



Application for admission to the
DENTAL HYGIENE PROGRAM

The program in Dental Hygiene is accredited by the American Dental Association Commission on Dental Accreditation and has been granted the accreditation status of approval without reporting requirements. The Commission is a specialized accrediting body recognized by the United States Department of Education. A copy of the accreditation standards and the Commission's policy on third party comments are available for review. The Commission can be contacted at 211 East Chicago Avenue, Chicago, Illinois 60611-2678 or telephone (312) 440-4653. The next program site visit by the Commission is planned for 2012.

Admission to the Dental Hygiene Program is selective and the number of admitted students is based on facilities constraints. Admission to the College **does not** guarantee admission to the Dental Hygiene Program. The selective admissions process is detailed on the Health Sciences and program websites available at www.austincc.edu/health and in related program brochures. Upon successful completion of the 2½-year curriculum, graduates are awarded the Associate of Applied Science Degree and eligible to take the national and regional examinations to become a registered and licensed dental hygienist.

Austin Community College does not discriminate on the basis of race, color, religion, sex, age, national origin, veteran status, or disability.

Applications to Health Sciences programs are NOT accepted without documentation of COMPLETED program immunization requirements. Copy of immunization form is available for print out at www.austincc.edu/health/immunizations.php or you may obtain a copy from the Health Sciences Admission Office.

Please Print or Type

Date of Application

Month	Day	Year
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Name

Last	First	Middle
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Address

Street		
Apt#		
City	State	Zip

Phone/Contact Information

Home ()	Alternate(s) ()
Email	

Social Security Number

[]	[]	[]	-	[]	[]	-	[]	[]	[]	[]	Date of Birth
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Please YES

NO	YES

Have you applied for the program in the past?
 If yes, were you qualified to be considered?
 Are you a graduate of an ADA accredited DA/DLT Program?
 Are you currently a DANB Certified dental assistant?

Provide the following information concerning your high school graduation or G.E.D. Certificate:

Please which one pertains to you.

High School Diploma

G.E.D. Certificate

Name of School

City & State

Provide the following information for **every** regionally accredited college, university, or vocational school you have attended in the past **OR** are currently attending. You **must** provide this information or your application will be considered incomplete. Please include Austin Community College in the table below if you are currently or have ever attended ACC.

Name of college/university	City	State	Dates attended		Area of Study and # of credit hours or Diploma or Degree Earned
			Mo/Yr	Mo/Yr	

If you have college level course work successfully completed outside of the United States, you **must** contact the Admissions and Records Evaluations Office (512) 223-7545 in order to have your course work considered for transferability.

This application may not reflect recent program changes. Please access the most up-to-date information on the Program's webpage through the link at www.austincc.edu/health.

I hereby certify the information contained in this application is true and complete to the best of my knowledge. I understand any misrepresentation or falsification of information is cause for denial of admission to the Dental Hygiene Program or expulsion from the College. I understand that information contained in this application will be read by faculty and/or staff of the Austin Community College Dental Hygiene Program and Health Sciences admissions personnel.

Signature of Applicant

Date

The deadline for submitting your complete admissions application is:

No later than the close of business on February 1st or the next business day, if the 1st falls on a weekend.

A complete admissions application packet includes the following—

- 1 Gain admission to Austin Community College.
All applicants must meet TSI (testing) requirements. Visit with an advisor to determine needs for ACC assessment testing.
Dental Hygiene requires the TSI status to be complete or exempt.
- 2 Documentation of COMPLETED program immunization requirements. The form is available for print out at www.austincc.edu/health/immunizations.php or you may obtain a copy from the Health Sciences Admission.
- 3 All applicants must complete a mandatory online Information Session at <http://www.austincc.edu/health/dhyg/infosession/introDental.php>.
Submit a copy of the Verification Form with application.
- 4 Submission—with this application—of all official, sealed college transcripts from colleges/universities attended **other** than Austin Community College. COLLEGE TRANSCRIPTS HAVE TO BE MAILED TO YOU – KEEP ENVELOPES SEALED AND INCLUDE THEM WITH THIS APPLICATION. Colleges **should not send** transcripts to the Department of Dental Hygiene or the Health Sciences Admissions Office.
Transcripts should include the fall semester's transcript immediately prior to February 1st, if applicable.
- 5 The completed *Dental Hygiene Program Observation Form* (page 4 of this application). If you have applied in the past and provided a completed observation form, then you have met this requirement.
- 6 DANB certification copy, if applicable. Must be current.

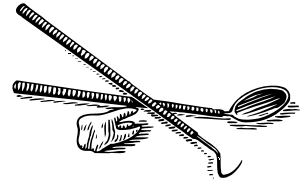
It is the applicant's responsibility to return the completed application to the Health Sciences Admissions Office at the Eastview Campus and assure that all supporting documents are on file by the February 1st deadline. The application may be returned in person or mailed. It is strongly encouraged if you mail the application, to pay for the additional service of a return receipt so that you know that the application arrived and who received it. Additionally it is the applicant's responsibility to keep his/her mailing address current with the Health Sciences Admissions Office as well as the ACC Admissions and Records Office.

PLEASE DO NOT FOLD THIS APPLICATION FORM.

The address for ACC Health Sciences Admissions is:

Austin Community College
Eastview Campus, Health Sciences
ATTN: Admissions, Dental Hygiene
3401 Webberville Road
Austin, Texas 78702
Phone: (512) 223-5700

Dental Hygiene Program Observation Form



Thank you for considering Austin Community College and our Dental Hygiene Program. We are committed to supporting the success of our students personally, educationally, and professionally. One way we can support your success is to introduce you to a dental team and the role of a dental hygienist. Therefore, as a part of the process to be considered for admission to the Dental Hygiene Program, you are required to observe some selected dental/dental hygiene procedures.

Here's what you need to do:

- Call a dental office or clinic and arrange a time to observe procedures detailed below. The procedures are commonly performed in a general practice setting. Some specialty offices may provide some procedures on a regular basis, however probably not all. For example, a periodontist's office rarely places dental fillings.
- Arrive on time for the observation and dress appropriately (wear clean and neat clothing, no tattered jeans or shirts).
- Observe the procedures listed below (or obtain your dentist employer's signature). Particularly, observe the role of the doctor, the dental hygienist, the dental assistant, and the front office staff.
- Obtain signatures and requested information from the dentist and the dental hygienist confirming your observations.
- If you have submitted a completed observation form with a previous Program application you do not have to do the observations again. HOWEVER call the Health Sciences Admissions office and confirm that we have the completed form on file (512) 223-5700.

Procedure	Common procedure code	Dental Hygienist's Name (printed)	Dental Hygienist Signature	License Number	Date observed
A routine dental cleaning	01110 - 1 appointment				
Procedure	Common procedure code	Dental Hygienist's Name (printed)	Dental Hygienist Signature	License Number	Date observed
Periodontal scaling case	04341 - 1 appointment				
Procedure	Common procedure code	Dentist's Name (printed)	Dentist Signature	License Number	Date observed
Some sort of restorative procedure**	Varies - 1 appointment				

** For example, you could observe the preparation and placement of a dental amalgam or tooth colored filling or the preparation for an inlay/onlay/crown. The goal is to witness at least part of the restorative process and the interaction between the doctor and the dental assistant.

OR

If you are employed in a dental setting or have worked for a dentist, you may ask your employer to confirm that you have witnessed the above procedures and have observed the dental practice environment.

Dentist Employer's Name (printed)	Dentist Employer Signature	DDS License Number	Dates of Employment