

UNIVERSITY OF ALASKA ANCHORAGE

COMMUNITY AND TECHNICAL COLLEGE

Allied Health Science Bldg., Suite 160
3211 Providence Drive
Anchorage, Alaska 99508-8371

Dental Programs
Voice: (907) 786-6929
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DENTAL HYGIENE APPLICATION PLEASE TYPE

Application year: _____

Please indicate the year you anticipate to qualifying as a candidate for selection into the Hygiene Program. To qualify as a candidate for the indicated year, your file must contain 3 letters of recommendation, proof of acceptance to UAA as a pre-major dental hygiene student, completed Dental Hygiene Program application, including required signatures, HOBET (Health Occupations Basic Entrance Test) scores, and **you** must provide proof of **completion** of all prerequisites and your transcripts (including transcript evaluations for non-UAA courses). If applicable, please provide proof of Certified Dental Assistant and/or completion of accredited Dental Assisting Program. Applicants **must** also have met with a Dental Hygiene Program advisor prior to deadline. **ALL** documentation must be **received** in the Dental Programs office by 4:30 p.m. of the application deadline posted on the website. Late materials or incomplete forms are not accepted. The **applicant** is responsible for ensuring all required documentation is in their file by the application deadline.

GENERAL INFORMATION

Name

First

Last

Middle (or Initial)

Mailing Address

Number and Street or PO Box

City

State

Zip Code

Telephone: Home: _____ Cell: _____ Work: _____

SSN: _____

UAA Student ID # _____

Birth date: ____/____/____

Right Handed

Left Handed

Permanent e-mail address: _____

Printed Name

Signature

Date

Have you applied to either UAA dental program in the past? Yes No

If yes, which program? DA DH What year(s)? _____

Were you: Accepted as a student Accepted as an alternate Not Accepted

Reason for not enrolling: _____

What are some of your hobbies? _____

Have disciplinary actions been taken against you at any University or college? (Disciplinary actions are not an automatic bar for consideration or selection.) Yes No

If yes, please explain: _____

Application for obtaining an Alaska dental hygiene license requires information concerning convictions of felonies or other crimes, treatment or hospitalization for emotional or mental illness, drug addiction or alcoholism, contagious or infectious diseases, and the illegal practice of dental hygiene. It is highly recommended that applicants with any of these issues contact the State of Alaska, Division of Occupational Licensing Board of Dental Examiners. A criminal background check is required for Alaskan Dental Hygiene licensure

Clinical dental hygiene requires the ability to sit for long periods of time, good to excellent eye-hand coordination, and excellent fine hand motor skills. Dental hygienists are exposed to bacteria and viruses. Use of protective glasses, face masks and surgical type gloves and uniforms (style and design determined by faculty) is required.

Due to the nature of the work of a dental hygienist, students are not permitted in the classroom, laboratory, or clinic when under the influence of intoxicants, drugs, or medication affecting psychomotor responses. Students suspected of substance abuse are subjected to the State of Alaska laws and penalties pertaining to alcohol and other drugs. Refer to Drug Free Schools statement on the UAA web page.

When performing health care functions, dental hygienists must protect the health and safety of the public. Engaging in professional contact with the public while suffering from a contagious or infectious disease involving serious risk to public health constitutes unprofessional conduct.

Possible transfer of credits is available to graduates of an ADA accredited dental assisting program. Contact the Dental Hygiene program advisor for details prior to the first day of enrollment as a dental hygiene student.

Expenses beyond tuition generally include activity fees, instrument, uniforms, lab fees, student organization membership, graduation pin, immunizations, cost of yearly BLS class, licensure fees, student health insurance, and malpractice insurance for the Western Regional Examining Boards, professional liability insurance.

Once enrolled as a dental hygiene student, the student can anticipate a four-semester, 40-hour-per-week endeavor. Some evening classes and clinics are scheduled. Adherence to the American Dental Hygienists Association's code of ethics and UAA Student Code of Conduct is required. Code of Ethics can be obtained through Dental Programs or the ADHA web page. UAA Code of Conduct is found on the UAA web page.

Printed Name

Signature

Date

UNIVERSITY OF ALASKA ANCHORAGE
 DENTAL HYGIENE DEPARTMENT
Prerequisite and General Education Requirement Course Information

Last Name _____ First Name _____ UAID _____

Please complete the following form with information. The information provided on this form, including grade information must be supported by official transcripts on file with UAA Enrollment Services.

	Name of School	Term Taken	Course Name (if different from UAA title)	Course Number	Grade
BIOL A111					
BIOL A112					
BIOL A240 or A241					
CHEM A104					
CHEM A103 or A105					
ENGL A111					
COMM A111, 235, 237, or 241					
PSY A111, 150, 153					
SOC A101, 201,222,307 or 309					
<i>The below listed courses are Degree Requirements for graduation. These courses are not required for admission into the program, but are highly recommended.</i>					
ENGL A212, 211, 213, 214 or CIOS 260A					
DN A101 or 203					

If you have transfer credits from another school, have you submitted them to UAA Enrollment Services for transfer credit evaluation? YES NO

For the graduation purposes, all official transcripts must be submitted to UAA Enrollment Services for evaluation from all schools other than UAA (including UAF and UAS).

PRECLINICAL AND CLINICAL REQUIREMENTS:

Once admitted to the Dental Hygiene program, students are required to provide the following by the first day of class:

1. **Proof of immunity to:**
 - a. Hepatitis A (Hepatitis A is a series of 2 immunizations. Proof of immunity by immunization is required.)
 - b. Hepatitis B by titer. (Hep B immunization is a series of 3 immunizations. Proof of immunity by immunization **AND** titer is required)
 - c. Rubella (Proof of immunity by immunization OR titer is required.)
 - d. Rubeola (Two doses of measles vaccine are recommended. The first is at 15-18 months and the second prior to entering elementary school or at a later date. Proof of immunity by immunization OR titer is required.)
 - e. Varicella (Varicella vaccine is available and is a series of two immunizations. Proof of immunity by immunization OR titer is required.)
 - f. Tetanus—Pertussis-Diphtheria immunization within the past 10 years.
2. Freedom from Tuberculosis within the past 6 months and annually. Students with a previous positive skin test will be required to complete a risk assessment annually. A chest x-ray may be required or recommended.
3. **Recommended:**
 - a. Human Immunodeficiency Virus (HIV) screen. Results will remain confidential to the student. The department will only know that the student was screened.
 - b. Flu shot annually.
 - c. Meningitis immunization.
 - d. Student check immunization records for evidence of mumps vaccine or history of disease.
4. Current Health Provider Certification in Cardiopulmonary Resuscitation for infants, children and adults. First year students must present proof of certification at orientation. *Certification must be kept current until graduation.*
5. Professional liability insurance in the amount of \$1 million/\$3 million insurance must be maintained throughout the duration of the student's enrollment in Dental Hygiene courses. Specific information regarding acceptable professional liability insurance policies may be obtained directly from the Program. Premiums may be assessed through lab fees and policies secured through the University. Check with the Program on current Program practices.
6. Results of a current federal level criminal background check may be required. Students enrolled in the Dental Hygiene Program must provide their own transportation to all off campus assignments. Students are required to purchase specified uniforms and specialized equipment. The Program assumes no responsibility for illnesses and injuries experienced by the student while enrolled in the Dental Hygiene Program. Students who are injured while enrolled in the Dental Hygiene Program are responsible for all associated medical costs. It is required that students maintain personal medical insurance while enrolled in the Program. Students are responsible for securing both adult and child patients to satisfy clinical requirements.
7. Special admission requirements and applications procedures are required. Selection criteria change periodically. Applicants must contact the department for selection criteria for the year they wish to apply. Selection is competitive, and completion of the admission requirements does not guarantee selection into the Dental Hygiene program.
8. Applicants are encouraged to submit UAA applications to the University by October 1st to ensure complete processing of the application and transcripts by the program deadline. This application is different than application to the UAA Dental Hygiene Program, which is due May 1st. Please note that spring enrollment in another institution may delay transcript evaluation and affect the status of the dental hygiene application.

ALL INFORMATION IN THIS APPLICATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Printed Name

Signature

Date

It is the policy of the University of Alaska to provide equal education and employment opportunities and to provide service and benefits to all students and employees without regard to race, color, religion, national origin, sex, age, disability, or status as a Vietnam war or disabled veteran. This policy is in accordance with the laws enforced by the Department of Education and the Department of Labor, including Presidential Executive Order 11246, as amended, Title VI and Title VII of the 1964 Civil Rights Act, Title IX of the Education Amendments of 1972, the Public Health Service Act of 1971, the Veterans' Readjustment Assistance Act of 1974, the Vocational Rehabilitation Act of 1973, the Age Discrimination in Employment Act of 1967, the Equal Pay Act of 1963, the 15th Amendment, EEOC's Sex Discrimination Guidelines, and Alaska Statutes 18.80.220 and 14.18. Inquiries regarding application of these and other regulations should be directed to the University's Affirmative Action Director, the Office of Civil Right (Department of Education, Washington, DS), or the Office of Federal Contract Compliance Programs (Department of Labor, Washington DC).