentist Signature (**REQUIRED**)
(Dentist License No. and Signature not required if student observed a Periodontist)

Date Office Telephone Number

Office Address

**Attach
Dentist's or
Periodontist's
Business
Card
Here**

REQUIRED

2018 Dental Hygiene Program Applicant Checklist

Directions: To be completed by applicant and included in application packet. Please use the check boxes below to ensure that you have included everything in your application packet and that it is complete. Only those pages of the application packet specified need to be included. We strongly recommend you mail your completed application packet via certified mail, return receipt requested. Using certified mail will give you the ability to track delivery of your application packet. Please do not contact the Dental Hygiene Program or the Dental Hygiene Program Coordinator to ask about the status of your application. All applications are processed and reviewed by Admissions and Records.

Completed application packet is due by February 15, 2018 at 5:00 pm. Please mail to:

Diablo Valley College
Office of Admissions and Records/Dental Hygiene Application
321 Golf Club Road
Pleasant Hill, CA 94523

Applicant Name: _____
(Last Name) (First Name)

Other Name(s) Used: _____

- Dental Hygiene Program Applicant Check List
- Dental Hygiene Application including applicant's signature
- Worksheet for AS in Dental Hygiene including applicant's signature
- Official, sealed, and unopened transcripts from all colleges and universities attended reflecting final grades
 - All transcripts must be included in the application packet even if the transcripts were sent prior to DVC
 - Exception: Transcripts are not required for coursework completed at DVC, Contra Costa or Los Medanos Colleges
- Dental Office Observation Form dated between 02/15/17 – 02/15/18
- Include a stamped, self-addressed postcard for verification that your application has been received by DVC – Admissions and Records.
 - Postcard confirms receipt of application only
 - It does not confirm eligibility for, or acceptance into, the dental hygiene program
 - It does not indicate that the application has been submitted correctly
 - Incomplete applications will not be considered
 - No notification will be given for incomplete applications