



HOWARD COLLEGE

DENTAL HYGIENE

1001 Birdwell Lane • Big Spring, TX 79720 • (432) 264-5065 • Fax (432) 264-5630

It is the applicant's responsibility to:

1. Return the completed application by **February 1** to:

**Howard College Dental Hygiene
1001 Birdwell Lane
Big Spring, TX 79720**

It is strongly encouraged that you mail the application with a ***return receipt requested*** so that you know the application was received.

The completed application packet may be returned to the Dental Hygiene Department Office at the Big Spring campus, Horace Garrett Center, Room A19. Be sure that the packet is complete or it will not be accepted.

Please note: It is the ***applicant's responsibility*** to keep his/her mailing address current with the Howard College Admissions Office as well as the Howard College Dental Hygiene Program Office. The applicant also needs to keep the Howard College Dental Hygiene Program Office informed of his/her current email address.

Additional information on the web: <http://www.howardcollege.edu>

Then click "Come to HC" then "Health Professions Programs" and finally "Dental Hygiene"

**PLEASE DO NOT FOLD THIS APPLICATION FORM
NOR PUT IT IN A FOLDER OR BINDER OF ANY KIND**



The **DEADLINE** for submitting a **COMPLETE** Dental Hygiene application packet 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 Dental Hygiene application packet includes the following:

1. Gain admission to Howard College and submit a copy of the acceptance letter in the application packet. All applicants must meet TSI (testing) requirements. Visit with an advisor to determine needs for assessment testing. Dental Hygiene requires the TSI status to be complete or exempt.
2. **After January 1** complete the following:
 - a. Physical Examination of Applicant
 - b. Dental Examination of Applicant
 - c. TB Test
3. Please return the following **COMPLETED** paperwork **together** in one envelope. **DO NOT** fold application paperwork. Applications will be considered incomplete if all paperwork is not submitted together. **DO NOT** put your application in a folder or binder of any sort.
 - a. Application for Admission to the Dental Hygiene Program (Pages 1 & 2)
 - b. Submission of all official, sealed transcripts from colleges/universities attended including Howard College. ALL 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.** Transcripts should include the fall semester's transcript immediately prior to February 1st, if applicable.
 - c. Dental Examination (Page 3)
 - d. Copy of Immunization Records showing all required program Vaccinations as listed on Physical Examination.
 - e. Physical Examination (Page 4)
 - f. Dental Hygiene Observation Verification (Page 5)
 - g. Proof of Acceptance to Howard College.
 - h. DANB certification copy, if applicable. Must be current.
 - i. TSBDE registration copy, if applicable. Must be current.

Applicants will **ONLY** complete a **Criminal Background Check** when **REQUESTED TO DO SO** by the Dental Hygiene Department.

Once accepted to the Dental Hygiene program, you must have health insurance coverage in effect no later than August 1. For those who do not have health insurance, go to www.ejsmith.com.



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Application for Admission to the Dental Hygiene Program

Please Print or Type

HC ID# _____

Date of Application

Month	Day	Year
-------	-----	------

Name

Last	First	Middle	Maiden
------	-------	--------	--------

Address

Street			Apt.
City	State	Zip	County

Phone/Contact Information

Cell ()	Alternate ()
Email	

Social Security Number

Date of Birth

Mark the appropriate box after each question:

- Have you applied to the program previously?
- Are you a graduate of an ADA accredited DA/DLT program?
- Are you currently a DANB certified dental assistant?
- Are you a dental assistant registered with TSBDE?

YES	NO

Provide the following information concerning your previous academic achievements.

Identify all degrees you have achieved:

- No degree achieved
- Associate Degree
- Bachelor's Degree
- Master's Degree
- Doctorate Degree

Other _____

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 Howard College in the table below if you are currently or have ever attended.

Name of college/university	City	State	Dates attended Mo/Yr to Mo/Yr	Areas of Study & # of credit hours or Diploma or Degree Earned

If you have college level course work successfully completed outside of the United States, you must contact the Admissions/Registrar’s Office (432) 264-5081 in order to have your course work considered for transferability.

Certain minimum physical abilities and characteristics are required in health sciences professions. Applicants are required to complete a physical examination.

This application may not reflect recent program changes. Please access the most up-to-date information on the Program’s Webpage.

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 after acceptance. I understand that information contained in this application will be read by faculty, staff, and administrators on the Selection Committee as necessary.

Signature of Applicant

Date



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Dental Examination of Applicant

1. Name: _____ Date of Exam: _____

2. Address: _____

3. City/State/Zip Code: _____

4. Dental Health Overall: Excellent Good Fair Other _____

5. Date of last prophylaxis: _____

6. Date of last radiographs: _____ Type Taken: _____

7. Remarks/Recommendations Regarding Dental Health:

Printed Name of Examining Dentist

Address

Signature of Examining Dentist

City/State/Zip Code

Telephone Number



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Physical Examination of Applicant

Name: _____ Date: _____

Address: _____ City/State/Zip: _____

Eyes: _____ Ears: _____

Nose: _____ Sinuses: _____

Tonsils: _____ Thyroid: _____

Skin: _____ Heart: _____

Lungs: _____ Abdomen: _____

Hernia: _____ Feet: _____

Varicose Veins: _____ Posture: _____

Spinal Curvature: _____ Reflexes: _____

Dizziness/Fainting: _____ Lymph Nodes: _____

Previous Surgery: _____

Allergies (drugs/latex): _____

TB X-ray **or** Skin Test (**Circle One**) Date Taken: _____ Date Read: _____ Result: _____

Vaccinations:

- 1. Hep. B Date _____
- 2. Varicella Date _____ **or** Verification for history of disease.
 - a. by doctor: Date of disease: _____
 - b. By Parent: Written Statement
- 3. Measles Date _____
- 4. Mumps Date _____
- 5. Rubella Date _____
- 6. T-dap Date _____
- 7. Influenza Date _____ (Optional)
- 8. Meningitis Date _____

Printed Name of Examining Physician

Address

Signature of Examining Physician

City, State, Zip Code

Telephone Number



Dental Hygiene Observation Verification

Applicant's Name _____

Howard College Dental Hygiene is committed to providing an educational experience enriched by personal and professional growth; therefore, the application process begins with an introduction to the role of the dental hygienist within the dental team. To be considered for acceptance, you must complete 30 hours of observation of a Registered Dental Hygienist.

Here is what you need to do:

- Call a dental office or clinic and arrange a time to observe the registered dental hygienist. Dental hygiene procedures are commonly performed in a general practice setting (adult or pedo practice) that employs a registered dental hygienist.
- Arrive on time for the observation and dress appropriately (wear clean and neat clothing, no tattered jeans or shirts).
- Observe the daily practice of dental hygiene via a Registered Dental Hygienist.
- Obtain the signature from the Registered Dental Hygienist confirming your observations. If you observed more than one Registered Dental Hygienist, please obtain signatures of all RDH that was observed, for a total of 30 hours.

Note: If you have previously applied to the dental hygiene program and we have a copy of your completed 30-hour observation form, signed by a Registered Dental Hygienist, you are not required to complete another form for re-application to the program. You will need to call and confirm that a completed form is in your file. (432)-264-5065 or (432)-264-5172

RDH Name (Printed)	RDH Signature	<i>RDH</i> License #	Dates of Observation Times of Observation From To

RDH Name (Printed)	RDH Signature	<i>RDH</i> License #	Dates of Observation Times of Observation From To

RDH Name (Printed)	RDH Signature	<i>RDH</i> License #	Dates of Observation Times of Observation From To

If you are employed in a dental setting or have worked for a dentist (at least the required number of observation hours), you may ask your employer to confirm your employment by completing the information below.

Dentist Employer's Name (Printed)	Dentist Employer's Signature	<i>DDS/DMD</i> License #	Dates of Employment From To