



Dental Hygiene Program Application Packet

For program entrance: Fall 2010

Application Deadline: February 1, 2010

(January 31, 2010 is a Sunday thus application is due the Monday following)

Dear Student,

Thank you for your interest in the Lone Star College-Kingwood (LSC-Kingwood) Dental Hygiene Program. The dental hygiene program is one of four health occupation programs available at LSC-Kingwood. According to the Bureau of Labor Statistics, the scope of dental hygiene is such that “employment of dental hygienists is expected to grow much faster than the average for all occupations through the year 2010.”

The dental hygiene education curriculum is scientifically oriented, rigorous and intensive. Because enrollment is limited by facility capacity, special program admissions criteria and procedures are necessary to ensure that the students are selected that have the potential for successfully completing the program. **Please read all of the information in this packet to assure that you submit a completed application. The dental hygiene program will not consider an incomplete application. It is your responsibility to assure that your application is complete.**

February 1, 2010 is the application deadline to be considered for the fall semester of 2010. Applications will be accepted beginning October 15, 2009. In a typical application year, there are ten applications for every one opening in the program. The highly competitive nature of the application process requires that point’s designation procedure be used to make selections. The fifteen candidates receiving the most points in the admissions process will be offered entrance into the fall class of 2010. The next fifteen will be placed as alternates.

In order to accomplish the objectives of the dental hygiene program, students must be able to meet the following performance requirements:

- Exhibit a professional attitude during all phases of the application process. If at any time during the process, it is determined that your attitude or actions are unprofessional, your application may not be considered for acceptance.
- Visual acuity with corrective lenses to identify oral tissue changes and evaluate treatment effectiveness.
- Hearing ability with auditory aids to understand the normal speaking voice without viewing the speaker’s face and take/hear blood pressure with a stethoscope.

- Physical ability to sit for prolonged periods of time, perform repetitive wrist motion for instrumentation, and move from room to room or maneuver in limited spaces.
- Excellent written and verbal communication skills to succinctly describe patient conditions, document findings in a patient record and implement oral health teachings.
- Manual dexterity to use a variety of instruments in the small, confined space of the oral cavity.
- Function safely under stressful conditions with the ability to adapt to an ever changing environment inherent in clinic situations involving patient care.
- Computer skills to use a variety of software programs and the Internet for research and course projects; power point utilized for presentations.

Application and Admission to the Dental Hygiene Program:

Application and admission to the Dental Hygiene Program is a separate procedure from application and admission to the Lone Star College System (LSCS). Admission to the LSCS does not ensure admission into the LSC-Kingwood Dental Hygiene Program. Any LSCS student may declare Dental Hygiene as a major, enroll, and complete general education courses required for a program degree without having been specifically admitted to that program. However, only those students who have been admitted to the Dental Hygiene Program may enroll in the dental hygiene (DHYG) courses.

You must apply for one year at a time. There is no waiting list. If you are not accepted, you must apply for the next year. The fifteen candidates receiving the most points in the admissions process will be offered entrance into the fall entering class of 2010. The next fifteen will be placed as alternates.

Admissions are determined on an objective basis using a quantified point scale. The scale is designed to accurately predict successful completion of the program.

Points are determined based upon the following criteria:

- GPA in Dental Hygiene pre-requisite courses
- Grades in general education courses found within the Dental Hygiene curriculum
- Formal degrees previously awarded (Associate, Bachelors, Masters)
- Dental Assistant Status (Registered or Nationally Certified)
- Years of experience in dental assisting
- Score on the Health Science Reasoning Test (HSRT)

All students accepted into the program will be required to complete a background check.

Application Procedure:

The following application procedure must be followed for your application to be considered complete:

1. Submit a completed Dental Hygiene Program Application (available beginning October 15, 2009 at <http://www.lonestar.edu/dental-hygiene-requirements.htm>)
2. Order an official transcript from every college attended **including** those within the Lone Star College System. Students must maintain a minimum cumulative grade point average in college level courses (this includes all college courses taken at any college) of 2.0 or better and a cumulative grade point average of 2.5 in dental hygiene prerequisite courses. If you attended school outside the United States, you will be required to have a transcript evaluation attached. **DO NOT HAVE TRANSCRIPTS SENT DIRECTLY TO THE COLLEGE, HAVE THEM SENT TO YOU IN ENVELOPES THAT ARE SEALED AND SIGNED ACROSS THE SEAL.** Transcripts will be turned in with your dental hygiene program application in the original sealed envelopes.
3. Complete the college requirements of the Texas Success Initiative by being TSI "Complete" in Reading, Writing and Math. (Math scores must place you into Math 0310 or above or you must have completed Math 0308) If you are unsure if you meet the qualifications, make an appointment with Advising and speak with an Advisor.
4. Take the HSRT(Health Science Reasoning Test). HSRT is available from October 15, 2009-January 30, 2010 here at LSC-Kingwood. You may take the HSRT one time per application period. Registration for the HSRT can be accessed on the dental hygiene website beginning October 15, 2009.

Application to Lone Star College-Kingwood.

If you are NOT currently a student in the Lone Star College System (this includes the following campuses: Kingwood, North Harris, Montgomery, Tomball, Cy-Fair and their satellite campuses) then you will need to apply to LSC-Kingwood to be a student. Please be advised that this will require official transcripts also.

LSCS does not discriminate against qualified applicants with disabilities in any of its programs including the Dental Hygiene Program, LSC-Kingwood makes available disabilities counselors in its Student Counseling Department to assist persons interested in seeking admission to any program to understand the program requirements and determine whether and how their disability can be accommodated in the program.

In addition, a person with disabilities who is interested in pursuing a career in dental hygiene might wish to consult with a dental professional concerning whether the nature of the disability may be an impediment to hiring in the specific office settings in which you have interest before commencing the program.

No dental hygiene applicant will be denied acceptance on the basis of disease status, such as HIV, HBV or HCV. In the occurrence of an infected applicant, the Rules & Regulations established by the State Board of Dental Examiners (SBDE) state the health care provider must notify patients and obtain their written consent to be treated, thus, completing clinical educational requirements may be difficult. In the event that the student completes the program, the SBDE may deny licensure. Therefore, in the instance of such disease status, career counseling may be in order. **All applicants must have completed the Hepatitis B Vaccination series prior to the first day of class of the year that they wish to attend the dental hygiene program. (ie. If applying for fall 2010 entrance, the 3 immunization series must be complete prior to the first day of class for the fall semester 8/30/2010).**

All students enrolled in the Dental Hygiene Program at LSC-Kingwood are required to meet and must demonstrate competency in all facets of the Dental Hygiene curriculum as set forth by the Commission on Dental Accreditation of the American Dental Association to be considered for graduation.

IMPORTANT;

Applicants submitting incomplete application packets will be placed on an inactive status and will not receive notification; therefore, make sure that your application is complete before submitting.

Students will be notified by mail of their admission status: Accepted, Alternate or Not Accepted no later than May 31 of the entrance year.

Selection as an alternate does not guarantee admission into the program. Students selected will be required to provide a physicians statement with proof of excellent physical health and current immunizations. Once selected you will be sent a physical examination form to be completed and signed by your physician.

If any of those selected for the program do not accept their appointments, the admissions committee will then select from the alternate list. Vacancies may occur as late as the week of registration of the admitting semester.

No applications will be held or placed on a waiting list for the next year. Applicants may reapply as many times as they wish. Evaluation criteria are identical for all applicants regardless of the number of times the applications have been submitted. Since all applicants cannot be accepted in the LSC-Kingwood Dental Hygiene program, it is important that all applicants consider alternatives available in the event that they are not selected. A counselor is an important resource in helping to reassess plans, whether to apply again, consider another health occupation program offered at LSC-Kingwood, or to change majors.



Dental Hygiene Program
Student Application for Admission Fall 2010

Section A – Personal Information

1. Name: _____
2. Date: _____
3. Social Security Number _____
4. Other names under which credentials may be received: _____
5. Permanent Address: _____
(Number/Street) (City) (State) (Zip)
6. Mailing Address: _____
(Number/Street) (City) (State) (Zip)
7. Home Telephone Number: (_____) _____
8. Work Telephone Number: (_____) _____
9. E-mail Address: _____
10. Are you a citizen or permanent resident of the United States? _____ Yes _____ No

11. List all educational institutions (colleges, universities, professional schools) in order of attendance. Do not omit the name of any institution where you have been a student. If you need additional space use a separate sheet of paper.

<i>School Name Degree/Certificate</i>	<i>Dates Attended</i>	<i>Credit Hours</i>
_____	_____ to _____	_____
_____	_____ to _____	_____
_____	_____ to _____	_____
_____	_____ to _____	_____

12. Are you eligible to return to each of these institutions? _____ Yes _____ No

If no, please explain: _____

13. Have you previously attended any health related programs? _____ Yes _____ No
If yes, complete the following information:

School Name: _____

Address: _____

Dates of Attendance: _____ Graduated: _____ Yes _____ No

If not, Why ? : _____

Section B – Courses and Continuing Education

Fill out this form completely. If you answer Yes to the following questions, please attach a copy of the Certificate.

Yes No Do you currently hold a Registered Dental Assistant Certificate?
State _____ Date Certified _____ Registration # _____

Yes No Are you currently a Nationally Certified Dental Assistant having taken the Dental Assisting National Board Exam (DANB-CDA)?
Date of Certification: _____ Certificate Number: _____

Yes No Do you currently hold a Nitrous Oxide Monitoring Certificate?
State _____ Date Certified _____

Complete the following table for courses found within the dental hygiene curriculum:

Courses Within the Dental Hygiene Program	Status of Course C=Completed PE=Presently enrolled NT=Not Taken	Grade*	Repeated*	Date Completed* (N/A if not completed)	College/University Where Course Taken	Course Equivalent (if not exact course listed)
CHEM 1405 Introductory Chemistry						
BIOL 2401 Human Anatomy & Physiology I						
BIOL 2402 Human Anatomy & Physiology II						
BIOL 2420 Microbiology						
ENGL 1301 Composition & Rhetoric I						
SOCI 1301 Principles of Sociology						
PSYC 2301 General Psychology						
SPCH 1318 Interpersonal Communication						
PHIL 2306 Introduction to Ethics						

*If you repeated a course, enter the repeated course grade in the REPEATED column; enter the original course grade in the GRADE column. Place the date of the last course taken in the DATE COMPLETED column. NOTE: Only those courses completed with a "C" or better are considered as completed prerequisite or general education courses when determining the point value for admission.

Provide the name, address and telephone number of person(s) to be contacted in case of an emergency:

Name

Address (Street, City, State, Zip)

Daytime Phone

Cell Phone

Pager

Students with felony convictions may not be allowed to be licensed by the State of Texas to practice dental hygiene. Please consult the Texas State Board of Dental Examiners (512) 463-6400 if you have questions or concerns.

Acceptance is contingent upon a negative background check.

I certify that information provided in this application is correct and complete. I understand that omission or falsification of information is grounds for exclusion or dismissal. If accepted into the program, I agree to meet all entrance requirements and to confirm and abide by the letter and the spirit of the rules, regulations and procedures of Lone Star College System and this program.

Signature

Date

Please return the completed Dental Hygiene Program Application including official transcripts and HSRT scores and any other necessary documentation to:

Lone Star College-Kingwood
Dental Hygiene Program
20000 Kingwood Drive
HSB 118
Kingwood, Texas 77339
281-312-1708

Applications are accepted via mail or in person and must be received no later than February 1, 2010 @ 5:00 pm. (January 31, 2010 is a Sunday).

Dental Assisting Experience

Please complete the following form for evidence of dental assisting experience. Employment must be verifiable. For each employment experience listed all blanks must be complete in order to give credit for the experience.

1. Name of Dentist: _____

Address:

Phone Number: _____

Duties:

Dates of Employment : _____

2. Name of Dentist: _____

Address:

Phone Number: _____

Duties:

Dates of Employment : _____

3. Name of Dentist: _____

Address:

Phone Number: _____

Duties:

Dates of Employment : _____

4. Name of Dentist: _____

Address:

Phone Number: _____

Duties:

Dates of Employment : _____

5. Name of Dentist: _____

Address:

Phone Number: _____

Duties:

Dates of Employment : _____

If you need additional space, please attach information on another sheet of paper.