

INSTRUCTIONS FOR DENTAL HYGIENE APPLICATION

All application materials must be completed on current forms and received in the Dental Hygiene Office NOT LATER THAN MARCH 1st of the application year.

It is the responsibility of the applicant to see that all documents arrive in the Departmental Office prior to the deadline. Please send all information to: Department of Dental Hygiene, 415 East Third Avenue, Rome, Georgia, 30161.

- ___ Dental Hygiene Application (separate from Georgia Highlands' general admission)
- ___ Personal Statement (**must be typed**)
- ___ Minimum ATI TEAS composite score of 65 (**Required for All Applicants**) **Send official results to our department.**
- ___ Minimum 2.5 College GPA on Core Curriculum (all courses must be a "C" or better)
- ___ Essential functions necessary for admission and progression in the Dental Hygiene Program (See website for details)
- ___ Three letters of reference (on current forms in sealed envelopes with reference's signature across flap- forms located on website)
- ___ Official copies of all college transcripts sent to GHC admissions if you have attended colleges other than Georgia Highlands College. If you have only attended GHC you do not have to do this. Check with our office to make sure all courses have been accounted for.
- ___ Proof of admission to Georgia Highlands College (attach copy of your fee payment for the current term, or a letter of acceptance to Georgia Highlands College) One of these documents **MUST** be included in your application.
- ___ Documentation of 30 hours of observation with two dental hygienist in a **general dental practice**. You must submit a minimum of 15 hours of observation with a dental hygienist in 2 different **general dental practices** using our forms. (use current forms-located on website) **You cannot observe in a practice you are employed in.** Please be detailed in your description of the observations. **Observation hours must be new (redone) each year.** The hygienists you observed must complete the **Hygienist Evaluation** form and submit to our office after the experience **in a sealed envelope that is signed across the flap.** (forms can be found on website)
- ___ Biology courses must be less than six years old. If Biology courses are older than 6 years old at time of application, then these courses must be retaken prior to applying to the program. **Includes BIOL 2121K, 2122K, 2161K, and Nutrition.**
- ___ Completion of **CHEM 1151K, BIOL 2121K and BIOL 2122K** with grade of "C" or better, by end of the spring semester that you are applying in (spring) or your application will not be considered.
- ___ Proof of attendance at a Dental Hygiene Information Session offered by the Dental Hygiene Department (at Heritage Hall)- **Required to be within the last year prior to March 1st deadline.**(check website for dates)
- ___ Compliance with the above minimum requirements does not guarantee admission to the Dental Hygiene Program. All information will be kept confidential and will not be released without expressed permission of the applicant.

The **complete** records of all applicants who meet minimum requirements will be reviewed after **March 1st** and the top 20 applicants will be invited for an interview. The 14 students who are admitted will be notified by mail.

Once a student is accepted into the Dental Hygiene program, they will receive information concerning the deadline for submission of the following:

- Current certification in Basic Cardiopulmonary Life Support (BCLS-Health Care Provider-American Heart Association)
- Proof of health insurance coverage (copy of current insurance card) Student must carry coverage while in the program.
- Completed Dental Hygiene Health and Certification of Immunization Forms.
- Documentation of background check and drug screening

**GEORGIA HIGHLANDS COLLEGE
DIVISION OF HEALTH SCIENCES
DENTAL HYGIENE PROGRAM APPLICATION**

1. Full Name _____
(Last) (First) (Middle)
2. Address _____

GHC ID# _____
Cell phone # _____ Telephone # Work (_____) _____
E-Mail Address _____
3. Age _____ Birthdate _____
4. In case of emergency, notify _____
Relationship _____ Phone No. _____
5. Education:
High School: _____
name address
Did you graduate? _____ Date of Graduation/G.E.D. _____
6. College (s) Attended: (attach sheet if needed)
College _____
Years Attended _____ Diploma/Degree _____
Date Graduated _____

College _____
Years Attended _____
Date Graduated _____ Diploma/Degree _____
7. Please list the names of individuals you are using as references:
A. _____
B. _____
C. _____
8. Have you ever been arrested or convicted of a crime other than a minor traffic violation?
_____ Yes _____ No
If yes, you must attach a complete explanation on a separate sheet along with a certified copy of appropriate legal documents.
9. A. Have you ever been licensed or credentialed in a health field?
____ Yes ____ No Which license or credentials: _____
B. How long have you held or did you hold the above license/credential?
_____ Years _____ Months
C. Have you ever had the above license or credential suspended, revoked or subjected to disciplinary action?
____ Yes ____ No (If yes, attached a complete explanation)

Personal Statement:

Note: To be completed by all applicants and must be TYPED. The Admissions Committee is interested in your reasons for entering this field and in your ability to express the motivation behind your decision. Explain below why you chose this as your profession. If you have had any experience in the health-care field (i.e., volunteer work, summer employment, full-time employment, observation, etc.) please include this in your narrative. Proper grammar, sentence structure, and spelling will be considered in the evaluation of your application. (Add additional pages if needed.)

I UNDERSTAND THAT FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS APPLICATION WILL RESULT IN AN AUTOMATIC DISMISSAL FROM THE PROGRAM.

Signature

Date