Dear Dental Hygiene Applicant:

Thank you for applying to the Dental Hygiene Program at Iowa Central Community College. In order to be considered for the 2013 Dental Hygiene Program you must apply to Iowa Central and indicate Dental Hygiene as your major, then complete the enclosed application packet and submit all of the required documentation together in an individual envelope by March 1, 2013. **Failure to include all of the required information will affect consideration for the program.** Your completed application packet should include documentation of the following information:

- Assessment Scores (Unless taken at Iowa Central)
- Unofficial copies of College Transcripts (Unless taken at Iowa Central)
- Dental Hygiene Application
- Dental Hygiene Application Essay
- Letter of Recommendation (may be directly mailed to the college attention to Dental Hygiene)
- Work or Volunteer Experience Verification Form
- Job Shadow Verification Form

To insure consideration for the Dental Hygiene Program, application packets must be post-marked by **March 1, 2013.** It is the students’ responsibility to make sure their transcripts are recorded by the registrar’s office; the application packet is complete and has been received prior to the deadline. Please submit the completed packet to:

Iowa Central Community College  
Health Science Office-Dental Hygiene  
Attention: Emily Benjamin  
One Triton Circle  
Fort Dodge, IA 50501

The Dental Hygiene Program is a limited enrollment program, and completion of the pre-requisites and/or minimum requirements does not guarantee acceptance into the program. This is a competitive program, with an emphasis placed on academic performance, knowledge and experience of the health field, and the determination to succeed.

Thank you for considering Iowa Central and if you have any questions concerning the application process for the Dental Hygiene Program feel free to contact me at either 515-574-1335, 1-800-362-2793 ext. 1335, or piper@iowacentral.edu

Sincerely,

Renee Piper, RDH, MA  
Dental Hygiene Program Coordinator
# Iowa Central Community College
## Dental Hygiene Application

Application deadline is March 1, 2013
Please complete all information. Please type or print clearly using black ink only.

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>_______ - _______ - _______</th>
</tr>
</thead>
</table>

**Name**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Maiden</th>
</tr>
</thead>
</table>

**Address**

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**Home Phone** ( _____ ) _________________

**Alternate Phone** ( _____ ) _________________

**Email**

---

*Students will be notified by mail no later than April 1, 2013 of their status in the program.*

**High School(s)**

________________________________________________________________________________

**Graduation Date (Month/Year)** ________________________________

**Cumulative GPA** ____________

**GED Test Date (Month/Year)** ________________________________

**GED Test Score** ____________

*Please include a copy of either your high school transcripts or GED scores. Official transcripts are required.*

## Post-Secondary Education

<table>
<thead>
<tr>
<th>Iowa Central Community College</th>
<th>IA</th>
<th>Dates Attended</th>
<th>Degree(s) Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>College</td>
<td>State</td>
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</tbody>
</table>

*Please include copies of transcripts from all colleges attended, unless college courses were taken at Iowa Central Community College.*

Official transcripts are required.

Revised 10/12
Iowa Central Community College
Dental Hygiene Application

Minimum Requirements for Application
The following criteria are required for consideration for acceptance into the Iowa Central Dental Hygiene Program. If a student does not meet both of the requirements below (high school GPA and Assessment Scores) they will not be considered for the program until they have completed specific college courses and/or re-taken the appropriate assessment test(s). All test scores are valid for three (3) years. Please contact the health science office if you have questions regarding your status.

High School Diploma or Equivalent
High School GPA 2.5
GED Scores 550

Assessment Scores
ACT - 18 English 18 Math 18 Reading
SAT - 430 Verbal 430 Math NA
Compass - 65 Writing 430 Math 80 Reading
Asset - 40 Writing 40 Math 40 Reading

*Applicants must submit a copy of their ACT, SAT, Asset, or Compass test, unless taken at Iowa Central Community College (Asset/Compass only). Only one test is required, however applicants who have taken a test more than once, or have taken different tests, are encouraged to send in as many different tests as they would like. The highest scores will always be used for evaluation. Only test scores within three years of a class start date are considered for placement.

Letters of Recommendation
Applicants are required to submit the two included recommendation forms. They must be signed and in a sealed envelope with a matching signature across the seal. Please include the recommendation forms with the rest of the application, or mail them to Emily Benjamin, Dental Hygiene, One Triton Circle, Fort Dodge, Iowa 50501.

Completion of Prerequisites
Students must submit proof of their enrollment in/or successful completion of these classes with a “C” or better, prior to the application deadline.

BIO-168 Human Anatomy & Physiology I w/lab
BIO-173 Human Anatomy & Physiology II w/lab
CHM-110 Introduction to Chemistry Lab
CHM-111 Introduction to Chemistry

Licensure Requirements
Dental Hygiene is a licensed profession. Applicants for licensure are asked if they have ever been charged, convicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime. A prior criminal history or record or habitual use of drugs or intoxicants can be grounds for licensure or licensure registration denial.

Licensure Requirements
All students starting the Dental Hygiene Program must complete a Criminal Record/Child and Adult Abuse Check prior to attending clinical. Background check forms will be distributed at the orientation to those students who have been accepted into the Dental Hygiene Program.

The Dental Hygiene Program at Iowa Central Community College is a limited enrollment program.

Applicant’s Signature ____________________________ Date ____________________________
Iowa Central Community College
Dental Hygiene Program of Study

Please mark any of the courses below you have completed or are currently enrolled in.

**Prerequisites**

1. Human Anatomy and Physiology I w/lab
   - Enrolled Spring 2013
   - Enrolled Summer 2013
   - Completed

2. Human Anatomy and Physiology II w/lab
   - Enrolled Spring 2013
   - Enrolled Summer 2013
   - Completed

3. Introduction to Chemistry
   - Enrolled Spring 2013
   - Enrolled Summer 2013
   - Completed

4. Introduction to Chemistry Lab
   - Enrolled Spring 2013
   - Enrolled Summer 2013
   - Completed

5. Microbiology
   - Enrolled Spring 2013
   - Enrolled Summer 2013
   - Completed

**General Courses**

1. Composition I*
   - Enrolled Spring 2013
   - Enrolled Summer 2013
   - Completed

2. Introduction to Psychology*
   - Enrolled Spring 2013
   - Enrolled Summer 2013
   - Completed

3. Fundamentals of Oral Communication*
   - Enrolled Spring 2013
   - Enrolled Summer 2013
   - Completed

4. Sociology*
   - Enrolled Spring 2013
   - Enrolled Summer 2013
   - Completed

5. Introduction to Organic & Biochemistry*
   - Enrolled Spring 2013
   - Enrolled Summer 2013
   - Completed

6. Introduction to Organic and Biochemistry Lab*
   - Enrolled Spring 2013
   - Enrolled Summer 2013
   - Completed

Please forward an official transcript to the registrar if the above courses were completed at an institution other than Iowa Central Community College. Please include an unofficial/copy of the transcripts in this packet. No points will be awarded if we do not have documentation of the courses completed.

*It is highly recommended that the general courses are taken prior to entry into the Dental Hygiene program.
Please list all previous work experience you have had in the health field, beginning with the most recent. All areas on this form must be completed for each position held or you will not be given credit for your work/volunteer experience. If you have no previous work experience in the health field, we recommend 15 hours of voluntary work in a health care facility. Voluntary positions should also be included when completing this form, please note which positions were on a voluntary basis.

Dates of Employment: From ____________________________ To ____________________________
Name of Facility ____________________________ Number of Hours Worked ____________________________ (specify total or per week)
Phone Number ____________________________ Supervisor ____________________________

Briefly describe your job responsibilities:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Dates of Employment: From ____________________________ To ____________________________
Name of Facility ____________________________ Number of Hours Worked ____________________________ (specify total or per week)
Phone Number ____________________________ Supervisor ____________________________

Briefly describe your job responsibilities:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Dates of Employment: From ____________________________ To ____________________________
Name of Facility ____________________________ Number of Hours Worked ____________________________ (specify total or per week)
Phone Number ____________________________ Supervisor ____________________________

Briefly describe your job responsibilities:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
1. What stimulated your interest in the field of dental hygiene?

2. What is the role of a dental hygienist in the assessment and treatment of patients?

3. Explain the different career options available to a dental hygienist.

4. Describe your short and long term professional goals.

5. Describe your strengths and weaknesses.

6. Describe your personal characteristics and life experiences you feel will contribute to your success as a student and professional dental hygienist.

7. List all research resources used
   a. Research should include a minimum of 2 sources cited in APA format or MLA format
   b. Possible sources to use: books, internet sources, professional magazines, or personal interviews
      (must include name of individuals interviewed)
Iowa Central Community College
Job Shadow Instructions

Job shadowing has become an important part of the educational process. Career decisions are never easy and job shadowing allows you to explore fields that interest you, to determine if it is something you would like to learn more about. Shadowing a dental hygienist in an office setting lets you spend one-on-one time with the professional to answer any questions about what it means to work in dental hygiene.

Job shadowing is so beneficial to potential students that its importance has made it become a mandatory requirement to apply for the Iowa Central Dental Hygiene Program.

Four hours of job shadow will be awarded for being a patient in the Dental Hygiene Clinic. Please bring your form to be signed.

Past applicants need not repeat job shadowing. Contact Emily Benjamin to receive a copy of your previous job shadowing experience record.

Personal Grooming and Dress Code
While shadowing at any dental office please exhibit dress that is appropriate. Modesty shall guide the choice of clothing, including style, skirt length, and style of shirts and blouses. Exposed midriffs are not permitted. Comfortable shoes are suggested as you will be doing a lot of walking or standing.

Blue jeans and shorts are not permitted, dental employees do not wear them, so the same is asked of job shadowing students. It is preferred that t-shirts with logos not be worn; solid colors, stripes, or patterned t-shirts are acceptable, shirts with collars are preferred.

If you have any extra body piercings on exposed areas such as the tongue, eyebrow, and/or nose, they need to be removed while job shadowing. Visible tattoos are not permitted. Please cover with long sleeves or socks.

Do not use your cell phone for any reason, do not text message.

Please remember that the dental office is a health care facility and all observations are granted by the dentist and the client. It is extremely important to follow all directions given and to observe strict confidentiality in all experiences with clients.

Please, thank the dentist, client and hygienist for the experience. Have the office fill out the Job Shadow Evaluation form and return to the Dental Hygiene Program.
Applicant’s Name

Location One

The above named applicant has spent __________ hours shadowing in the office/clinic at __________________________. Name of Dental Office

The applicant has observed the following procedures:

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

____________________________________  ____________  ( ______ )  ___________________________

____________________________________

Location Two

The above named applicant has spent __________ hours shadowing in the office/clinic at __________________________. Name of Dental Office

The applicant has observed the following procedures:

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

____________________________________  ____________  ( ______ )  ___________________________

____________________________________

If you have visited more than 2 locations please make copies of this page for documentation
Iowa Central Community College
Job Shadow Evaluation Form

This form is a survey to be filled out by the RDH and/or DDS to evaluate the professionalism of the student who had the job shadow experience.

5-strongly agree  4-agree  3-undecided  2-disagree  1-strongly disagree

Student Name ________________________________________________________________

Practice Name __________________________ Location ___________________________

The student was friendly, polite and respectful. 5 4 3 2 1

The student asked pertinent questions 5 4 3 2 1

I would recommend this student to the program. 5 4 3 2 1

What did you like most about the student observing in your office?

What did you like least about the student observing in your office?

This form needs to be returned by March 1, 2013 to Emily Benjamin, Clinic Manager, Iowa Central Dental Hygiene, One Triton Circle, Fort Dodge, Iowa 50501

Thank you for your support of the program!

Revised 10/12
# Iowa Central Community College
## Job Shadow Evaluation Form

This form is a survey to be filled out by the RDH and/or DDS to evaluate the professionalism of the student who had the job shadow experience.

<table>
<thead>
<tr>
<th>5-strongly agree</th>
<th>4-agree</th>
<th>3-undecided</th>
<th>2-disagree</th>
<th>1-strongly disagree</th>
</tr>
</thead>
</table>

Student Name ________________________________________________________________

Practice Name ________________________________ Location _________________________

The student was friendly, polite and respectful. 5 4 3 2 1

The student asked pertinent questions 5 4 3 2 1

I would recommend this student to the program. 5 4 3 2 1

What did you like most about the student observing in your office?

What did you like least about the student observing in your office?

This form needs to be returned by March 1, 2013 to Emily Benjamin, Clinic Manager, Iowa Central Dental Hygiene, One Triton Circle, Fort Dodge, Iowa 50501

Thank you for your support of the program!
### Program of Study

#### Pre-requisites
<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Sem. Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIO-168</td>
<td>Human Anatomy &amp; Physiology I w/lab</td>
<td>4.0</td>
</tr>
<tr>
<td>BIO-173</td>
<td>Human Anatomy &amp; Physiology II w/lab</td>
<td>4.0</td>
</tr>
<tr>
<td>CHM-110</td>
<td>Introduction to Chemistry</td>
<td>3.0</td>
</tr>
<tr>
<td>CHM-111</td>
<td>Introduction to Chemistry lab</td>
<td>1.0</td>
</tr>
<tr>
<td>BIO-186</td>
<td>Microbiology with Lab</td>
<td>4.0</td>
</tr>
<tr>
<td></td>
<td><strong>Total Hours</strong></td>
<td><strong>16.0</strong></td>
</tr>
</tbody>
</table>

#### First semester
<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Sem. Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHY-174</td>
<td>Principles of Dental Hygiene</td>
<td>5.0</td>
</tr>
<tr>
<td>DHY-114</td>
<td>Dental Hygiene Anatomical Sciences</td>
<td>4.0</td>
</tr>
<tr>
<td>DHY-163</td>
<td>Radiology</td>
<td>3.0</td>
</tr>
<tr>
<td>DHY-121</td>
<td>Oral Histology &amp; Embryology</td>
<td>2.0</td>
</tr>
<tr>
<td>PSY-111</td>
<td>Introduction to Psychology*</td>
<td>3.0</td>
</tr>
<tr>
<td></td>
<td><strong>Total Hours</strong></td>
<td><strong>17.0</strong></td>
</tr>
</tbody>
</table>

#### Second Semester
<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Sem. Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHY-183</td>
<td>Dental Hygiene I Theory</td>
<td>2.0</td>
</tr>
<tr>
<td>DHY-184</td>
<td>Clinical Dental Hygiene I</td>
<td>3.0</td>
</tr>
<tr>
<td>DHY-140</td>
<td>General &amp; Oral Pathology</td>
<td>2.0</td>
</tr>
<tr>
<td>DHY-209</td>
<td>Periodontology</td>
<td>3.0</td>
</tr>
<tr>
<td>DHY-233</td>
<td>Preventative Dentistry/Nutrition</td>
<td>2.0</td>
</tr>
<tr>
<td>ENG-105</td>
<td>Composition I*</td>
<td>3.0</td>
</tr>
<tr>
<td></td>
<td><strong>Total Hours</strong></td>
<td><strong>15.0</strong></td>
</tr>
</tbody>
</table>

#### Third Semester
<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Sem. Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHY-179</td>
<td>Dental Hygiene II Theory</td>
<td>2.0</td>
</tr>
<tr>
<td>DHY-280</td>
<td>Clinical Dental Hygiene II</td>
<td>3.0</td>
</tr>
<tr>
<td>DHY-231</td>
<td>Dental Materials</td>
<td>1.0</td>
</tr>
<tr>
<td>CHM-130</td>
<td>Introduction to Organic &amp; Biochemistry*</td>
<td>3.0</td>
</tr>
<tr>
<td>CHM-131</td>
<td>Introduction to Organic &amp; Biochemistry lab*</td>
<td>1.0</td>
</tr>
<tr>
<td></td>
<td><strong>Total Hours</strong></td>
<td><strong>10.0</strong></td>
</tr>
</tbody>
</table>

#### Fourth Semester
<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Sem. Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHY-293</td>
<td>Dental Hygiene III Theory</td>
<td>2.0</td>
</tr>
<tr>
<td>DHY-292</td>
<td>Clinical Dental Hygiene III</td>
<td>5.0</td>
</tr>
<tr>
<td>DHY-256</td>
<td>Community Dentistry</td>
<td>2.0</td>
</tr>
<tr>
<td>DHY-132</td>
<td>Dental Pharmacology</td>
<td>3.0</td>
</tr>
<tr>
<td>SPC-112</td>
<td>Public Speaking*</td>
<td>3.0</td>
</tr>
<tr>
<td></td>
<td><strong>Total Hours</strong></td>
<td><strong>15.0</strong></td>
</tr>
</tbody>
</table>

#### Fifth Semester
<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Sem. Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHY-303</td>
<td>Dental Hygiene IV Theory</td>
<td>2.0</td>
</tr>
<tr>
<td>DHY-302</td>
<td>Clinical Dental Hygiene IV</td>
<td>5.0</td>
</tr>
<tr>
<td>DHY-253</td>
<td>Community Oral Health Rotation</td>
<td>1.0</td>
</tr>
<tr>
<td>DHY-265</td>
<td>Current Dental Hygiene Practice</td>
<td>2.0</td>
</tr>
<tr>
<td>SOC-110</td>
<td>Introduction to Sociology*</td>
<td>3.0</td>
</tr>
<tr>
<td></td>
<td><strong>Total Hours</strong></td>
<td><strong>10.0</strong></td>
</tr>
</tbody>
</table>

*Applicants are strongly encouraged to complete the 16 credits of Arts & Sciences classes prior to program entry.

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The program in dental hygiene is accredited by the 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. The Commission on Dental Accreditation can be contacted at (312) 440-4653 or at 211 East Chicago Avenue, Chicago, IL 60611.
Personal Reference Form

Pursuant to Public Law 93-380, all letters of recommendation written after January 1, 1975 are not considered confidential unless the applicant waives right of access.

The signature below constitutes a waiver of the applicant’s right of access to this recommendation should he/she be accepted into the Dental Hygiene program.

Signature: ___________________________ Date: ___________________________

If not signed by the author of this letter, this recommendation can be available to the applicant.

Iowa Central Community College prohibits discrimination and it its educational programs and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associated preference. Iowa Central Community College also affirms its commitment to providing equal opportunities and equal access to Iowa Central facilities. For additional information on nondiscrimination policies, contact the Special Populations Coordinator, (515) 574-1045, Iowa Central Community College, One Triton Circle, Fort Dodge, Iowa 50501.

The applicant named below has requested admission to the Dental Hygiene program at Iowa Central Community College. Your response to this inquiry will assist the Admissions Committee in assessing the applicant. The program’s faculty and administration believe these are important items to be considered along with other data in predicting the potential professional success of persons in health care clinical settings. Your candid appraisal of the applicant’s characteristics is vital to our evaluation and subsequent decisions. Your assistance is appreciated.

Applicant’s Name (please print): __________________________________________________________

How long have you known the applicant? ___________________________________________________

In what capacity do you know the applicant (supervisor, manager) __________________________

Please complete the following table by marking in the appropriate box.

<table>
<thead>
<tr>
<th>Responsibility: Ability and willingness to accept responsibility, complete tasks, honor commitments.</th>
<th>Exceptional top 2%</th>
<th>Above Average top 1/3</th>
<th>Average 50%</th>
<th>Below Average</th>
<th>Poor Below 1/3</th>
<th>Unable to Judge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitude: Displays positive actions and behaviors.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Problem-Solving: Takes initiative and has the ability to identify, confront, and solve problem situations.</td>
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<td>Honesty: Extent to which the candidate displays an ethical code of integrity.</td>
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<td>Motivation: Degree to which candidate applies self without prompting</td>
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<tr>
<td>Appearance: Extent to which professional standards of neatness or cleanliness are met.</td>
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<tr>
<td>Stress/Anxiety Response: Ability to handle or cope with stressful/anxious situations.</td>
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<tr>
<td>Interpersonal Relationships: Ability to interact &amp; communicate in a positive manner with coworkers, peers, etc.</td>
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<tr>
<td>Constructive Criticism: Ability to accept and handle positive and constructive criticism.</td>
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<tr>
<td>Verbal/Writing Skills: Ability to clearly express oneself.</td>
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<tr>
<td>Attendance Reliability:</td>
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<tr>
<td>Organizational Skills: Uses time wisely and prepares for upcoming events</td>
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<td></td>
</tr>
</tbody>
</table>

Form courtesy of University of Iowa
Please feel free to make comments explaining selections made in the previous table, as well as present additional information you believe would be relevant to this applicant’s pursuit of admission.

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Please check one of the following categories that best describes your overall rating of the candidate:

_____ Recommend with enthusiasm
_____ Recommend with confidence
_____ Recommend with reservations
_____ Do not recommend

Name of Evaluator (Please Print)  Signature of Evaluator       (date)

________________________________________  _______________________________________
Title/Position

________________________________________  _______________________________________
Address       Phone number can be reached at.

Thank you for your cooperation in evaluating this applicant.

When completed with the evaluation, enclose this form in an envelope and sign over the sealed portion to ensure confidentiality. Return it to the applicant or send to us at the address below.

Iowa Central Community College
Attn: Dental Hygiene applicant reference
One Triton Circle
Fort Dodge, IA 50501