



MT. HOOD

COMMUNITY COLLEGE

Dental Hygiene Associate of Applied Science Degree Program Application Fall 2013 Entry

APPLICATION OPEN AND CLOSE DATES:

- **Open date:** Thursday, November 1, 2012 - Applicants can begin submitting program applications.
- **Close date:** Friday, January 18, 2013 - All required documentation listed on the application checklist must be received by the Admissions, Registration and Records Office no later than 5 p.m.

Please mail all application materials to:

Mt. Hood Community College
Admissions, Registration, and Records
Dental Hygiene Application
26000 SE Stark Street
Gresham, OR 97030



DENTAL HYGIENE – ALLIED HEALTH DIVISION APPLICATION

Please print and complete fully, do not leave blank.

Last	First	MI	Previous last name(s) - for filing previous records		
Social security number (optional)*			Email address		
Current mailing address: Street and/or Apt. #			Telephone number: Day		Evening
City	State	Zip	Cell Phone		
College District in which you currently reside			Address of named relative: Street and/or Apt. #		
Name of nearest relative and relationship to you:			City	State	Zip

Work experience

List type of position and company/organization name, by category, in the grid below. Note any certifications.

Related
Unrelated
Volunteer

Education Record

List all colleges attended. Omission of any college transcript may result in non-admittance or dismissal from the program.

College	Major	Degree earned or number of credits completed	Date of completion

Have you previously applied for this or any other Allied Health program? ____yes____ No

If yes, please list in the grid below.

Program Title	Which year(s) did you apply	Name of School

References

List two personal – non-relatives

Name	Address	Phone
1.		
2.		



DENTAL HYGIENE ADMISSION FORM

Admissions, Registration and Records Office, 26000 S.E. Stark Street, Gresham, OR 97030

Please fill out and include with your Practical Nursing Application Packet.

*Providing your social security number (SSN) is voluntary. If you provide it, Mt. Hood Community College (MHCC) will use your SSN for keeping records, doing research, reporting, extending credit, and collecting debts. MHCC will not use your number to make any decision directly affecting you or any other person. Your SSN will not be given to the general public. If you choose not to provide your SSN, you will not be denied any rights as a student. Please refer to the Disclosure Statement listed on the MHCC Web site at www.mhcc.edu/ssn, which describes how your number will be used. Providing your SSN means that you consent to the use of your number in the manner described. It will be necessary for you to provide your SSN if applying for federal financial aid, tax credits and the MHCC Student Installment Note.

Returning Students: MHCC ID Number _____

* Social Security Number _____

Name _____
LAST FIRST M.I.

Previous name(s) _____

Address _____ Apt# _____

CITY STATE ZIP

COUNTY (i.e. Multnomah) _____

E-mail _____

MHCC Major: DENTAL HYGIENE

Phone _____ Gender: M F

Racial / Ethnic Information: (Your response is voluntary)

Do you consider yourself to be Hispanic or Latino:

Yes No

In addition, select one or more of the following racial categories to describe yourself:

- American Indian or Alaskan Native -Asian
- African American or Black -White
- Native Hawaiian or Other Pacific Islander

Date of Birth _____ / _____ / _____

Mother's Maiden Name _____

Residency Status – required for assessing tuition charges.

Will you have lived in Oregon 90 days prior to the 1st day of the term?

-yes -no AND, check one below:

- Permanent resident of Oregon, CA, ID, WA or NV
 - Permanent resident outside of Oregon, CA, ID, WA or NV
 - International Student (requires an I-20)
 - International Visitor (B, J, H or other non-student Visa)
- Please tell us your Visa type: _____

Term Summer Fall Winter Spring
Year 2013

Previous college(s) attended _____

What is your attendance history at MHCC?

- New Student
- Current Student
- Attended MHCC more than four terms ago

What is the date (or expected date) of your high school graduation?

- (H)-High School Graduate, Yr _____
- (S)-Still in High School, Yr _____

If GED or Adult High School Diploma, what is the date awarded or expected date?

- (D)-Adult High School Diploma, Yr _____
- (G)-GED, Yr _____

OR

- (N)-Did not complete high school
- Check here if Home Schooled

Name of last high school attended: _____

State: _____

What is the highest level of education / training you have received beyond high school?

- (0)-None
- (1)-Some college, short-term training, private vocational school
- (2)-1-year certificate from a community college
- (3)-2-year degree from a community college
- (4)-Bachelor's degree
- (5)-Master's degree
- (6)-Ph.D. / Professional degree

A person voluntarily becomes a student at MHCC and thereby assumes the obligation of abiding by the standards prescribed in the "Student Code of Conduct" found at www.mhcc.edu/coc.

Do you plan to earn a degree, certificate or diploma at MHCC?

- (A)-Yes, a 1-year certificate or 2-year degree
- (B)-Yes, High School diploma or GED
- (C)-No, here to take classes
- (D)-Undecided

Select the one main reason for attending MHCC this term.

- (A)-Take classes to transfer to a 4-year college
- (B)-Learn skills to get a job
- (C)-Improve existing job skills
- (D)-Explore career or educational options
- (E)-Take classes to finish High School or GED
- (F)-Improve reading, writing or math skills
- (G)-Learn English
- (H)-Personal interest / enrichment
- (I)-Other

Will you be employed while attending classes this term?

- (F)-Yes, full-time (35+ hours per week)
- (P)-Yes, part-time (Less than 35 hours per week)
- (N)-No, not employed

Check here if you are a U.S. Veteran:

Yes

"Student Right to Know" information is available at www.mhcc.edu/righttoknow.

If you need assistance due to a disability, please contact the Disability Services Office at (503)-491-6923 or at (503)-491-7670 (TDD).

Student Signature _____ Date: _____

Read before submitting: I acknowledge I am legally obligated to pay all charges incurred by registering. Charges may include late fees, reasonable collection costs, attorney fees, and Oregon Department of Revenue charges for the collection of all delinquent debts owed to the college. By not paying all charges at the time they are incurred, I acknowledge that this debt is considered education debt/loan and that the educational debt is non-dischargeable under Section 523 (a) (8) of the US Bankruptcy Code. There is no statute of limitation on the collection of educational debt. To have course tuition/fee charges removed, I must process a drop or withdrawal on MyMHCC or through the Admissions, Registration and Records Office within the refund period.

APPLICATION PACKET CHECKLIST

Please sign and include this checklist with your application materials. To complete this form, place a checkmark, ✓, in each appropriate box. The evaluator will not complete this form for you. **Only completed applications**, including all required documentation, received by 5 p.m. January 18, 2013 will be evaluated for admission.

- Application Checklist – signed and dated
- Dental Hygiene Admission Form: You must submit this form even if you are a current or previous student at MHCC
- Allied Health Division Application
- \$25.00 Non-Refundable Dental Hygiene Application Processing Fee (If paying by check or money order, make payable to MHCC.)
- Personal Resume
- Program Experience/Observation form (must be a minimum of 20 hours of observation)

MINIMUM SKILLS PROFICIENCY DOCUMENTATION

- Reading Proficiency Documented with (check one box):
 - MHCC College Placement Test scores **or**
 - Official college transcript **or**
 - Test scores from: _____
- Writing Proficiency Documented with (check one box):
 - MHCC College Placement Test scores **or**
 - Official college transcript **or**
 - Test scores from: _____
- Math Competency Documented with (check one box):
 - MHCC College Placement Test scores **or**
 - Official college transcript

PROOF OF ACADEMIC COMPLETION

- Official (in a sealed enveloped) High School Transcript or GED score showing overall average of 450 or above
 - Included Being Mailed On file at MHCC
- Official (in a sealed enveloped) College Transcript showing graduation date. **Applicants must submit a transcript from every college ever attended!**
 - Included Being Mailed On file at MHCC

EMAIL ACCOUNT

- You will need to obtain an email address if you do not already have one—it **doesn't have to be an MHCC email address**. Mt. Hood Community College's Admissions, Registration and Records office will send all application notification by email. If email is not an option for you, please contact the Dental Hygiene admissions evaluator at 503-491-7341.

It is your responsibility to set your "spam filter" system to accept mail addresses containing @mhcc.edu. Do this even if you are currently receiving emails from MHCC. **We cannot be responsible for notices which are not received due to spam or junk mail handling.**

This checklist must accompany your application materials. Due to the high volume of Dental Hygiene program applicants, candidates are not guaranteed notification of missing application items.

I understand it is the applicant's responsibility to ensure all items are received or postmarked by the application deadline and that only complete applications will be evaluated for admission. Furthermore, I have read and understand the admission requirements and procedures for application. I understand that withholding information or giving untruthful answers to questions on this application could be cause for non-acceptance or dismissal from the program.

Signature

Date



YEAR ONE – PREREQUISITE COURSE PLANNING SHEET

Student Name _____

Date _____

- Submit one official (in a sealed enveloped) transcript from every college or university ever attended. MHCC transcripts will be ordered and placed in the application packet – **DO NOT SUBMIT THEM.**
- For point assessment, only courses completed by the end of Fall term 2012 with a letter grade of “C” or better will be used. All science courses must be completed within the last 7 years (completed during or after 2006).

MHCC Dental Hygiene Prerequisites	Course	Term/Year	Grade	Credit	Institution
Required Coursework- Must be completed by the application deadline					
EXAMPLE	BI234	WI/11	A	4	MHCC
BI121 <u>OR</u> BI231 - Anatomy & Physiology I*					
CH104 - General, Organic and Biological Chemistry*					
Supporting Coursework					
BI121 <u>OR</u> BI232 - Anatomy & Physiology II*					
BI233 Anatomy & Physiology III*					
CH105 - General, Organic and Biological Chemistry*					
CH106 - General, Organic and Biological Chemistry*					
FN225 - Nutrition					
BI234 - Microbiology					
PSY201 - General Psychology					
SOC204 - General Sociology					
SP111 - Public Speaking					
WR123/227 - English Composition: Research/Technical Report Writing					
MTH095 or higher					

*or equivalent series

THIS FORM MUST BE FILLED OUT AND SUBMITTED AS PART OF A COMPLETED APPLICATION.

