



# DENTAL HYGIENE

## BACHELOR OF APPLIED SCIENCE

### STATEMENT OF INTENT

Name \_\_\_\_\_ Student ID # \_\_\_\_\_ Other name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # (        ) \_\_\_\_\_ E-mail \_\_\_\_\_

Please email completed applications (this form) to [enroll@clark.edu](mailto:enroll@clark.edu)  
 Or Postal Mail to "Attn: Enrollment Services" Clark College, 1933 Fort Vancouver Way, Vancouver WA 98663

#### 1. APPLICATION REQUIREMENTS

<b>To be eligible for selection, students must complete the following:</b>	
<input type="checkbox"/>	Complete the online Application for Admission form if a new student or if four or more consecutive terms since attendance. Instructions can be found online at <a href="http://www.clark.edu/getstarted/">http://www.clark.edu/getstarted/</a>
<input type="checkbox"/>	Complete the Dental Hygiene Statement of Intent Form (this form). Submit the completed form electronically to <a href="mailto:enroll@clark.edu">enroll@clark.edu</a> or mail to: Clark College attention Enrollment Services. (The program application fee is a \$50 non-refundable fee). You will be prompted to pay the \$50 fee 4-5 business days after Clark College receives the application.
<input type="checkbox"/>	Submit official college transcripts from ALL <b>(with the exception of Clark College)</b> and send updated official college transcript from each term.
<input type="checkbox"/>	Obtain a <b>minimum applicable AND science GPA of 2.60</b> for all prerequisite coursework. Students must earn a grade of "C" (2.0) or higher in each preliminary required course to be eligible for selection.
<input type="checkbox"/>	Application materials <b>must be received by January 8th</b> to be considered for selection. Coursework may be in progress at the time of application, but <b>no more than 10 credits</b> of preliminary required coursework can remain <b>at the time of application</b> to qualify for selection into the following Fall class. All requirements must be completed by the end of the Spring term.

For complete information about the program, refer to the Dental Hygiene website: [www.clark.edu/dentalhygiene](http://www.clark.edu/dentalhygiene)

#### 2. PRELIMINARY REQUIREMENTS:

Courses required for consideration:	
ENGL& 101: English Comp	BIOL& 160: General Biology
ENGL& 102: English Comp II	BIOL& 241: A&P I
PSYC& 100: General Psychology	BIOL& 242: A&P II
SOC& 101: Sociology	BIOL& 260: Microbiology
College-level Mathematics (5 credits)	CHEM& 121: Intro Chem, Pre-Health
Humanities (5 credits)	CHEM& 131: Organic/Biochemistry
CMST& 210, 220 or 230 (5 credits)	NUTR& 101: Nutrition
PE Activity (1 credit)	

Please indicate your intentions for taking any remaining preliminary requirements each of the following terms:

WINTER _____ YES <input type="radio"/> NO <input type="radio"/>	SPRING _____ YES <input type="radio"/> NO <input type="radio"/>
<i>List Courses:</i>	<i>List Courses:</i>
<b>COLLEGE:</b>	<b>COLLEGE:</b>

#### 3. LIST OF COLLEGES ATTENDED:

Please list ALL colleges. If needed, list additional institutions on a separate piece of paper and include with application.

COLLEGE NAME	DATES OF ATTENDANCE	NAME LISTED ON TRANSCRIPT

#### 4. VOLUNTEER HOURS:

If you have accrued community service/volunteer hours, please submit the "Community Service/Volunteer Hours" form with your Dental Hygiene application for consideration in selection.

Volunteer Institution: \_\_\_\_\_ Hours: \_\_\_\_\_

**\*This program requires all students to be fully vaccinated against COVID-19 as a requirement for clinical placement\***



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**PLEASE INDICATE YOU HAVE READ AND ARE AWARE OF THE FOLLOWING ADDITIONAL REQUIREMENTS FOR PROGRAM ENTRANCE BY PLACING YOUR INITIALS IN THE SPACES PROVIDED:**

\_\_\_\_\_ In order to participate in this program, students must be able to perform standard technical requirements. Students must be able to meet communication, physical and mental requirements necessary to ensure the safe performance of hygienist responsibilities.

\_\_\_\_\_ Admission to the program may be contingent upon the applicant verifying his or her ability to perform the established technical standards of the program with or without reasonable accommodation. (Please reference the disability statement in the online Dental Hygiene handbook for additional information.)

\_\_\_\_\_ It is strongly recommended that all applicants observe closely the activities of those practicing in the profession in order to more fully understand the technical requirements of the program.

\_\_\_\_\_ The program requires a 40-hour per week commitment from students for classes and clinical rotations. Reliable transportation is an important consideration. Clinical assignments may be offered at times other than traditional clinical hours, such as evenings (other than Monday-Friday, 5:00am-7:00pm) and/or weekends.

\_\_\_\_\_ Students enrolled in clinical courses are required to complete a comprehensive Criminal Background Check. Students should be aware that certain convictions may prevent clinical placement and employment, and that completion of this program does not guarantee certification, licensing or employment.

\_\_\_\_\_ Please be aware that applicants who have failed or been dismissed from a limited entry program will not receive admission into the Clark College Dental Hygiene program.

\_\_\_\_\_ I understand that upon acceptance there is a \$300 non-refundable deposit.

\_\_\_\_\_ I have provided all transcripts from every college that I have attended (other than Clark College).

\_\_\_\_\_ I have reviewed the program requirements on the Clark College website. I am aware of entrance requirements, selection processes, required immunizations, criminal background check requirements, and all other specific program information. I am aware that if selected into the program, clinical sites may require drug screening. I am aware that completion of pre-entrance requirements does not guarantee entrance into the program.

\_\_\_\_\_ I understand that any misrepresentations or false statements on this application will be subject to the Clark College and program code of conduct disciplinary procedures.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

**To mail this application, please send to:**

Clark College- Enrollment Services  
1933 Fort Vancouver Way  
Vancouver, WA-98663

**To email this application, please send to:**

[enroll@clark.edu](mailto:enroll@clark.edu)