



DENTAL HYGIENE

BACHELOR OF APPLIED SCIENCE

STATEMENT OF INTENT

Name _____ SID # _____ Other name(s) _____

Mailing Address _____

Day Phone # () _____ Evening/Other Phone # () _____ E-mail _____

1. WHAT IS YOUR GOAL FOR ENTRY INTO THE DENTAL HYGIENE PROGRAM? Fall 20_____

2. APPLICATION REQUIREMENTS

TO BE ELIGIBLE FOR SELECTION, STUDENTS MUST COMPLETE THE FOLLOWING:	
<input type="checkbox"/>	Complete the Clark College Application for Admission and Dental Hygiene Statement of Intent forms. Return them to Enrollment Services with the non-refundable fees: \$25 for the admission application fee for students new to Clark; \$50 for the program application fee (note: all fees subject to change).
<input type="checkbox"/>	Submit official college transcripts from ALL colleges attended and send updated official transcripts each term.
<input type="checkbox"/>	Obtain a minimum applicable AND science GPA of 2.60 for all prerequisite coursework. Students must earn a grade of "C" (2.0) or higher in each preliminary required course to be eligible for selection.
<input type="checkbox"/>	Application materials must be received by January 8th to be considered for selection. Coursework may be in progress at the time of application, but no more than 10 credits of preliminary required coursework can remain at the time of application to qualify for selection into the following Fall class. All requirements must be completed by the end of the Spring quarter.
<input type="checkbox"/>	**It is the applicant's responsibility to ensure the application is complete; it is recommended that students submit the application in its entirety as one packet to Enrollment Services.

For complete information about the program, refer to the Dental Hygiene website:

www.clark.edu/dentalhygiene

3. PRELIMINARY REQUIREMENTS

Please indicate your intentions for taking any remaining preliminary requirements each of the following terms:

FALL _____ YES <input type="radio"/> NO <input type="radio"/>	WINTER _____ YES <input type="radio"/> NO <input type="radio"/>	SPRING _____ YES <input type="radio"/> NO <input type="radio"/>	SUMMER _____ YES <input type="radio"/> NO <input type="radio"/>
<i>List Courses:</i>	<i>List Courses:</i>	<i>List Courses:</i>	<i>List Courses:</i>
COLLEGE:	COLLEGE:	COLLEGE:	COLLEGE:

4. LIST OF COLLEGES ATTENDED:

Please list ALL colleges. If needed, list additional institutions on a separate piece of paper and include with application.

COLLEGE NAME	DATES OF ATTENDANCE	NAME LISTED ON TRANSCRIPT
	____/____ to ____/____	
	____/____ to ____/____	
	____/____ to ____/____	
	____/____ to ____/____	

5. CURRENT EMPLOYMENT (PAID AND/OR VOLUNTEER; *Optional*) - NOTE: If you have accumulated community service/volunteer hours to be considered for points purposes, complete the "Community Service/Volunteer Hours" form for consideration and submit it with your application materials.

EMPLOYER: _____

EMPLOYER: _____

DATES EMPLOYED: _____

DATES EMPLOYED: _____

HOURS PER WEEK: _____

HOURS PER WEEK: _____



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PLEASE INDICATE YOU HAVE READ AND ARE AWARE OF THE FOLLOWING ADDITIONAL REQUIREMENTS FOR PROGRAM ENTRANCE BY PLACING YOUR INITIALS IN THE SPACES PROVIDED:

_____ In order to participate in this program, students must be able to perform standard technical requirements. Students must be able to meet communication, physical and mental requirements necessary to ensure the safe performance of hygienist responsibilities.

_____ Admission to the program may be contingent upon the applicant verifying his or her ability to perform the established technical standards of the program with or without reasonable accommodation. (Please reference the disability statement in the online Dental Hygiene handbook for additional information.)

_____ It is strongly recommended that all applicants observe closely the activities of those practicing in the profession in order to more fully understand the technical requirements of the program.

_____ The program requires a 40-hour per week commitment from students for classes and clinical rotations. Reliable transportation is an important consideration. Clinical assignments may be offered at times other than traditional clinical hours, such as evenings (other than Monday-Friday, 5:00am-7:00pm) and/or weekends.

_____ Students enrolled in clinical courses are required to complete a comprehensive Criminal Background Check. Students should be aware that certain convictions may prevent clinical placement and employment, and that completion of this program does not guarantee certification, licensing or employment.

_____ Please be aware that applicants who have failed or been dismissed from a limited entry program will not receive admission into the Clark College Dental Hygiene program.

_____ I understand that upon acceptance there is a \$300 non-refundable deposit.

_____ I have provided all transcripts from every college that I have attended (other than Clark College).

_____ I have reviewed the program requirements on the Clark College website. I am aware of entrance requirements, selection processes, required immunizations, criminal background check requirements, and all other specific program information. I am aware that if selected into the program, clinical sites may require drug screening. I am aware that completion of pre-entrance requirements does not guarantee entrance into the program.

_____ I understand that any misrepresentations or false statements on this application will be subject to the Clark College and program code of conduct disciplinary procedures.

Signature

Print Name

Date

To mail or fax this application, please send to:

Clark College-Enrollment Services
Attn: Health Occupation Admissions
1933 Fort Vancouver Way
Vancouver, WA-98663
FAX: 360-992-2876