2019 Dental Hygiene Program Application

IOWA CENTRAL COMMUNITY COLLEGE
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 2019 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, 2019. Please do not submit your application in a binder, folders, or page protectors. 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 within 3 years)
- Official copies of College Transcripts sent directly to Registrar’s Office
- Unofficial copies of College Transcripts (Unless taken at Iowa Central)
- Dental Hygiene Application
- Dental Hygiene Application Essay
- Personal Reference Forms (2) (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, 2019. 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: Lindsay Eslick  
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 515-574-1326, 1-800-362-2793 ext. 1326, or dewall@iowacentral.edu

Sincerely,

Cindy DeWall, RDH, BA, MEd  
Dental Hygiene Program Coordinator
Iowa Central Community College
Dental Hygiene Application

Application deadline is March 1, 2019
Please complete all information. Please type or print clearly using black ink only.

Social Security Number _______ - _______ - _______

Name __________________________________________
   Last   First   Middle   Maiden

Address __________________________________________
   Street   City   State   Zip

Home Phone (______) __________________________
Alternate Phone (______) _______________________

Email __________________________________________

*Students will be notified by mail no later than April 1, 2019 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 must be sent to Registrar’s Office.

Post-Secondary Education

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<th>College</th>
<th>State</th>
<th>Dates Attended</th>
<th>Degree(s) Earned</th>
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<td>Iowa Central Community College</td>
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*Please include an unofficial/copy of transcripts from all colleges attended with your application.
Send official transcripts to the Registrar at Iowa Central Community College for review.

Revised 10/18
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**
- ALEKS 20
- Compass (writing 65, reading 80, pre-algebra 39 or algebra 46)
- ACT scores of 18 in reading and English.

*Applicants must submit a copy of their ALEKS, ACT, or Compass test, unless taken at Iowa Central Community College (Asset/Compass only).* 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.

**Personal Reference Forms**
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 Lindsay Eslick, 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
- BIO-186 Microbiology w/Lab
- CHM-110 Introduction to Chemistry
- CHM-111 Introduction to Chemistry Lab
- CHM-130 Introduction to Organic and Biochemistry
- CHM-131 Introduction to Organic and Biochemistry Lab

**Background Check**
All students starting the Dental Hygiene Program may be required to 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.

**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 registration denial.

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

Applicant’s Signature ___________________________ Date ___________________________
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 2019
   - Enrolled Summer 2019
   - Completed
2. Human Anatomy and Physiology II w/lab
   - Enrolled Spring 2019
   - Enrolled Summer 2019
   - Completed
3. Introduction to Chemistry
   - Enrolled Spring 2019
   - Enrolled Summer 2019
   - Completed
4. Introduction to Chemistry Lab
   - Enrolled Spring 2019
   - Enrolled Summer 2019
   - Completed
5. Microbiology w/Lab
   - Enrolled Spring 2019
   - Enrolled Summer 2019
   - Completed
6. Introduction to Organic & Biochemistry
   - Enrolled Spring 2019
   - Enrolled Summer 2019
   - Completed
7. Introduction to Organic and Biochemistry Lab
   - Enrolled Spring 2019
   - Enrolled Summer 2019
   - Completed

**General Courses**
1. Composition I*
   - Enrolled Spring 2019
   - Enrolled Summer 2019
   - Completed
2. Introduction to Psychology*
   - Enrolled Spring 2019
   - Enrolled Summer 2019
   - Completed
3. Public Speaking*
   - Enrolled Spring 2019
   - Enrolled Summer 2019
   - Completed
4. Sociology*
   - Enrolled Spring 2019
   - Enrolled Summer 2019
   - 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.*
Iowa Central Community College
Health Related Work Experience Verification Form

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 or Volunteer Experience: From____________________ To_____________________
Name of Facility_________________________________ Number of Hours Worked______________________
Phone Number_________________________________ Supervisor_____________________________________
Briefly describe your job responsibilities: __________________________________________________________
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Revised 10/18
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.
   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 allows you to 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 it’s importance has made it become a mandatory requirement to apply for the Iowa Central Dental Hygiene Program. Please remember that job shadowing is for observing ONLY! You are not to participate in ANY office duty!

Up to 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 Lindsay Eslick to request a copy of your previous job shadowing experience record be put with your new application. Job shadowing experience must be within two years of current application.

Personal Grooming and Dress Code  
While shadowing at any dental office please exhibit dress that is appropriate. Professional attire 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:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Signature of Dental Hygienist __________ Date __________ ( ____ ) Telephone Number of Clinic __________________

Printed Name of Dental Hygienist

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:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Signature of Dental Hygienist __________ Date __________ ( ____ ) Telephone Number of Clinic __________________

Printed Name of Dental Hygienist

If you have visited more than 2 locations please make copies of this page for documentation

Revised 10/18
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 __________________________________________________________ Date ______________________

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, 2019 to Lindsay Eslick, Clinic Manager, Iowa Central Dental Hygiene, One Triton Circle, Fort Dodge, Iowa 50501

Thank you for your support of the program!
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

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Thank you for your support of the program!
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. This should be signed by the person writing the recommendation only if they do not want the student applicant to have access to this recommendation.

Signature __________________________ Date ____________

If not signed, this recommendation can be available to the applicant upon their request. 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 believes 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, instructor, etc.)? ______________________

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

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_____________________________________________________________________________________

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  Agency or Business of Evaluator

Address  Phone number

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. Please return to the applicant or send to the address below prior to March 1, 2019.

Iowa Central Community College
Attn: Dental Hygiene Applicant Reference
One Triton Circle
Fort Dodge IA 50501.

It is the policy of Iowa Central Community College not to discriminate on the basis of race, color, national origin, sex, disability, age (employment), sexual orientation, gender identity, creed, religion, and actual or potential parental, family or marital status in its programs, activities, or employment practices as required by the Iowa Code §§ 216.6 and 216.9, Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000d and 2000e), the Equal Pay Act of 1973 (29 U.S.C. § 206, et seq.), Title IX (Educational Amendments, 20 U.S.C. §§ 1681 – 1688), Section 504 (Rehabilitation Act of 1973, 29 U.S.C. § 794), Age Discrimination Act of 1975 (34 CFR Part 110), and Title II of the Americans with Disabilities Act (42 U.S.C. § 12101, et seq.). If you have questions or complaints related to compliance with this policy, please contact Kim Whitmore, Director of Human Resources, phone number 515-574-1138, whitmore@iowacentral.edu; or the Director of the Office for Civil Rights, U.S. Department of Education, Citigroup Center, 500 W. Madison, Suite 1475, Chicago, IL 60661, phone number 312-730-1560, fax 312-730-1576.
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<td>Uses time wisely and prepares for upcoming events</td>
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<tr>
<td>Organizational Skills:</td>
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<tr>
<td>Uses time wisely and prepares for upcoming events</td>
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</tbody>
</table>
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.

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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 __________________________________________________________________________________
Agency or Business of Evaluator __________________________________________________________________
Address _______________________________________________________________________________________
Phone number _________________________________________________________________________________

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. Please return to the applicant or send to the address below prior to March 1, 2019.

Iowa Central Community College
Attn: Dental Hygiene Applicant Reference
One Triton Circle
Fort Dodge IA 50501.

It is the policy of Iowa Central Community College not to discriminate on the basis of race, color, national origin, sex, disability, age (employment), sexual orientation, gender identity, creed, religion, and actual or potential parental, family or marital status in its programs, activities, or employment practices as required by the Iowa Code §§ 216.6 and 216.9, Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000d and 2000e), the Equal Pay Act of 1973 (29 U.S.C. § 206, et seq.), Title IX (Educational Amendments, 20 U.S.C. §§ 1681 – 1688), Section 504 (Rehabilitation Act of 1973, 29 U.S.C. § 794), Age Discrimination Act of 1975 (34 CFR Part 110), and Title II of the Americans with Disabilities Act (42 U.S.C. § 12101, et seq.). If you have questions or complaints related to compliance with this policy, please contact Kim Whitmore, Director of Human Resources, phone number 515-574-1138, whitmore@iowacentral.edu; or the Director of the Office for Civil Rights, U.S. Department of Education, Citigroup Center, 500 W. Madison, Suite 1475, Chicago, IL 60661, phone number 312-730-1560, fax 312-730-1576.

Form adopted from the University of Iowa
Iowa Community colleges have developed the following Core Performance Standards for all applicants to Health Care Career Programs. These standards are based upon required abilities that are compatible with effective performance in health care careers. Applicants unable to meet the Core Performance Standards are responsible for discussing the possibility of reasonable accommodations with the designated institutional office. Before final admission into a health career program, applicants are responsible for providing medical and other documentation related to any disability and the appropriate accommodations needed to meet the Core Performance Standards. These materials must be submitted in accordance with the institution’s ADA Policy.

<table>
<thead>
<tr>
<th>CAPABILITY</th>
<th>STANDARD</th>
<th>SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)</th>
</tr>
</thead>
</table>
| Cognitive-Perception | The ability to gather and interpret data and events, to think clearly and rationally, and to respond appropriately in routine and stressful situations. | • Identify changes in patient/client health status  
• Handle multiple priorities in stressful situations |
| Critical Thinking  | Utilize critical thinking to analyze the problem and devise effective plans to address the problem. | • Identify cause-effect relationships in clinical situations  
• Develop plans of care as required |
| Interpersonal     | Have interpersonal and collaborative abilities to interact appropriately with members of the healthcare team as well as individuals, families and groups. Demonstrate the ability to avoid barriers to positive interaction in relation to cultural and/or diversity differences. | • Establish rapport with patients/clients and members of the healthcare team  
• Demonstrate a high level of patience and respect  
• Respond to a variety of behaviors (anger, fear, hostility) in a calm manner  
• Nonjudgmental behavior |
| Communication     | Utilize communication strategies in English to communicate health information accurately and with legal and regulatory guidelines, upholding the strictest standards of confidentiality. | • Read, understand, write and speak English competently  
• Communicate thoughts, ideas and action plans with clarity, using written, verbal and/or visual methods  
• Explain treatment procedures  
• Initiate health teaching  
• Document patient/client responses  
• Validate responses/messages with others |
<table>
<thead>
<tr>
<th>CAPABILITY</th>
<th>STANDARD</th>
<th>SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)</th>
</tr>
</thead>
</table>
| Technology Literacy | Demonstrate the ability to perform a variety of technological skills that are essential for providing safe patient care. | • Retrieve and document patient information using a variety of methods  
• Employ communication technologies to coordinate confidential patient care |
| Mobility            | Ambulatory capability to sufficiently maintain a center of gravity when met with an opposing force as in lifting, supporting, and/or transferring a patient/client. | • The ability to propel wheelchairs, stretchers, etc. alone or with assistance as available                                    |
| Motor Skills        | Gross and fine motor abilities to provide safe and effective care and documentation | • Position patients/clients  
• Reach, manipulate, and operate equipment, instruments and supplies  
• Electronic documentation/ keyboarding  
• Lift, carry, push and pull (50 lbs. minimum)  
• Perform CPR |
| Hearing             | Auditory ability to monitor and assess, or document health needs           | • Hears monitor alarms, emergency signals, ausculatory sounds, cries for help                                             |
| Visual              | Visual ability sufficient for observations and assessment necessary in patient/client care, accurate color discrimination | • Observes patient/client responses  
• Discriminates color changes  
• Accurately reads measurement on patient client related equipment |
| Tactile             | Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature and texture | • Performs palpation  
• Performs functions of physical examination and/or those related to therapeutic intervention |
| Activity Tolerance  | The ability to tolerate lengthy periods of physical activity               | • Move quickly and/or continuously  
• Tolerate long periods of standing and/or sitting as required |
| Environmental       | Ability to tolerate environmental stressors                               | • Adapt to rotating shifts  
• Work with chemicals and detergents  
• Tolerate exposure to fumes and odors  
• Work in areas that are close and crowded  
• Work in areas of potential physical violence  
• Work with patients with communicable diseases or conditions |
# Dental Hygiene Program of Study

**Program of Study**

**Prerequisites**

<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>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>BIO-186</td>
<td>Microbiology with Lab</td>
<td>4.0</td>
</tr>
<tr>
<td></td>
<td><strong>Total Hours</strong></td>
<td>20.0</td>
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</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></td>
<td><strong>Total Hours</strong></td>
<td>14.0</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></td>
<td><strong>Total Hours</strong></td>
<td>12.0</td>
</tr>
</tbody>
</table>

**Third Semester**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Sem. Hrs.</th>
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</thead>
<tbody>
<tr>
<td>DHY-279</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-224</td>
<td>Dental Materials</td>
<td>1.0</td>
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<tr>
<td>ENG-105</td>
<td>Composition I*</td>
<td>3.0</td>
</tr>
<tr>
<td>PSY-111</td>
<td>Introduction to Psychology*</td>
<td>3.0</td>
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<tr>
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<td><strong>Total Hours</strong></td>
<td>12.0</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-253</td>
<td>Community Dentistry</td>
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<td>DHY-132</td>
<td>Dental Pharmacology</td>
<td>3.0</td>
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<tr>
<td>SPC-112</td>
<td>Public Speaking*</td>
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<td><strong>Total Hours</strong></td>
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**Fifth Semester**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Sem. Hrs.</th>
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</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-281</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>13.0</td>
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</tbody>
</table>

*Applicants are strongly encouraged to complete the 12 credits of Arts & Sciences classes prior to program entry.

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.