

Pasadena City College Dental Hygiene Application

NOTIFICATION letters will be sent to applicants by EMAIL only and information will be given regarding the next steps. Placement on the alternate list does not guarantee acceptance for the following year. All alternates who are not accepted into the program must reapply. Enrollment is determined using the point scoring system. Additionally, acceptance into the program may also be based on the outcome of a criminal background check. All applicants must have an overall GPA of 3.0 or better in the prerequisite courses in order to be considered for acceptance into the dental hygiene program. A “C” is the minimum course grade necessary to meet a prerequisite. Priority will be given to those who have all prerequisite courses completed at the time of application. Applicants with incomplete coursework at the time of application will only be considered once proof of completion is provided.

Filing Period: February 1st – April 1st

Date	Last Name	First Name	Middle
Date of Birth	Social Security Number: XXX-XX- ____ ____ ____ ____	PCC ID (if applicable)	
Mailing Address		City	State Zip Code
Email Address <i>(Students will only be notified of their status by email. Please print clearly)</i>		Home Phone #	Cell Phone #
Have you previously applied to the Dental Hygiene Program: If yes (include semester & year)			Name used on prior application
Are you a U.S. Veteran?		If yes, please submit a copy of your DD214 with this application	
Please list the name, starting and ending dates, and any degrees or certificates, for all colleges, technical and vocational schools attended. Also include colleges in which courses were attempted although they may not have been completed. One Official transcript must be submitted with this application. A second official transcript of ALL colleges attended must be sent to the RECORDS OFFICE upon acceptance to the program.			
Name of College	City and State	Dates Attended	Name and date of degree awarded; or state “degree in progress”; or “no degree”
Applicant’s Certification			
I hereby certify that I have personally read and completed the above application. I understand the application criteria and procedures for the Dental Hygiene Program. I accept complete responsibility for requesting all required official documents. All information provided is true and accurate.			
Signature of Applicant			Date of Application

Section A: Program Prerequisites Courses

All prerequisite courses must be completed prior to applying. Students with work in progress will only be considered once verification of completion is provided.

Course	College	Course Title & #	Units	Grade	Term/Year
Chemistry 1A or 2A					
Chemistry 1B or 2B					
Microbiology 2					
Anatomy 25					
Physiology 1					
Nutrition 11					
English 1A					
Psychology 1					
Sociology 1					
Speech 1 or 10					
Intermediate Algebra					
Humanities					
*American Institutions 125					
Political Science 1					
U.S. History					
Physical Activity					
Physical Activity					
*Prerequisite GPA					

*American Institutions 125 **or** US History (one course) **and** Political Science (one course)

EXAMPLE FOR CALCULATING YOUR GPA

The GPA calculations are based on a FOUR point (4.0) grading scale

Point values for grades earned:

A = 4 points

B = 3 points

C = 2 points

D & F do not qualify

Units	Grade	Points
5	A Chemistry	20
5	C Chemistry	10
5	C Microbiology 2	10
4	A Anatomy 25	16
5	B Physiology 1	15
3	B Nutrition 11	9
Total Units = 27		Total Points = 80
Total Points Divided by Total Units = 2.96 (Science GPA)		

Multiply the number of units by the grade points for total (5 units X 4 (grade is A) = 20)
 We do not round up or down for the GPA. Example: $80 \div 27 = 2.96$. The GPA will be recorded as 2.96 not 3.0.
 Be sure to include ALL the prerequisite courses when calculating your prerequisite GPA.
 If a course has been taken more than once, the highest grade for that course will be used to calculate the GPA.

Section B: Estimated points for Prerequisite GPA

Maximum Points = 6

GPA	Points Possible	Points
4.0 - 3.67	6	
3.66 - 3.34	4	
3.33 - 3.0	2	

Section C: Estimated points for Specific Prerequisite Courses

Maximum Points = 42; A = 6, B = 4, C = 2

Course Title	College Name	Term & Year	Course Grade	Points
Chemistry 1A or 2A				
Chemistry 1B or 2B				
Microbiology 2				
Anatomy 25 or Physiology 2A				
Physiology 1 or Physiology 2B				
Nutrition 11				
English 1A				

Section D: Estimated points for Dental Related Education/License (One Category only; Maximum points = 4)

Please submit copy of current license and official transcripts to verify information

Educational Licenses	Points Possible	Points Earned
Active Current RDAEF license	4	
Active Current RDA license	3	
Active Current dental lab tech license	2	
Currently enrolled in Accredited CA RDA Program	1	

**Section E: Estimated points for Dental Related Work Experience.
Full-time is 32+ hours per week (Circle One) Maximum points = 4**

Please submit letter from employer to verify information

Time Worked	Full-time Points	Part-time Points	Points earned
Five or more years	4	2	
Three to Five years	3	1.5	
One to Three Years	2	1	
Six months to One year	1	0.5	

**Section F: Estimated points for Observation of Licensed Registered
Dental Hygienist**

It is recommended that you observe a dental hygienist in two different practice settings/offices. Points will be awarded for confirmed observations. Use the log format provided for verifying information. Maximum Points = 3

Observation Hours	Points	Points earned
18	3	
12	2	
6	1	

**Section G: Calculate your ESTIMATED POINTS by transferring your
points from each section and total them. Maximum Points = 59**

Section	Total Possible Points	Applicants Points
Section A	All prerequisites completed; Overall 3.0 GPA or higher	*****
Section B	6	
Section C	42	
Section D	4	
Section E	4	
Section F	3	
Total	59	

NOTE: When adding up your points, be sure to include all sections that apply to your total. Actual GPA and points will be determined by PCC Dental Hygiene Program admissions. In the event when multiple applicants have the same score the order of placement on the acceptance or alternate list will be completed by random selection.

The dental hygiene program takes two years to complete once you are accepted into the program.

I certify that all information on this application is correct to the best of my knowledge. I understand that any falsification And/or withholding of information will disqualify this application.

Applicants Signature

Date

Dental Office Observation Form

To the Dental Professional:

The Pasadena City College Dental Hygiene Program requires our prospective dental hygiene students to observe dental procedures to gain an understanding of dental hygiene practices. We appreciate your time in allowing students to observe you in your workplace. Our goal is that our applicants will be better informed regarding their chosen career path.

Applicant's Name:

Observation of a Registered Dental Hygienist, not a Dentist. Please attach business card or letter regarding observed hours.

RDH License No.	RDH Signature
Date	Total Hours
Office Address	Office Telephone Number

RDH License No.	RDH Signature
Date	Total Hours
Office Address	Office Telephone Number

RDH License No.	RDH Signature
Date	Total Hours
Office Address	Office Telephone Number