

This application has been updated as of November 1, 2011

PRE-DENTAL HYGIENE COURSES AND REQUIREMENTS
Numbers 8 and 9 on page 4 has been revised

Seattle Central Community College

Dental Hygiene Program

Application Procedures

For

Fall 2012

SEATTLE CENTRAL COMMUNITY COLLEGE DENTAL HYGIENE PROGRAM APPLICANT PROCEDURES
2012-2013

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DENTAL HYGIENE PROGRAM INTRODUCTION APPLICANT PROCEDURES 2012-2013

The Seattle Central Community College Dental Hygiene Program is fully accredited by the ADA Commission on Dental Accreditation for Dental Hygiene. The program is a two-year, full-time course of study. The program progresses over seven continuous quarters, requiring at least one year of prerequisite studies for admission consideration. The Dental Hygiene curriculum emphasizes quality clinical dental hygiene practice and academic excellence. By mastering advanced clinical techniques, students completing the program are eligible to take the Dental Hygiene National Board Examination, and regional and state licensing examinations. Dental Hygienists are in significant demand in Washington, with many varied practice opportunities throughout the State. Excellent placement opportunities exist for program graduates.

The Seattle Central Community College Dental Hygiene Program is looking for students who are committed to the profession of dental hygiene. Before applying to our program, applicants should explore all facets of a dental hygiene career, which may include, but not be limited to, infection control, practice settings, and the law as it pertains to dental hygiene. Applicants are encouraged to apply to all dental hygiene programs in the region to enhance their chances of securing entrance in a dental hygiene program.

Please read the enclosed information carefully and follow the application procedures exactly. **YOU MUST MEET ALL DEADLINES AND SPECIFIC REQUIREMENTS IN ORDER TO BE CONSIDERED AS A QUALIFIED APPLICANT TO THE SEATTLE CENTRAL COMMUNITY COLLEGE DENTAL HYGIENE PROGRAM.** The Seattle Central Community College District does not discriminate on the basis of race, color, national origin, sex, sexual orientation, disability, or age in its programs and activities.

If you need more information please contact us by calling 206-934-4186, Email: scccdh@seattlecolleges.edu

PROGRAM ACCREDITATION STANDARDS--COMPLAINT POLICY

The Commission on Dental Accreditation will review complaints that relate to a program's compliance with the accreditation standards. The Commission is interested in the sustained quality and continued improvement of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students.

A copy of the appropriate accreditation standards and/or the Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago IL 60611 or by calling 1-800-621-8099 extension 2719.

OPTIONAL BACHELOR OF SCIENCE IN DENTAL HYGIENE

After completing their dental hygiene education with Seattle Central Community College, Registered Dental Hygienists are encouraged to acquire a Bachelor of Science (BS) Degree in Dental Hygiene through Eastern Washington University's (EWU) Degree Completion Program. However, acceptance into the program is not guaranteed upon graduation from the Seattle Central Community College Dental Hygiene Program. EWU offers the degree completion program at various sites throughout the State and brings solid academic reputation and commitment to the success of catering to the unique needs of Washington State Hygienists seeking a Baccalaureate Degree. Tuition for the program is very reasonable being a State institution. There are also other institutions that provide courses to obtain Bachelor of Science and MA /S degree.

The Program is tailored for the licensed dental hygienist and will not involve a clinical component. They focus on other roles, such as teaching, education, management, leadership, research, and advocacy. The curricula enable students in developing skills in the area(s) that most interest them. For more information, please contact EWU's Dental Hygiene Program Co-directors:

- Clark College Campus: Brenda Walstead, RDH, Med; bwalstead@ewu.edu, 360.992.2528
- Lake Washington Institute of Technology Campus: Merri Jones, merri.jones@ewu.edu
- Pierce College: Monica Hospenthal, RDH, Med, mhospenthal@ewu.edu, 253.964.6313

There are many other universities that offer a Bachelor of Science in Dental Hygiene. Please seek an advisor upon application to Seattle Central Community College Dental Hygiene Program about this option.

Disability Support Services

The role of the Disability Support Services Office is to provide physical and programmatic accommodations to persons with documented disabilities. This is carried out within the overall goals and mission Seattle Central Community College and Seattle Community College District's Policy and Procedure 387 [Reasonable Accommodations for Students with Disabilities](#). The Disability Support Services (DSS) Office offers consultation to faculty, staff, and classified employees of the college for the purpose of designing accommodations that provide equal access to otherwise qualified students regardless of age, gender, race, or sexual orientation.

To be eligible for disability-related services, students must have a disability as defined by the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973. Under the ADA and Section 504, a person has a disability if he or she has a physical or mental impairment that substantially limits one or more of the major life activities (walking, standing, seeing, speaking, hearing, sitting, breathing, and taking care of oneself).

At the Seattle Central Community College Campus, Disability Support Services is the designated office that obtains and files disability-related documents, certifies eligibility for services, helps determine academic adjustments, and consults for the provision of such accommodations. Academic adjustments are provided to ensure access to all community college courses, programs, counseling, activities, and facilities. Disability Support Services provides or arranges a variety of auxiliary services to the community college, such as interpreting services (District wide), assistive technology, exam modifications, and academic assistance. Auxiliary requests such as Brailing, books on tape are to be requested at least 6 weeks in advance. There may be a delay in services if less notification is given. Request for interpreting services with less than four weeks notice for on-going classes can result in delayed services. At least 3 business days are required for special requests/one time services. Therefore, all inquiries and requests from any student, faculty or staff member for interpreting services must be referred to the DSS Office of the college at which the class or activity is located. There phone number is 206.934.4183.

Disability support and services handbook can be found on the website
<http://www.seattlecentral.edu/disability-support/DSSHandbook.pdf>

Clinical & Community Health Rotation Sites

Program Location(s):	Community Health Rotation Sites
<i>Seattle Central Community College Dental Hygiene Program 1701 Broadway, Seattle, WA 98122 (206) 934-4186</i>	<i>Odessa Brown Children's Clinic Seattle Indian Health Board Dental Clinic Provail Dental Clinic DECOD Dental Clinic</i>
<i>Seattle Vocational Institute Clinical Site 2120 S. Jackson St. Seattle, WA 98144 (206) 934-4423</i>	
<i>Neighborcare Health Clinics</i> 1. <i>General Area Dental Clinic 2101 E Yesler Way Seattle, WA 98122 206.461.7801</i> 2. <i>Georgetown Dental Clinic 6200 13th Ave S Seattle, WA 98108 206.461.6943</i> 3. <i>Rainier Beach Dental Clinic 9245 Rainier Ave S Seattle, WA 98118 206.461.6981</i>	

PRE-DENTAL HYGIENE COURSES AND REQUIREMENTS

A background in the basic sciences, along with general education college courses, is essential to prepare a student to succeed in the Dental Hygiene Program. You may contact William Spence our Professional Technical Program Advisor at (206) 934-4188, to schedule an advising appointment to assist you in developing an educational plan. Please read all the information contained in this booklet and make a list of your questions to assist the Dental Hygiene Advisor. Assessment (COMPASS) test results are needed prior to the advising appointment.

Requirements:

1. All students who are interested in Seattle Central Community College should visit www.seattlecentral.edu and familiarize themselves with all SCCC academic, administrative, and student services prior to admission.
2. Apply to the college in the Admissions Office, room 1104B1. Bring Original high school (or GED) and college transcripts. If you are an international student, get verification of equivalent U.S. high school completion from the International Student Programs Office.
3. If testing is required to determine placement in English and Math, take the COMPASS test.
4. Attend a mandatory STARS session.
5. Advising appointments with an advisor familiar with the Dental Hygiene Program can be arranged by calling (206) 934-4188. Students should bring transcripts and specific questions to the appointment.
6. Students are admitted once a year in fall quarter.
7. Prospective dental hygiene students who are interested in entering the program need to successfully complete all of the prerequisite courses for the program with a preferred 2.5 grade or higher. You may repeat courses to improve your grade. Your most recent grade will be used for selection purposes. All science and math classes must be taken within the last five (5) years (see worksheet, page 12). If you have any questions, please email scccwf@seattlecolleges.edu. (Complete Application Worksheet.)
8. Prospective dental hygiene students **whose English is a second language** must provide results of the International English Language Testing System (IELTS) exam or the Test of English as a Foreign Language (TOEFL) on or before the application deadline. The overall score must be a score of 6.0 or higher. In addition, the speaking band must be no lower than a score of 6. If the applicant is a U.S. Citizen and has attended high school in the United States, the IELTS is not required.

TOEFL:	Minimum Score Before Admission
• TOEFL Internet-based	76
• TOEFL computer-based	207
• TOEFL paper-based	540
• International English Language Testing System (IELTS)	6.0

Exception: International students whose primary and secondary education took place in Australia, Canada, Great Britain, Ireland, New Zealand, India, or the U.S. are exempt from this requirement. Students who were born in one of these countries but were educated elsewhere, will still be required to satisfy the English proficiency requirement.

- Applicants who have not met the minimum English proficiency requirement by the application deadline or have not taken one of the English proficiency exams by the deadline will not be considered for admission.
 - Previous ESL coursework or English composition courses, even when taken in the United States, will not satisfy the English proficiency admission requirement.
 - An associate degree from a community college does not exempt applicants from submitting English proficiency exam scores. All applicants must submit official TOEFL or IELTS scores to be eligible for admission consideration.
 - Plan ahead to take the English proficiency exam. Do not delay taking the exam.
 - Official test scores. All exam scores must be sent directly from the testing agency. Score reports provided to the applicant (i.e. examinees' copies, student copies, high school copies, etc.) or photocopies of score reports will not be accepted.
 - English proficiency exam scores are only valid for two years from the original exam date. If scores are more than two years old, you will be required to take a new exam. Photocopies of previous exam scores will not be accepted.
9. Students must complete the prerequisite courses with a grade of 2.5 or above. Completion of prerequisites does not guarantee admission into the dental hygiene program. Admissions are a competitive process. All Prerequisites courses must be complete prior to fall admission (for 2012 application year, it is August 2012), AND, CHEM&121, ENGL&101 and three (3) other science and/or math courses, and three (3) non-science course must be complete before the application deadline in January of the year you intend to apply (but must be completed before entering the program and must be passed at a grade of 2.5 or higher):

- BIOL& 241 Human Anatomy & Physiology I
- BIOL& 242 Human Anatomy & Physiology II
- BIOL& 260 Microbiology
- CHEM& 121 Intro to Chemistry
- CHEM& 122 Intro to Organic Chemistry
- ENGL& 101 Composition I
- ENGL& 102 Composition II
- MATH& 107 Math in Society
- PSYC& 100 General Psychology
- NTR 150 Human Nutrition
- MIC 101 Optional for students with minimal or no computer skills only

These two courses listed below may be completed after applying to the program, but must be completed before entering the program and must be passed at a grade of 2.5 or higher.

- SOC& 101 Introduction to sociology OR ANTH& 206 Cultural Anthropology
- HUM 105 Intercultural Communication

** It is recommended that students with minimal or no computer skills take an introductory course in the use of computers, such as MIC 101, or complete the SAM test in the Testing Office, Room Number 1106. TEL: (206) 934-6344

If you have taken prerequisite classes at another college:

1. Bring official transcripts for courses taken at another college to the Admissions Office.
2. Complete an "Incoming Transcript Evaluation Request" Form. This can be done online refer to forms.
http://www.seattlecentral.edu/forms/Workforce_Eval_Form_B-191.pdf
3. All transcripts should be submitted before the deadline. (it takes about 8 weeks to complete evaluation process)
4. Seattle Central Community College Transcript Evaluator will mail notification to you as to which courses were transferred to SCCC. To be timely with the January 13, 2012 application deadline, you must submit your transcripts for evaluation by January 13, 2012.

Once courses are complete, either at SCCC or another college:

1. Apply to SCCC.
2. Meet with an SCCC Advisor. Bring all of your transcripts and evaluation results.
3. Students will go through the selection/review process. Twenty students will be selected for program entry each fall quarter. In addition, all other qualified students will be placed on an alternate list.
4. All students will be notified of their acceptance status. Students who are placed on the alternate list are ranked, and should stay in close contact with the Dental Hygiene Program Office if interested in remaining active applicants. If a candidate withdraws, alternate candidates will be contacted. Alternates must continue to complete any remaining prerequisites prior to entry into the program should they be contacted.
5. Prior to entry, all students must have a: National criminal background check, proof of CPR, /First Aid, HIV/AIDS training, TB testing, required vaccinations, dental and medical physical exams. HealthCare Provider CPR class must be valid for 2 years until you graduate. First Aid class should be valid for 3 years.

DENTAL HYGIENE PROGRAM APPLICATION PROCEDURES CALENDAR OF DEADLINES: January 13, 2012

The deadline for submitting a Seattle Central Community College Dental Hygiene Program Application for Admission is January 13, 2012. In addition, a \$35.00 nonrefundable processing fee must be paid with your transcripts and application documents. Please make check or money order payable to Seattle Central Community College. Please read the information below regarding other documents due by the dates indicated below. It is the applicant's responsibility to see that his/her file is complete and up-to-date. The procedures must be followed. Failure to comply will disqualify the applicant. All applicants must adhere to the deadlines to be considered in the applicant selection/review pool.

CRITICAL DEADLINE, JANUARY 13, 2012

- ☐ 1 Complete college Admission Application form <http://seattlecentral.edu/admissions/index.php> If you are not in the system yet. If you are current student or attended Seattle Community Colleges, you are not required to do so.
- ☐ 2 Incoming Transcript Evaluation Request Form for Dental Hygiene Program.
http://seattlecentral.edu/forms/Workforce_Eval_Form_B-191.pdf
- ☐ 3 Official transcripts of all post-high-school institutions attended. NOTE: Transcripts in sealed school envelopes sent with the college application or hand-carried in sealed school envelopes will be accepted. Please mail original transcripts to Seattle Central Community College Dental Hygiene Program, 1701 Broadway BE3210, Seattle, WA 98122 directly from the college or university. Specify that the transcript is for the Dental Hygiene program. Faxed copies of transcripts are not acceptable. Students completing their prerequisites at Seattle Central Community College must submit their SCCC transcripts to the Dental Hygiene Program. This applies to transcripts from American and Foreign schools. Attach a copy of each course's description from the school's official catalog completed outside of SCCC.
- ☐ 4 Letter of Recommendation from Employer (see Employer Recommendation Form, page 13)
- ☐ 5 Letter of Recommendation from Community Member (see Community Member Recommendation Form, page 14)
- ☐ 6 A current Dental Hygiene Observation Form (provided on page 16 of this packet) It is important for the prospective student to have firsthand knowledge of the dental hygiene profession and its working conditions. The minimum amount of observation time is a total of sixteen (16) hours. All forms must be no more than two years old.
- ☐ 7. The Dental Hygiene Applicant Essay (see page 16).
- ☐ 8. If applicable, submit the Dental Assisting and Office Experience Verification Form (page 17); submit a copy of your current ADAA (ADA, CDA) Certificate if you are certified.
- ☐ 9. Submit Dental Hygiene Application form with \$35.00 non refundable application fee (page 11)
- ☐ 10. **APRIL 16, 2012** International English Language Testing System (IELTS) result for students whose English is a second language.

Incomplete files will not be considered in the selection/review process. It is the applicant's responsibility to see that his/her file is complete and up-to-date, prior to established deadlines

REQUIREMENTS AFTER ACCEPTANCE INTO THE DENTAL HYGIENE PROGRAM PRIOR TO FALL ENTRANCE

Once an applicant has been accepted into the Dental Hygiene Program, the applicant will be required to complete the following prior to beginning the Fall Quarter of the first year. All medical examinations are to be completed at the student's expense.

1. Attend the scheduled one-day Orientation (separate from the S.T.A.R session) with the Dental Hygiene Program on the first day of class of Fall Quarter (September, 2012). Students will be provided information and issued supplies to prepare them for their Dental Hygiene education.
2. Complete and forward the results to the Dental Hygiene Department office before entering the program in fall quarter 2012. A physical examination (within six months prior to entering the Program) evaluating general and musculo-skeletal health. This examination must include previous or current injuries and conditions to hands and arms (i.e. carpal tunnel, tendonitis, fractures, etc.), shoulders, neck and back (including muscles, tendons, bones, and/or nerves). In addition, this physical examination must include laboratory tests and update of immunizations as recommended by the Centers for Disease Control and Prevention (CDC) or your health care provider. *Guidelines for immunizations, set by the CDC, are provided at the end of this section. Take these guidelines with you to your appointment to ensure that you receive the proper immunizations.*
3. A two-step PPD/Manitou screening test for Mycobacterium tuberculosis is required at the time of acceptance into the program and thereafter on an annual basis. This is not an immunization but a test of exposure to Mycobacterium tuberculosis.

NOTE: Students accepted into the Program who were born in a foreign country and received a BCG immunization for T.B. must contact the Dental Hygiene Department prior to going for a PPD test.

4. A vision/eye examination that includes an evaluation of depth perception. Students will be required to wear safety glasses during the performance of all lab and clinical activities/procedures. Students who wear prescription glasses should consult with the First Year Clinic Coordinator for acceptable eyewear options. Side shields are required on all safety glasses including personal prescription glasses. Some frame designs create difficulty in meeting this requirement.
 - a. A dental examination within the past 12 months. However, no dental prophylaxis after July 1 prior to entry into the program. Students will be provided a prophylaxis in January of their first year in the program. If you normally have your teeth cleaned more often than every 6 months, please discuss your schedule and needs with the First Year Clinic Coordinator.

REQUIRED IMMUNIZATIONS and TRAINING DOCUMENTS

- MMR: *Measles* (Rubeola), *Mumps*, and *Rubella* (German measles) may require booster doses based upon periodic titer tests of the antibody levels. Current booster doses are recommended at 10 year intervals, or more often when medically indicated.
- Oral Polio Vaccine (OPV): provides immunization against polio viruses 1, 2, and 3.
- TD/Tdap Tetanus, Diphtheria & Pertussis- At this time, Tdap is licensed for only one lifetime dose per person. TD is given every 10 years.
- Healthcare workers under 65 who have direct patient contact in hospitals or clinics should get a dose of T-dap.
- A 2-year interval since the last TD is suggested, but not required.
- Hemophilus Influenza B (HIB): now FDA approved in combination with DPT immunization.
- Hepatitis B Vaccine: immunization should begin within two (2) months of birth, with possible periodic booster doses. This is a recent addition to childhood immunization and booster dose recommendation. Further definition of this recommendation will be determined over time by the Center for Disease Control (CDC).
- Varicella Virus Vaccine: Chicken Pox, this vaccination is endorsed by the American Academy of Pediatric Physicians.
- First Aid: Current First Aid must be valid for the entire program.
- CPR: CPR-HealthCare Provider course card (is a Basic Life Support course for health care professionals)
- Valid for 2 years
- Seven (7) hours of WA State approved HIV/AIDS training

Students are required to have all immunizations prior to beginning their training. The cost for all vaccinations including HBV is the responsibility of the student. Ideally all doses will be completed prior to fall quarter of admission. A confirming test to determine immunity is encouraged after the second dose, and is required after the third dose.

All required immunizations must be current upon entrance into the Dental Hygiene Program. Any variations must be documented by a healthcare provider, indicating why the medication was not/will not be given.

Special Note:

The educational environment contains multiple latex products and exposure to potential blood borne pathogens and that all treatment conforms to current infection control standards as designated by the Centers For Disease Control (CDC) and the United States Occupational Safety & Health Administration (OSHA).

ESTIMATED COST OF THE PROGRAM

Approximate costs for the two-year (seven quarter) Dental Hygiene program, based on Washington State resident tuition rates are listed below. Prerequisite course expenses, room and board are not included. (Seattle Central Community College does not have dormitories.) **Please keep in mind that these costs are estimated and are subject to change.**

FIRST YEAR		SECOND YEAR	
<u>Fall Quarter: (19 credits)</u>		<u>Fall Quarter: (19 credits)</u>	
SCCC Tuition ^a	\$1,397.7	SCCC Tuition ^a	\$1397.79
SCCC Student Activity Fee	21	SCCC Student Activity Fee	21
SCCC Technology Fee	54	SCCC Technology Fee	54
SCCC Transportation Fee	10	SCCC Transportation Fee	10
SCCC Computer Lab Fee	42	SCCC Computer Lab Fee	42
Student ID Card	5	Instruments & Supplies	602
Instruments & Supplies (1 st year issue) ^b	3169	Books	115
Uniforms and Shoes (student choice)	350	Clinic Lab fee	450
Books	575	Clinic rotation instrument rental	300
Clinic Lab Fee ^c	450	Professional Association Dues	95
Professional Association Dues	95	Professional Liability Insurance	35
Liability Insurance	35		
CPR for Healthcare Providers & First Aid Training	120	Estimated Total	\$3121.79
Estimated Total	\$6323.70		
<u>Winter Quarter: (21credits)</u>		<u>Winter Quarter: (17 credits)</u>	
SCCC Tuition ^a (includes online Pathophysiology class)	\$1441.08	SCCC Tuition ^a	\$1267.56
SCCC Student Activity Fee	21	SCCC Student Activity Fee	21
SCCC Technology Fee	54	SCCC Technology Fee	54
SCCC Transportation Fee	10	SCCC Transportation Fee	10
SCCC Computer Lab Fee	42	SCCC Computer Lab Fee	42
Books	300	Books	0
Instruments and Supplies	3490	Clinic Lab fee ^c	450
Clinic Lab fee	450	WSDHA Symposium Registration and Activity Fee	105
WSDHA Symposium Registration Fee	75		
Magnification Loupes (optional)	900	Estimated Total	\$1949.56
Estimated Total (Does Not Include Magnification Loupes)	\$5883.08	<u>Spring Quarter: (15 credits)</u>	
		SCCC Tuition ^a	1180.80
		SCCC Student Activity Fee	21
<u>Spring Quarter: (18 credits)</u>		SCCC Technology Fee	54
SCCC Tuition ^a	\$1310.94	SCCC Transportation Fee	10
SCCC Student Activity Fee	21	SCCC Computer Lab Fee	42
SCCC Technology Fee	54	Books	0
SCCC Transportation Fee	10	Clinic Lab fee ^c	450
SCCC Computer Lab Fee	42		
Books	300	Estimated Total	\$1757.80
Clinic Lab fee ^c	450		
Estimated Total	\$2187.94	TOTAL TWO YEARS	
		(with in-state tuition ^a)	\$22,964.91
<u>Summer Quarter: (13 credits)</u>		<u>ADDITIONAL REQUIRED COSTS-</u>	
SCCC Tuition ^a	\$1094.04	National Board Exam Fee	\$360
SCCC Student Activity Fee	21	Western Regional Examining Board Fees	
SCCC Technology Fee	54	• Hygiene	\$1,100
SCCC Transportation Fee	10	• Restorative	\$425-530
SCCC Computer Lab Fee	42	• Anesthesia (includes contingency fee)	\$325-445
Books	70	WA State License Credentialing Application	\$100
Clinic Lab fee ^c	450	Dental Hygiene Drug and Law Exam	\$100
Estimated Total	\$1,741.04	Health Insurance (student choice)	\$100 +/- month
		<u>OPTIONAL COSTS</u>	
		Magnification Loupes (to be purchased in Winter Qtr/1 st Year)	900.00
		National Board Review Course Registration Fee (does not include lodging, transportation or per diem)	\$295-350

a. Tuition subject to change

b. Includes lab coats

c. Includes materials and maintenance costs

ALL COSTS ARE SUBJECT TO CHANGE THESE ARE ONLY ESTIMATES BASED ON CURRENT AVAILBLE PRICES

1. Resident tuition rates shown are for the 2011-2012 academic year and are subject to change by the state legislature. Non-resident (US citizen out-of-state, Immigrant, or Student Visa) tuition is \$245.60 per credit. All SCCC fees collected quarterly when tuition is due.
2. Additional instruments may be issued dependent upon technology and instrument advancements.
3. Costs do not include student purchase of masks and gloves and prices will vary based on student preference.

For information regarding fees for Bus Passes and Parking Permits. Please call Transportation Services at (206) 934-6932 or (206) 934-3202

FINANCIAL AID, SCHOLARSHIPS, AND LOANS

Students accepted into the Seattle Central Community College Dental Hygiene Program who is interested in information about financial aid, scholarships, and/or loans should contact the Financial Aid Office (206) 934-3844. Our Federal (Title IV) School Code is 003787. Deadlines are strictly adhered to, so students are encouraged to apply early.

Additional scholarship information is available only for accepted applicants:

Offered by:

- Washington State Health Professional Scholarship Program
<http://www.collegescholarships.org/states/washington.htm>

Any documents sent to your file at the Seattle Central Community College Admissions Office or the Dental Hygiene Program will become the property of Seattle Central Community College and the Dental Hygiene Program. Please keep copies of documents you wish to retain in your records.

SEATTLE CENTRAL COMMUNITY COLLEGE DENTAL HYGIENE CURRICULUM 2012-2013

Below is ONE POSSIBLE Pre-Dental Hygiene course sequence at Seattle Central Community College. Note: Most courses listed have prerequisites, which may vary at each college. This sequence has not included those required prerequisites; therefore, completion of Dental Hygiene prerequisites may take longer than one year.

FALL QTR		WINTER QTR		SPRING QTR		SUMMER QTR	
BIOL& 241	5cr	BIOL& 242	5cr	BIOL& 260	5cr	PSYC& 100	5cr
MATH& 107	5cr	CHEM&121	5cr	CHEM& 122	5cr	NTR 150	5cr
ENGL& 101	5cr	ENGL& 102	5cr	SOC& 101 or ANTH& 206	5cr	HUM 105	5cr
Total	15cr	Total	15cr	Total	15cr	Total	15cr
						<i>Total Pre-Dent Hygiene</i>	<i>60cr</i>

It is recommended that students with minimal or no computer skills take an introductory course in the use of computers, such as MIC 101 or the SAM test in SCCC's Testing Office, room 1108.

FIRST YEAR

FALL

Credits	Course #
4	DHY 100 Fundamentals of Dental Hygiene I
3	DHY 101 Clinical Dental Hygiene I
2	DHY 102 Health Promotion
4	DHY 103 Dental Radiology I
2	DHY 110 Head and Neck Anatomy
3	DHY 112 Dental Anatomy and Morphology
1	DHY 117 Emergency Management
19	

WINTER

Credits	Course #
2	DHY 104 Preventive Dentistry
2	DHY 105 Oral Biology
2	DHY 108 Periodontology I
3	DHY 109 Human Pathophysiology
3	DHY 113 Dental Radiology II
3	DHY 114 Restorative Practice and Materials I
2	DHY 120 Fundamentals of Dental Hygiene II
4	DHY 121 Clinical Dental Hygiene II
21	

SPRING

Credits	Course #
3	DHY 107 Pharmacology
4	DHY 118 Pain Control/ Anesthesia
3	DHY 119 Restorative Practice and Materials II
2	DHY 122 Oral Pathology
2	DHY 130 Fundamentals of Dental Hygiene III
4	DHY 131 Clinical Dental Hygiene III
18	

SECOND YEAR

SUMMER

Credits	Course #
2	DHY 200 Fundamentals of Dental Hygiene IV
8	DHY 201 Clinical Dental Hygiene IV
1	DHY 222 Community Health I
2	DHY 233 Restorative Practice and Materials III
13	

FALL

Credits	Course #
2	DHY 203 Ethics and Jurisprudence
2	DHY 208 Periodontology II
3	DHY 220 Fundamentals of Dental Hygiene V
8	DHY 221 Clinical Dental Hygiene V
2	DHY 223 Community Health II
2	DHY 234 Restorative Practice and Materials IV
19	

WINTER

Credits	Course #
2	DHY 215 Selective Populations
2	DHY 224 Community Health III
3	DHY 230 Fundamentals of Dental Hygiene VI
8	DHY 231 Clinical Dental Hygiene VI
2	DHY 235 Restorative Practice and Materials V
17	

SPRING

Credits	Course #
2	DHY 217 Community Clinical Rotation
2	DHY 236 Restorative Practice and Materials VI
1	DHY 238 Professional Issues
2	DHY 240 Fundamentals of Dental Hygiene VII
8	DHY 241 Clinical Dental Hygiene VII
15	

PREREQUISITE COURSE EQUIVALENCY: It is the applicant's responsibility to verify course equivalencies.

DENTAL HYGIENE APPLICATION FORM

Where do you hear our program from?

- ☐ School catalog
☐ Family & Friends
☐ Dental Hygiene students
☐ Dental Clinic
☐ College Website

Other: _____

Have you ever attended a Dental Hygiene Program?

☐ No ☐ Yes

School Name: _____

Date(s) Attended: _____

Are you U.S. Citizen? ☐ No ☐ Yes

U.S. High School Graduate? ☐ No ☐ Yes

IELTS is required if English is your second language,

And you did not complete U.S. high school and not U.S. citizen

IELTS Test Taken? ☐ No ☐ Yes Date _____

Submit IELTS Test Score ☐ No ☐ Yes

Are you in the Worker Retraining program? ☐ No ☐ Yes

Name _____ Date _____

S.I.D. _____ - _____ - _____

Address _____

City _____ State _____ Zip code _____

Phone (eve) _____ Phone (day) _____

E-mail _____ Cell Phone _____

A non-refundable application fee of \$35.00 must be paid before you can be placed on any Allied Health approved list.

(The \$35.00 fee and application form is required for each program).

The fee must be paid at Seattle Central Community College's Cashier's Office, located in room BE1104. Please present your application form to the cashier with your payment. Payment can be made by cash, check, and money order, VISA, Master Card or Discover. You must then submit your application form and receipt, showing the paid \$35.00 application fee, to the Division Office located in BE3210 in order to be placed on the approved list.

Cashier Note: Fee code: **AH**

Checks must be written for the exact amount and must be drawn on banks located in the United States. A handling fee of \$30.75 is charged for any returned checks.

Please use this worksheet to see if your math and science classes are more then 5 years limit. Five years counting from the time you took the course, till the day you apply Dental Hygiene program.

Student Name _____ Date _____

Cut Off Date Application Deadline for January 13, 2012 (incoming fall 2012) Math & Science 5 Years Current Prerequisites	MATH& 107 Math in Society <i>Put in Grade</i>	CHEM& 121 Intro To Chemistry (Science) <i>Put in Grade</i>	CHEM& 122 Intro to Organic Chemistry (Science) <i>Put in Grade</i>	BIOL& 260 Microbiology (Science) <i>Put in Grade</i>	BIOL&241 Human Anatomy & Physiology I (Science) <i>Put in Grade</i>	BIOL& 242 Human Anatomy & Physiology II (Science) <i>Put in Grade</i>
2011 Fall						
2011 Summer						
2011 Spring						
2011 Winter						
2010 Fall						
2010 Summer						
2010 Spring						
2010 Winter						
2009 Fall						
2009 Summer						
2009 Spring						
2009 Winter						
2008 Fall						
2008 Summer						
2008 Spring						
2008 Winter						
2007 Fall						
2007 Summer						
2007 Spring						
2007 Winter						

The courses below have no time limitation

Course Number	Course Name	Place Quarter Completed and Grade
NTR 150 (Science)	Human Nutrition	
ENGL& 101	Composition I	
ENGL& 102	Composition II	
PSYC& 100	General Psychology	
*HUM 105/ISP	Intercultural Communication	
*SOC& 101 or ANTH& 206	Intro to Sociology or Cultural Anthropology	
*Courses can be taken after application submission date; but prior to entry into the dental hygiene program.		

Dental Hygiene Employer Recommendation Letter

DUE: January 13, 2012

Dear Employer:

The Seattle Central Community College Dental Hygiene Program asks that our prospective dental hygiene students be observed and evaluated as they work in dental and/or in other work settings. We appreciate your time and effort in assessing students in your workplace. Our goal is that our applicants will be better informed regarding their chosen career path, and thus more successful in graduating and practicing as a dental hygienist should they enter and complete our program. Thank you for taking the time to give us your feedback on:

Prospective Student Name

PERSONAL CHARACTERISTICS	3	2	1
Rating Scale (<i>Please mark only 1 box with a √ or X</i>)	Excellent	Average	Low
1. This person has the ability to follow through on assigned tasks.			
2. This person has the attention to detail.			
3. This person has the ability to work as a team member.			
4. This person has the ability to communicate orally.			
5. This person has the ability to communicate in writing.			
6. This person has the ability to solve problems independently.			
7. This person has the ability to articulate her/his personal system of ethics.			
8. This person has the ability in organizing tasks.			
9. This person has the level of professionalism.			
10. This person has the ability to be punctual.			
11. This person has the level of competence using technology.			

Please give a short summary of your perception of this person to be successful in a dental hygiene program.

Name

Title/Relationship to prospective

Date

Dear Community Member (Persons who serve their community such as a pastor, in associations, in clubs, volunteer events, etc.)

The Seattle Central Community College Dental Hygiene Program asks for a recommendation from a member of our community. We appreciate your time and effort in completing the assessment. Please provide the feedback on the personal characteristics of:

Prospective Student Name

PERSONAL CHARACTERISTICS	3	2	1
Rating Scale (<i>Please mark only 1 box with a ✓ or X</i>)	Excellent	Average	Low
1. This person has the ability to follow through on assigned tasks.			
2. This person has the attention to detail.			
3. This person has the ability to work as a team member.			
4. This person has the ability to communicate orally.			
5. This person has the ability to communicate in writing.			
6. This person has the ability to solve problems independently.			
7. This person has the ability to articulate her/his personal system of ethics.			
8. This person has the ability in organizing tasks.			
9. This person has the level of professionalism.			
10. This person has the ability to be punctual.			
11. This person has the level of competence using technology.			

Please give a short summary of your perception of this person to be successful in a Allied Health program, to include: The Applicant's participation in community activities, the demographic characteristic of the community in which the applicant resides, and the applicant's interaction with people of diversity backgrounds.

Name

Title/Relationship to Prospective

Date

DENTAL HYGIENE OBSERVATION FORM

DUE: January 13, 2012

Dear Dental Health Care Practitioners:

The Seattle Central Community College Dental Hygiene Program asks that our prospective dental hygiene students observe each of the dental related procedures so that they may gain an understanding of dental and dental hygiene practices. We appreciate your time and effort in allowing students to observe you in your workplace. Our goal is that our applicants will be better informed regarding their chosen career path.

Please sign in the indicated spaces below. Total hours of observation must equal a minimum of 16 hours within the last two years prior to application. Each procedure listed below needs to be observed with a registered dental hygienist performing the procedure.

Applicant Name: _____ Student Identification Number _____ / _____ / _____

1. Observation of a dental hygienist performing initial therapy with anesthesia on an AAP Class III or greater.

Hygienist:

Date:

Date:

Tel #: ()

Total Hours:

2. Observation of restorative amalgam or composite procedures performed by a restorative dental hygienist. Exceptions allowed in states where this function is not performed by hygienists. Washington State dental hygienist perform restorative functions. *Option: may observe dentist.*

Hygienist:

Date:

Dentist:

Date:

Tel #: ()

Total Hours:

3. Observation of an entire recall prophylaxis appointment.

Hygienist:

Date:

Date:

Tel #: ()

Total Hours:

4. Observation of infection control procedures in a dental office to include: operatory set-up and breakdown, cleaning and sterilizing instruments.

Dental Practitioner (please provide title):

Date:

Date:

Tel #: ()

Total Hours:

MAIL TO: Seattle Central Community College
Dental Hygiene Department
1701 Broadway, 2BE 3210
Seattle, WA 98122

Note to Applicants: You need to schedule an appointment, thank the dental health care practitioners for the opportunity to observe them, and make sure you show up on time for your appointment. Wear appropriate attire and be aware of patient privacy.

In view of the changing focus of the healthcare professions, please respond in essay format of not more than approximately 2,000 words to the :

1. Part of the Seattle Central Community College mission statement is to increase diversity in the workforce. To what extent do you consider yourself appreciative of cultural diversity and how did you develop this attribute? (200-700 words).
2. Describe special skills, experience or education that will enable you to be successful in this program. Describe how you have benefitted from these or other activities or volunteerism. (200-700 words).
3. Why do you want to become a dental hygienist? What aspects of a career as a hygienist appeal to you and why? How might you plan on advancing your career (should you choose to do so)? What are you hoping for in the long term of your career? (200-700 words).

Please type your essay on 8 1/2 X 11" paper and use single spacing. Include your name on the top of the front page and the bottom of the last page of the essay.

APPLICANT'S NAME:

(Please print clearly) _____

Student Identification Number

____ / ____ / ____

Name of dentist or clinic in which you were employed _____

To Seattle Central Community College Dental Hygiene Program Applicants:

It is our goal to acknowledge your experience and commitment to the dental professions. Toward this goal, we award points based on work experience in a dental office. Additionally, dental assistants who have achieved and maintained an American Dental Assistant's Association (ADAA) CDA Certification will be awarded an additional point.

To verify an applicant's prior work experience, we require that all applicants wishing to receive credit in one or both of these categories provide the information requested below. For applicants submitting with ADAA (CDA) Certification, please attach a copy of your current ADAA (CDA) Certificate.

If you wish to submit work experience from more than one office, please copy this form and submit each signed form to the Seattle Central Community College Dental Hygiene Office.

Please read the descriptions below, indicate with an X in the boxes that most closely describe the nature of your work experience in a dental office:

Duties and tasks performed:	Routinely	Occasionally	Never
Expanded Function Dental Assistant (performs two or more tasks) All chairside functions noted below plus: temporary crowns, retraction cord placement, sealants, placement of matrices, etc.			
Chairside Dental Assistant 4 & 6 handed dentistry, manipulation of dental materials, rubber dam placement, exposing radiographs, child prophylaxis			
Limited Chairside Experience Oral evacuation and transfer of instruments			
Sterilization Assistant No chairside duties			
Dental Laboratory Technician No direct patient experience			
Front Office Reception and Clerical Experience No clinical duties			

By signature, the applicant verifies this to be accurate reflections of his/her work experience and the total hours worked in this position.

Applicant Signature: _____ Date: _____

Copy of ADAA (CDA) Certificate Attached: ☐ Yes ☐ NoGraduated from Dental Assistant Program: ☐ Yes ☐ No

By signature, the employing Dentist verifies this to be an accurate reflection of the applicant's work experience and the total hours worked in this position.

Work Experience Dates: from _____ to _____ Total hours _____ worked at this position.

DENTIST'S NAME (PRINTED): _____

Dentist's Signature: _____ Date: _____

Office Address: _____ Office Phone No. ____ / ____ / ____

FOR OFFICE USE ONLY: VERIFIED: ☐ YES ☐ NO DATE: _____ INITIALS: _____