Carl Sandburg College of Nursing & Health Professions
Dental Hygiene Program - Application Checklist

Applicant Name:_____Student ID#:_____

All applicants interested in the Dental Hygiene program must have an advising appointment with a Dental Hygiene program advisor prior to applying to the program. Be sure to make an appointment early in the process. Complete **Steps 1-3** prior to appointment with the Dental Hygiene advisor.

1) _____ If you have never attended Carl Sandburg College, complete an application for general admission to the College and, if desired, apply for financial aid.

2) _____Send an official high school transcript or equivalent and any appropriate post-secondary educational institutions transcripts to the Admissions and Records Office.

3) _____Complete the college placement exam, if applicable.

4) _____Schedule an appointment and meet with the Dental Hygiene Program Advisor.

5) _____Student must have a minimum total of 18 points on the Dental Hygiene points calculation worksheet.

6) _____Submit scores for the ACT, SAT or TEAS test.

7) _____Submit proof of health care degree, certification or licensure in a health discipline, or service in a patient care setting, if applicable.

8) _____Complete Steps 1-6 prior to completing the Dental Hygiene program's online application. Complete the ONLINE Dental Hygiene Application and submit October 1 -February 15.

9) _____ Complete requirements a) or b) below.

a) Complete a college level Biology and a college level chemistry class with a grade of "C" or higher prior to the program start date.

_____ BIO 101 – General Biology or equivalent
_____ CHM 100 – Concepts of Chemistry or equivalent.

OR

b) Complete the following college level science classes with a grade of "C" or higher prior to the program start date.

_____ BIO 211 – Anatomy & Physiology 1
_____ BIO 212 – Anatomy & Physiology 2
_____ BIO 200 – Microbiology

10) _____Completed and signed Program Application checklist in the application file by the application deadline.

NOTE:

- All science courses must be less than 7 years old at the date of application.
- Meeting all eligibility criteria for selection does not guarantee admission to the program. We will consider for selection review only those applicants that submit the online program application, have met all eligibility and admission requirements, and have all required documentation in the application file by the application deadline.
- We evaluate all qualified applicants according to a point system that allows an objective means for selection ranking. Please refer to the program Dental Hygiene Points Calculation worksheet for ranking criteria.
- There are 30 seats in the program annually. Of the 30 seats available each year, spaces are reserved for Carl Sandburg College, Spoon River Community College, Black Hawk College, Southeastern Community College and Eastern Iowa Community College residents; any remaining seats are available to include other districts.
- Carl Sandburg College reserves the right to postpone the start of a program or cancel the program based on enrollment numbers, clinical site availability, and/or instructor availability.
- If an applicant has been convicted of a felony, he/she should consult the laws concerning licensure in the state or states in which he/she wishes to practice.
- This program requires CPR certification and Hepatitis B vaccination prior to entering dental hygiene classes. Details regarding this are presented at the mandatory meeting.
- If a student is unable to participate in and/or complete clinical/practicum/internship courses required for the program due to a positive drug test which includes marijuana, they are not eligible for a refund of any tuition, fees, or other expenses incurred while preparing for admission into the program and while enrolled in the program.
- Career and technical programs/ course are offered without regard to race, color, national origin, sex, sexual orientation, age, disability or status in any group protected by applicable federal, state or local law. Title IX Coordinator, Rick Eddy, 309.341.5234; Jacob Runge, 309.341.5262.

I have read and understand the details of this checklist. I understand all required application materials including a signed copy of this check list must be in my application file by the application deadline.

Applicant signature _____ Date: _____