



**DENTAL HYGIENE PROGRAM
APPLICATION FOR ADMISSION**

Name _____ Student ID _____

Street _____

City _____ State _____ Zip _____

Phone (____) _____

Year Applying to Enter Program: Fall _____.
Year

_____ I have **previously** attended Shawnee State University. Last term attended _____

_____ I am **currently** attending Shawnee State University.

_____ I **will be enrolling** at Shawnee State University for the first time.

Signature _____

PLEASE READ ALL OF THE MATERIALS IN THE PDF CAREFULLY.

**Return this application form with your \$30 application fee to:
Shawnee State University
Office of Admission
940 Second St
Portsmouth, OH 45662**

MINIMUM CRITERIA FOR ADMISSION CONSIDERATION

To be considered for admission to the Dental Hygiene Program, the following items *must be* received in the Admissions Office by **March 1**.

- Application to Shawnee State University
- Health Science Application and fee (\$30)
- Official High School Transcript
- Official College Transcripts
- Proof of Algebra, Biology and Chemistry with "C" or above
- ACT Scores with "18" in Science Reasoning

To further explain these requirements, please read the following information completely. If you have questions regarding these requirements, please contact the Health Sciences Representative at 740-351-3209.

1. Prospective students must first submit an application to Shawnee State University, then the Health Science Application and fee (\$30).
2. Prospective students should request official copies of high school and college transcripts be sent to the Office of Admission at Shawnee State University. If any transcripts are under a different name, please request that your current name and/or social security number be included. Transcripts sent under previous names may not be traceable and may not be credited to your file.

High School Transcripts: can be submitted by the following methods:

- a. Mailed directly from the high school, *or*
- b. Hand-carried in an envelope with the high school guidance counselor's or high school official's signature across the envelope seal, *or*
- c. Sent via FAX from the high school.

Previous College/University Transcripts: Official transcripts must be mailed directly from the college/university. Hand-carried or faxed copies will not be accepted as official transcripts.

The University reserves the right to verify the final, official authenticity of any student's transcript. Any transcript document found to be fraudulent becomes the student's responsibility and the University reserves the right to withdraw admission acknowledgment and/or approval of acceptance.

3. **ALL** applicants to the Dental Hygiene Program must have completed high school or college level Algebra, Biology and Chemistry with a grade of "C" or above by March 1 in order to be considered for admission. (NOTE: A "C-" is not accepted and Pre-Algebra is not accepted.) The **only exception** is if you are currently a senior in high school and are currently enrolled in one of these classes, you must have your counselor send us a transcript at the end of the first semester showing your current grade average in the course. For admission purposes, applicants may only re-take a college level Biology or Chemistry one time, in a three year period, to improve their grade. Those who retake either of these courses multiple times consecutively will not be considered for admission into the dental hygiene program.

4. **ALL** applicants must have completed the ACT test with a minimum score of "18" in the Science Reasoning area.
5. **ALL** applicants must complete **twelve (12) hours of observation** in at least two separate dental offices. This observation must be completed and forms returned to the office of admissions prior to the March 1st deadline. See the attached form.
6. **ALL** applicants will be notified in writing when the above criteria has been met and the file forwarded to the department for consideration. ***If you have not received this notification, your file is not complete.*** It is **your** responsibility to make sure all requirements are submitted before the deadline.

RANKING OF APPLICATIONS FOR ADMISSION

All applicants who have met the minimum criteria for admission by the March 1st deadline will be ranked according to the following method:

Your highest grade earned in each of the three subject areas of algebra, biology and chemistry will be totaled by adding the appropriate number of points - high school level algebra, biology and chemistry will be awarded 3 points for an "A", 2 points for a "B", and 1 point for a "C". College level algebra, biology and chemistry will be awarded 4 points for an "A", 3 points for a "B", and 2 points for a "C". Grades with plus and/or minus designations will be appropriately adjusted by 1/3 point.

Your ACT natural science score will be assigned points by the following system:
 An ACT score of 18 is awarded 2 points; 19 is awarded 2.25 points, 20 is awarded 2.50 points, 21 is awarded 2.75 points (continue this ratio.)

An example of the ranking system is as follows:

High school level Algebra - B	=	2.00 points
College level Biology - B+	=	3.33 points
College level Chemistry - A	=	4.00 points
ACT Natural Science Score - 21	=	<u>2.75 points</u>

APPLICANT'S TOTAL POINTS = **12.08 points**

Please note that if any of the 24 students selected for admission to the program choose not to attend SSU, an alternate student(s) will be selected using this same rank-order point system.

If you are not selected to enroll in the Dental Hygiene Program but are interested in being considered for the next year's class, you must inform Judy Morrow (Program Secretary) that you want to be considered for the next year's class. Students **do not** receive a preference or additional points if they have applied for two or more years without receiving an acceptance. Each year is a totally new competition of candidates. **We do not use a waiting list.**

*Shawnee State University does not discriminate in admission, access, or treatment in programs and activities or employment policies or practices on the basis of race, creed, sex, color, national or ethnic origin, religion, marital status, age, sexual orientation, qualified disabled veteran status, or qualified handicap.



Dental Hygiene Program
Student Observation Form
Pre-Dental Hygiene Admission

Section 1: To be completed by the student applying to the SSU Dental Hygiene Program

Name: _____ Student I.D.# _____

Address: _____

City: _____ State: _____ Zip: _____

Section 2: To be completed by the Dentist and/or Registered Dental Hygienist:

Thank you for allowing this prospective student to observe the practice of dentistry and dental hygiene. Please indicate below the number of observation hours completed. Twelve (12) hours of observation in at least two separate dental offices or clinics are required.

Date: _____ Hours of Observation: _____

Dental Office at which student is observing: Please include Dentist's Name, office address and a phone number:

Signature of Supervising Dentist and/or Dental Hygienist:

Please check the experiences that this student was able to witness: * Required Experiences

- *Scaling and Polishing
*X-ray placement and processing
*Administration of Local Anesthesia
*Sterilization/Infection Control
Placement of Sealants
Fluoride Application
Taking of impressions
Soft Tissue Management
Placement of Restorations
Extractions

Comments: _____

Return before the March 1st application deadline to: Shawnee State University
Office of Admissions
940 Second Street
Portsmouth, OH 45662