

Lisa K. Wiese, M.S., R.D.H.
Dental Hygiene Program Director

Dear Dental Hygiene Applicant:

Thank you for your interest in the Blinn College Dental Hygiene Program. Enclosed is the complete application packet for the program, along with an Application Procedure guide. Your application packet will not be processed unless **ALL** steps are completed within the scope of the criteria and **delivered** or **postmarked no later than Feb. 1, 2019**. **No exceptions** will be made.

Please thoroughly read the application packet and follow all directions. Failure to do so may result in a reduction in total points awarded or disqualification of the application. Currently, we accept 14 students each fall semester.

A minimum grade point average of 2.5 is recommended. Applicants must have earned at least a "C" in all academic courses required in the program. Selection is based on GPA, grades in the required general academic courses, grades in the sciences, ATI TEAS , a general category which includes college credit and/or degrees awarded, letters of recommendation, employment history, and community service activities. An interview is **not** required. Notification of acceptance into the program will be made during March 2019.

Please do not hesitate to contact the Dental Hygiene Program office at (979) 209-7272 or Lwiese@blinn.edu

Sincerely,

Lisa K. Wiese, M.S., R.D.H.
Program Director, Professor

Blinn College Privacy Statement

Blinn College seeks to provide equal education without regard to race, color, sex, age, national origin, religion, disability, or any other constitutionally or statutorily impermissible reason. This policy extends to all programs and activities supported by the college.

Annual Notice to Students

The Family Educational Rights and Privacy Act of 1974 (FERPA) was designed to protect the privacy of educational records, to establish the rights of students to inspect and review their educational records, and to provide guidelines for the correction of inaccurate or misleading data through informal and formal hearings. Students also have the right to file complaints concerning the Family Educational Rights and Privacy Act (FERPA) with the U. S. Office of Education concerning alleged failures by the institution to comply with the Act. Complaints should be filed with the Vice Chancellor Student Services. Questions concerning the Family Educational Rights and Privacy Act may be referred to the Office of Admissions and Records.

Disclosure of Student Records

In general, no personal information from a student's educational records will be disclosed without written consent from the student. Two exceptions may, however, be made:

- (1) directory information will be released unless the student requests that it not be released, as explained in the paragraph below
- (2) records may be disclosed to parents of students who are dependents as defined by Internal Revenue code 1954, Section 152.

Public Notice Designating Directory Information

Blinn College hereby designates the following categories of student information as **public** or "**Directory Information**". Such information may be disclosed by the institution:

Category I: Name, classification, major field of study, home address, and College District e-mail address.

Category II: Previous institutions attended, attendance status, awards, honors (including Distinguished and President's lists), degree(s) conferred (including dates), past and present participation in officially recognized sports and activities, and physical factors (height, weight of athletes).

Currently enrolled students may withhold disclosure of either or both categories of information under the Family Educational Rights and Privacy Act of 1974. To withhold disclosures, written notification must be received in the **Office of Admission and Records on the Brenham Campus or Bryan Campus** within twelve (12) calendar days from the first day of registration for each long term or four (4) days for summer terms. Forms requesting the withholding of Directory Information are available in the offices listed above. Blinn College assumes that failure on the part of any student to specifically request withholding of "Directory Information" indicates individual approval for disclosure.

Communicable Disease Policy

Hepatitis B Vaccination

All health care providers should be immunized against the Hepatitis B virus as well as childhood diseases. Hepatitis is an inflammation of the liver. There are several types but the greatest risk to health care workers is Hepatitis B (HBV). Available since 1982, the Hepatitis B vaccine is considered safe and effective and is recommended for the prevention of HBV infection by the Centers for Disease Control and Prevention (CDC). The Blinn College Dental Hygiene Program strictly adheres to and routinely practices the “Standard Precautions” against bloodborne pathogens enforced by OSHA (Occupational Safety and Health Administration) and recommended by the CDC.

Communicable Disease - Student Admission

Dental hygiene applicants are considered without regards to race, color, creed, age, marital status, national origin, disability, or gender. Otherwise qualified applicants with an active communicable disease, including sero-positivity for Hepatitis B (HBeAg) and/or HIV, receive equal consideration. Applicants should note, however, that some state boards of dental examiners’ rules and regulations mandate that a dental hygienist who is HBeAg seropositive or HIV seropositive must report this fact to the Board who may limit the type of procedures that the student may be able to perform. This potential restriction may preclude the dental hygiene student with an infectious disease from performing tasks/procedures essential to the completion of the requirements for graduation from the dental hygiene program.

Communicable Disease – Patient Treatment

Students in the dental hygiene program will provide treatment to patients after competency has been demonstrated. Faculty will provide direct supervision and consultation to oversee student and patient safety. To fully develop clinical skills, students must treat all scheduled patients. Treatment will be provided to all patients regardless of their race, color, sex, religion, national origin, handicap, or other human condition. If a student has a concern about treating a patient, the student should discuss this situation with the clinical supervisor. Refusal to treat the patient may be cause for dismissal from the program. Please call the Dental Hygiene Department at 979-209-7272, if you need further clarification.

DENTAL HYGIENE PROGRAM

COURSE INFORMATION

Pre-requisite Courses

CHEM 1405 or 1411	4
BIOL 2401* Anat. and Physiology I	4
BIOL 2402* Anat. and Physiology II	4
ENGL 1301 Comp. and Rhetoric	3

15 credit hours

Semester I (Fall)

DHYG 1301 Oral Anat/Hist/Embryology	3
DHYG 1304 Dental Radiology	3
DHYG 1431 Pre-Clinical DH	4
DHYG 1327 Pev. DH Care	3

13 credit hours

Semester II (Spring)

DHYG 2201 Contemporary DH Care I	2
DHYG 1219 Dental Materials	2
DHYG 1339 Gen/Oral Path	3
DHYG 1260 Clinical DH I	2
DHYG 1235 Pharmacology	2

*BIOL 2420 Microbiology for Non-Science Majors 4
OR BIOL 2421 Microbiology for Science Majors

15 credit hours

Summer I

DHYG 1161 Clinical DH II	1
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1 credit hour

Semester III (Fall)

DHYG 1207 Gen/Dent. Nutrition	2
DHYG 1311 Periodontology	3
DHYG 2262 Clinical DH III	2
DHYG 2231 Contemporary DH Care II	2
*PSYC 2319 Social Psychology	3

12 credit hours

Semester IV (Spring)

DHYG 1215 Comm. Dentistry	2
DHYG 2153 DH Practice	1
DHYG 2363 Clinical DH IV	3
*PHIL 2306 Introduction to Ethics	3
*SPCH 1311, 1315, 1321	3

12 Credit hours

Total credit hours: 68

*Denote General Education Courses

Program Director: Lisa K. Wiese, M.S.,R.D.H.

Phone Number: (979) 209-7275

E-mail address: Lwiese@blinn.edu

WHAT IS THE COST?

The student's greatest expense is at the beginning of the first semester of each year when instruments and supplies must be purchased. Tuition and fees may vary due to student's residency status determined by Blinn College. The costs listed below are **approximate** costs per year based on Out-of-District fees, and for **DHYG** courses only.

First Year: Fall and Spring

Tuition and fees	~ \$7,300.00
Supplies, Instruments	~\$2,300-\$2,600.00
Books*	~\$1,000-\$1,200.00
Uniforms	~\$150.00

Summer Semester:

Tuition and fees	~\$800.00-\$900.00
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Second Year: Fall and Spring

Tuition and fees	~ \$ 5,800.00
Supplies, Instruments	~ \$ 1,000.00
Books*	~ \$ 350.00 – 550.00
Uniforms	~ \$ 100.00

*Dental Hygiene books only

Total est. cost range ~\$19,000- 20,000

Approximate fees for licensure exams:

TSBDE Jurisprudence Exam	\$60.00-\$70.00
National Board Dental Hygiene Exam	\$475-500
Western Regional Examining Board	\$1100-\$1,200
Criminal Background Check And Drug Screening	\$50.00

APPLICANT: _____

WEIGHT	CATEGORY	POINT VALUE				MAX. PTS	TOTAL PTS.																																																																				
15%	Overall College GPA	GPA X 3.75				15																																																																					
28%	Completed Academic Courses **BIOL 2402 no older than 5 years; **BIOL 2421 or 2420 no older than 3 years; **Higher level course with higher grade, gets higher points;	<p>Science course weight: A= 5 pts; B=3 pts; C=0 pts</p> <table border="1"> <tr> <td>CHEM 1405 OR CHEM 1411</td> <td></td> <td></td> <td></td> </tr> <tr> <td>BIOL 2401</td> <td></td> <td></td> <td></td> </tr> <tr> <td>BIOL 2402</td> <td></td> <td></td> <td></td> </tr> <tr> <td>BIOL 2421or 2420</td> <td></td> <td></td> <td></td> </tr> </table> <p>Gen. acad. Course weight: A=2 pts; B=1 pts;C=0 pts.</p> <table border="1"> <tr> <td>ENGL 1301</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SPCH 1311 OR 1315 OR 1321</td> <td></td> <td></td> <td></td> </tr> <tr> <td>PSYC 2319</td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHIL 2306</td> <td></td> <td></td> <td></td> </tr> </table> <p>NT= NOT TAKEN</p>				CHEM 1405 OR CHEM 1411				BIOL 2401				BIOL 2402				BIOL 2421or 2420				ENGL 1301				SPCH 1311 OR 1315 OR 1321				PSYC 2319				PHIL 2306				28																																					
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ATI TEAS for All Health Sciences

ATI TEAS is a computerized test with 4 individually timed parts:

Reading: 64 minutes (53 questions)

Mathematics: 54 minutes (36 questions)

Science: 63 minutes (53 questions)

English: 28 minutes (28 questions)

WHEN: Walk-in testing, M-F, 8:00 AM and no later than 11:00 AM

CLOSED DATES check out the [Blinn Academic Calendar](#)

LOCATION: M-F, 3125 South Texas Ave, behind the H.E.B.

ATI TEAS is required for admission into these programs:

[Associate Degree Nursing](#)

[Dental Hygiene](#)

[Physical Therapist Assistant](#)

[Radiologic Technology](#)

[Surgical Technology](#)

[Veterinary Technology](#)

[Vocational Nursing](#)

STUDY GUIDE INFORMATION: ATI TEAS Study Manual and the ATI TEAS Online Practice Assessment A & B are *Currently Available* at www.atitesting.com

PAY ONLINE HERE TO TEST MONDAY-FRIDAY

COST: \$10 Proctor Fee

Online Payment: Print out your payment receipt and bring with you on test day.

You may also pay at Enrollment Services, open M-F, 7:30 AM to 5 PM, closed Saturdays. Pay using a major credit card, money order, debit card or cash. No personal checks.

NO WALK IN TESTING SATURDAY! In order to register for a Saturday test prepay Monday-Friday at Enrollment Services in Bryan only. You may also Pay Online by clicking on a Saturday testing date listed below. Be aware seats are limited so register early!

Testing fee is non-refundable, non-transferable, and will expire after 30 days from date of purchase.

\$58 ATI TEAS Online fee on test day when assigned to a computer in the Testing Center (credit card, debit card, or cash card). This ATI fee is separate from the proctoring fee. Note: Cash card could have additional activation fees + taxes, this is not included in the \$58 ATI charge.

RETESTING WAITING PERIOD: 4 WEEKS

BRING:

1. Current Photo ID (photo ID's from cell phones will not be accepted)
2. ATI TEAS Test Receipt and Test Ticket received upon payment from Enrollment Services in Bryan. For Online Payments, print out your payment receipt and bring with you on test day.
3. Your ATI TEAS User Name and Password. "Create and Account" information below!
4. \$58 Payment Card
5. If you do not bring ALL these items, you will NOT be allowed to test. No Exceptions!

DO NOT BRING: Food or drinks, cell phones, calculators, or any electronic devices, hats, caps, backpacks, large bags, or purses. If you bring these items, they will be checked and taken up.

CREATE AN ACCOUNT! This process must be done 2 days before test day.

1. Go to www.atitesting.com
2. To the right of the "Search" button, *CLICK: Create an Account.*
3. Enter all the requested information while creating your account and CLICK "*Register*" to complete your registration and finalize your User Name and Password process.

NO WALK IN TESTING SATURDAY: Seating is limited so register early! See payment process above. No money orders or any other forms of payment will be allowed on Saturday testing dates. No Exceptions! See what to BRING above! Out of town test takers may test at an ATI TEAS testing site near your local area or during the week at Blinn in Bryan. **Report time: 8:00 A.M. only!**

PAY ONLINE for Saturday testing by clicking a date below!

Bryan Saturday Testing Dates	Location
September 15, 2018	3125 S. Texas Ave, Bryan, Behind the H.E.B

Blinn College Dental Hygiene Application Procedure

1. **APPLY TO BLINN COLLEGE:** If you are not a current student at Blinn College, please apply at this time. Go to <http://www.blinn.edu/admissions/> for instructions. Select PDHY (Pre-dental hygiene) as your major and indicate Spring 2019 as your intended semester even though the program does not begin until Fall, 2019. **Request official transcripts** from all colleges that you have attended and send directly from the awarding institution to Blinn College Admissions. Electronic transmission of official transcripts is accepted at Blinn College. If you are in-progress with coursework during the Fall, 2018 semester, please request transcripts after the fall grades are posted. This will allow time for your transcripts from outside institutions to be evaluated for transfer coursework.
2. Complete the Dental Hygiene Program application form, with all supporting documents, and mail or deliver by **Thursday, Feb. 1, 2018**, to the Dental Hygiene Program Office at:

Mailing Address:

Blinn College
ATTN: Dental Hygiene Program
P.O. Box 6030
Bryan, TX 77805-6030

Physical Address:

Blinn College Dental Hygiene
301 Post Office St.
Bryan, TX 77801

3. **Proof of Texas Success Initiative (TSI) Status** –Applicants must be “college ready” in all sections based on results of assessment or through exemption. See the following URL for full explanation. http://www.blinn.edu/admissions/success_initiative.html
Your TSI standing is generally indicated on your official transcript.
4. **Transcripts:** In addition to the electronic transcripts submitted to admissions, please enclose **official transcripts** in your dental hygiene application packet. Include **all** colleges you have attended, including Blinn College. Each transcript should be submitted in a **sealed envelope** and generally will be marked with a school seal and/or signature on the back of the envelope.
5. **ATI TEAS:** Complete the ATI TEAS . Enclose score sheet in your application packet. The ATI TEAS is administered at Blinn College through the Center for Student Development. Students must make arrangements for test dates and payment of fees through that office, located at

BLINN COLLEGE TESTING CENTER
Bryan Campus, Tejas Center , Room 171 (Behind HEB)
3125 S Texas Ave, Suite 1900
Bryan, TX 77802
(979)209-7250

For current dates and fees, see, http://www.blinn.edu/testing/teas_v.html You are limited to completing this test 2 times per application cycle (Feb. 1, 2018-January 31, 2019)

- 6. Recommendation forms:** Submit three (3) completed recommendation forms from employers, members of the clergy, teachers, civic leaders, or individuals unrelated to you that would be familiar with your qualifications for the dental hygiene profession. You must use 3 different sources. (i.e. 1 employer, 1 teacher, 1 friend, etc.) Letters/forms **must be received in individual sealed envelopes and submitted with your complete packet. Please attach an envelope to the form for the recommender** and use the provided form. A separate letter may be attached to the form, if desired.
- 7. Observation:** Observation of a **registered dental hygienist** is a **requirement** for application. The experience will help you see, first-hand, the day-to-day functions of a dental hygienist and will afford you the opportunity to see how his/her position relates to the function of the total dental care profession. You must observe a **minimum of 16 hours**. Please have the hygienist(s) document your observation time on the enclosed observation log. Dental assistants must observe, as well. Simply working as a dental assistant will not substitute for direct observation, unless you are a dental hygiene assistant. Applicants may **NOT** observe a dentist providing dental hygiene services.
Observation **must** occur between the following dates:
Feb. 1, 2018 – Jan. 31, 2019. No exceptions.
- 8. Community Service:** Additional points can be earned through community service hours. Community service is not required, but is highly encouraged and will boost the point total in your application. Community service comes from the heart and where you volunteer is entirely your choice and should be with an entity that is near and dear to you. Points will be awarded incrementally for hours up to 40. You may use the enclosed form for documentation, or you may provide a signed letter, on letterhead, from a supervisor. Community service must occur between the following dates:
Feb. 1, 2018 – Jan. 31, 2019. No exceptions.
- 9. Verification of Employment:** Please provide letters from employers for verification of employment. Points will be awarded for work experience totaling up to two years, and can be part-time or full-time, in any field.
- 10.** Attending an information session is not mandatory. We will, however, offer information sessions each month that will clarify the application process and provide a tour of the facility. Please contact Linda Gutierrez at 979-209-7272 or Lgutierrez@blinn.edu to register for an information session.
- 11. Interviews** will **NOT** be a part of the application this year. All points will be calculated based on the application that is submitted. If you wish to visit the program, see # 10 above.

Each applicant is responsible for ensuring that the Blinn College Dental Hygiene Program has received all information. Any application that is incomplete will not be considered for the Fall 2019 start date.
- 12.** Please submit your application packet, which includes the application form, official transcripts, recommendation forms, ATI TEAS, observation log, proof of employment and community service activities in a 9 X 12 envelope.

The packet must be postmarked, or delivered to the Dental Hygiene office by Friday, Feb. 1, 2019. Failure to meet this deadline will disqualify your application for the Fall 2019 class.

Blinn College
Dental Hygiene Program
Application Completion Form
Fall 2019

(Please attach to the front of your application packet after you review, validate and sign)

Name _____ Blinn ID# _____ DOB (Month/Day ONLY) _____

Please place a check mark (✓) by all those items included in this packet, sign and date this form prior to mailing

1. Program Application (completed and signed) _____

2. College Transcripts (enclosed) *Transcripts must be official and in sealed envelopes*
Name of Institution
a. _____
b. _____
c. _____
d. _____

3. ATI TEAS- (scores enclosed) _____

4. Recommendation Forms (enclosed) *Recommendation forms must be in sealed envelopes.*
Name of Recommender
a. _____
b. _____
c. _____

5. Observation Log (enclosed) _____

6. Community Service Log _____

7. Employment /Military service verification _____

Student Signature

Date

**FALL 2019
BLINN COLLEGE DENTAL HYGIENE PROGRAM
APPLICATION**

SECTION A - GENERAL INFORMATION

1. Date: _____
2. DOB: (month/day only) _____ Blinn College I.D.# _____
3. Full Name: _____

(Last)
(First)
(MI)
4. Other names under which credentials may be received: _____
5. Permanent Address: _____

(Number and Street)
(City)
(State)
(Zip)
6. Mailing Address: _____

(Number and Street)
(City)
(State)
(Zip)
7. Telephone Number: (h) (____) _____ cell (____) _____
8. E-mail Address: _____
9. Emergency Contact: (name/number) _____
10. Are you a citizen or permanent resident of the United States? ____ Yes ____ No
11. List **all** educational institutions (colleges, universities, and professional schools) in order of attendance. Do not omit the name of any institution where you have been a student. If necessary, use a separate sheet of paper.

School Name	Dates Attended	Credit Hours	Degree/Certificate
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____

12. Are you eligible to return to each of these institutions? ____ Yes ____ No
 If no, please explain: _____

13. Have you previously attended any health related programs? ____ Yes ____ No
 If yes, complete the following information:
 School Name: _____
 Address: _____
 Dates of Attendance: _____ Graduated: ____ Yes ____ No Date: _____
 Type of Program: _____

SECTION B- EMPLOYMENT/COMMUNITY SERVICE/OBSERVATION INFORMATION

14. Begin with the most recent years of employment, and/or military service. Include letters and/or signed statements from employers, or DD-214, verifying employment tenure/military status.

Employer	Phone	Date	Job Title	Reason for Leaving
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____

Total hours spent in community service activities from Feb. 1, 2018-Jan. 31, 2019 _____.
Provide dates of activities and contact information for supervisor/overseer; with supervisor signature

Total hours spent observing RDH from Feb. 1, 2018-Jan. 31, 2019 _____. (See #17 below)

Total number of years of employment and/or military service _____

Circle one: FT or PT

In what field? _____

SECTION C - RECOMMENDATION FORMS

15. Complete and sign the top portion of the forms, "Recommendation for Dental Hygiene". Three (3) completed recommendation forms must be received in **sealed** envelopes, **enclosed in your packet** . Recommendations will be accepted from employers, members of the clergy, teachers, civic leaders, or individuals **unrelated** to you that are familiar with your qualifications for the dental hygiene profession. Please use the form provided. Also, use 3 different sources (ex: we will **not** accept 3 recommendations from 3 different people within the same office setting). References may be validated by our office.

SECTION D - ATI TEAS SCORES

16. Scores from the ATI TEAS will **NOT** be sent directly to the program or our testing coordinator. You should receive a copy of your test results at the Blinn College testing center. If you have completed ATI TEAS at another location, you must inquire at that testing center on the appropriate manner in which to receive scores. Please enclose them in your packet. You may attempt the ATI-TEAS twice between Feb. 1, 2018 – Jan. 31, 2019.

If the institution will not provide scores directly to the student, please have them mail scores to :

Blinn College
ATTN: Dental Hygiene Program,
P.O. Box 6030
Bryan, TX 77805-6030.

SECTION E - OBSERVATION LOG

17. Complete the "Observation Log" provided in this packet. Ask the hygienist(s) to document observation time. Dental assistants must observe, as well. Simply working in a dental office does not constitute direct observation unless you are a dental hygiene assistant. Observation **must** occur between the following dates: **Feb 1, 2018-Jan. 31, 2019. No exceptions.** Applicants may **NOT** observe a dentist providing dental hygiene services.

SECTION F - COURSES AND CONTINUING EDUCATION FORM

18. Complete the following table for required courses within the dental hygiene curriculum:

A&P 1 & 2 must have been completed within the past 5 years. (no earlier than Fall 2013)

Microbiology must have been completed within the past 3 years. (no earlier than Fall 2015)

Courses Within the Dental Hygiene Program	Status of Course C= Completed IP= In Progress NT= Not Taken	Grade*	Repeated*	Date Completed* (N/A if not completed)	College/ University Where course taken	Course Equivalent (if not exact course listed)
CHEM 1405 or 1411 Intro. To Chemistry						
BIOL 2401 A & P I						
BIOL 2402 A & P II						
BIOL 2420 or 2421 Microbiology						
ENG 1301 Comp. & Rhetoric						
SPCH 1311 or 1315 or 1321						
PSYC 2319 Social Psychology						
PHIL 2306 Intro to Ethics						

*If you repeated a course, enter the repeated course grade in the REPEATED column; enter the original course grade in the GRADE column. Place the date of the last course taken in the DATE COMPLETED column. NOTE: Only those courses achieved with a "C" or better are considered as completed prerequisite or general education courses when determining the point value for admission.

SECTION G - MISCELLANEOUS

19. A criminal background check and drug screening will be required for all applicants who are offered a position. Further information will be provided if you are accepted to the program.

If you have been convicted of a misdemeanor or felony, it is suggested that you complete a Criminal History Evaluation (CHE) from the Texas State Board of Dental Examiners to ensure licensure eligibility upon graduation from the program. Graduation from the program does not ensure eligibility to be licensed and practice dental hygiene in the state of Texas. <https://www.tsbde.texas.gov/CriminalHistoryEvaluationRDH.html>

If interested in licensure in other states, please reference the individual states' dental boards for information.

20. Assistance with financial aid and scholarships is available. Personnel in the Office of Financial Aid will be able to assist you with financial aid and scholarship options. <http://www.blinn.edu/finaid/>
The Office of Financial Aid, 1-800-561-9252, ext. 6345, designates application deadlines as April 1 for fall funds and November 1 for spring funds, *even if program acceptance is still pending*. Applications for financial aid may also be submitted at www.fafsa.ed.gov

21. Please do **NOT** enclose resume', photos, immunization records, proof of CPR or high school transcripts.

21. Signature:

I certify that the information provided in this application is correct and complete. I understand that omission or falsification of information is grounds for exclusion or dismissal. If accepted into the program, I agree to meet all entrance requirements and to confirm and abide by the letter and the spirit of the rules, regulations and procedures of Blinn College and this program. In addition, I am aware that I will be subject to a criminal background check and drug testing (cost to the applicant) prior to beginning the dental hygiene program, if accepted. I have received a copy and read the application procedures page, the Communicable Disease policy statement and Blinn College Privacy Statement (FERPA)

Signature

Date

Is your application complete?

- Please use the enclosed checklist to ensure your application is complete.
- Submit in a 9x12 envelope.
- Have you called the Dental Hygiene Program for answers to your questions concerning this application? We are very happy to help you!
- Mail the Dental Hygiene Application and all correspondence to:

Blinn College
ATTN: **Dental Hygiene Program**
P.O. Box 6030
Bryan, TX 77805-6030

Or deliver to
301 Post Office St., Bryan TX 77801

You are responsible for ensuring that all information has been received by the Blinn College Dental Hygiene Program . Any application that is not complete cannot be considered for entrance into the program.

NOTE

Possible Board Exam/Employment Qualifiers:

- **Must not have been convicted of a felony or misdemeanor that directly relates to duties and responsibilities of the licensed occupation**
- **Should be free from contagious diseases and chemical dependence**
- **Must not have been terminated for unprofessional or dishonorable conduct**

For further information, contact <http://www.tsbde.texas.gov/node/27.html>

Blinn College

Dental Hygiene Program Recommendation Form

This reference form is to be submitted with the application in a sealed envelope.

References should be from teachers, employers, clergy, counselors, or commanding officers with whom the applicant has had professional relationships. References from family members or friends are NOT accepted. Submitting inappropriate references will result in fewer points than the maximum allows for this portion of the application process.

Name of Applicant _____

To assure that your records are held in compliance with the law as stated below*, please check one:

_____ **I GIVE UP** my right to access of this form. _____ **I DO NOT GIVE UP** my right to access of this form.

Applicant Signature _____ **Date** _____

The above named applicant is a candidate for admission to the Blinn College Dental Hygiene Program and has named you as a reference. Your comments will be used only by the admissions committee of the dental hygiene program to assist them in arriving at a better understanding of this applicant. Your cooperation in completing this form will assist both the applicant and the Dental Hygiene Program.

***Please Note:** FERPA grants a student/applicant access to his/her records as maintained by the department of Dental Hygiene at Blinn College. It also grants a student/ applicant the right to waive access. See above for the student's/applicant's choice regarding confidentiality

I have known the applicant in the following capacity: _____

I have known the applicant for _____ months _____ years.

I would evaluate the applicant as follows:

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NOT KNOWN
Attitudes toward others (caring, respect)					
Ability to work with others					
Ability to communicate orally					
Ability to communicate in writing					
Independence					
Initiative					
Ability to accept responsibility					
Presentation of self (poise, courtesy, language)					
Potential for growth					

RECOMMENDATION:

_____ Strongly Recommend _____ Recommend _____ Recommend with Reservation _____ Not Recommend

Comment (s):

Signature _____ Date _____ Position _____

Address _____

Telephone _____

Please return this form to the applicant in a sealed envelope.

Blinn College

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Potential for growth					

RECOMMENDATION:

_____ Strongly Recommend _____ Recommend _____ Recommend with Reservation _____ Not Recommend

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Ability to communicate orally					
Ability to communicate in writing					
Independence					
Initiative					
Ability to accept responsibility					
Presentation of self (poise, courtesy, language)					
Potential for growth					

RECOMMENDATION:

_____ Strongly Recommend _____ Recommend _____ Recommend with Reservation _____ Not Recommend

Comment (s):

Signature _____ Date _____ Position _____

Address _____

Telephone _____

Please return this form to the applicant in a sealed envelope.

**Blinn College Dental Hygiene Program
Observation Log
Observation of Registered Dental Hygienist Only**

Student's Name _____ Month/Day of birth: _____

** Observation **must** occur between the following dates: Feb. 1, 2018– Jan. 31, 2019*

Date of Observation _____ Total Hours Observed _____

Name of Office _____

Office Address _____

Phone# _____ Name of Hygienist _____ License# _____

Hygienist Signature _____ Date _____

Date of Observation _____ Total Hours Observed _____

Name of Office _____

Office Address _____

Phone# _____ Name of Hygienist _____ License# _____

Hygienist Signature _____ Date _____

Date of Observation _____ Total Hours Observed _____

Name of Office _____

Office Address _____

Phone# _____ Name of Hygienist _____ License# _____

Hygienist Signature _____ Date _____

Date of Observation _____ Total Hours Observed _____

Name of Office _____

Office Address _____

Phone# _____ Name of Hygienist _____ License# _____

Hygienist Signature _____ Date _____

**Dental Hygiene Program
Community Service Log**

Student's Name: _____ Month/Day of Birth: _____

* Community Service ***must*** occur between the following dates: Feb. 1, 2018 – Jan. 31, 2019

Date of Event/Place _____ Total hours of participation _____

Name of Event _____

Address _____

Phone# _____ Name of Supervisor _____

Supervisor's Signature _____ Date _____

Date of Event/Place _____ Total hours of participation _____

Name of Event _____

Address _____

Phone# _____ Name of Supervisor _____

Supervisor's Signature _____ Date _____

Date of Event/Place _____ Total hours of participation _____

Name of Event _____

Address _____

Phone# _____ Name of Supervisor _____

Supervisor's Signature _____ Date _____

Date of Event/Place _____ Total hours of participation _____

Name of Event _____

Address _____

Phone# _____ Name of Supervisor _____

Supervisor's Signature _____ Date _____

TOTAL HOURS: _____