Dental Hygiene
Associate of Applied Science Degree
APPLICATION

Deadline to apply: March 1st

All application materials MUST be received in the Dental Hygiene Department no later than 3:00 pm on March 1st. If you are mailing your materials, it is recommended that you mail them by February 15th to ensure timely arrival.

Please submit all application materials to the address listed below:

State Fair Community College
Attn: Dental Hygiene
3201 W 16th Street
Sedalia, MO 65301

State Fair Community College does not discriminate on the basis of race, color, national origin, sex, disability, religion, sexual orientation, veteran status, or age in its programs and activities or in employment. The following persons have been designated to handle inquiries regarding the nondiscrimination policy: Director of Human Resources, Hopkins Student Services Center, (660) 596-7484, or Dean of Student and Academic Support Services, Hopkins Student Services Center, (660) 596-7393. The Hopkins Center is located on SFCC’s Sedalia campus at 3201 W. 16th St, Sedalia, MO 65301. Inquires also may be directed to the U.S Department of Education, Office of Civil Rights at OCR.KansasCity@ed.gov.

Interested persons may obtain information as to the existence and location of services, activities and facilities at State Fair Community College that are accessible to and usable by persons with disabilities by contacting the Access office, Yeater Learning Center, Room 159, SFCC, 3201 W. 16th Street, Sedalia, MO 65301, (660) 530-5832.

Revised April 2018
Dental Hygiene Program Application Checklist

*Initial each step as it is completed. Turn this completed checklist in with the Application Packet*

**Step One: Meet State Fair Community College (SFCC) Admission Procedures**

_____ If new to SFCC, submit an online SFCC Application for Admission at [www.sfccmo.edu/admissions](http://www.sfccmo.edu/admissions). Applicants must be fully admitted to SFCC with all transcripts received and articulated before March 1st in order to apply to the Dental Hygiene Program.

**Step Two: Meet SFCC Dental Hygiene Program Admission Requirements**

_____ Read the Dental Hygiene Program Information Packet and meet the Essential Qualifications for the Dental Hygiene Program.

_____ Complete the ATI TEAS Allied Health AH pre-entrance exam with a competitive score prior to March 1st. This test is required for all applicants to the Dental Hygiene Program.

_____ Complete all prerequisite courses by the end of the spring semester in which the applicant is applying (if course is currently in progress, please note IP in the box AND INCLUDE UNOFFICIAL TRANSCRIPT)

- BIO 207 Human Anatomy with Lab – 4 credit hours (B or higher*)
- BIO 208 Human Physiology with Lab – 4 credit hours (B or higher*)
- BIO 121 Microbiology with Lab – 4 credit hours (B or higher*)
- CHEM 101 Introduction to Chemistry with Lab – 5 credit hours (B or higher*)
- MATH 112 Intermediate Algebra or higher – 3 credit hours (C or higher*)

- MATH 110, MATH 112, or higher

_____ Have a minimum 2.75 GPA for program requirements (including general education courses)

_____ Have a cumulative college GPA of 2.5 or greater for all college level coursework. GPA is checked at the end of the spring semester of the school year in which the applicant is applying. If two grades exist for a required course on the transcript, the higher of the two grades will be used for the GPA computation. The GPA will be figured to the one hundredth position, such as 3.45 or 2.54, and not rounded beyond that point; for example, a 2.46 will not be rounded to 2.5.

**Step Three: Communication with SFCC about Program Requirements and Application Process**

_____ Meet with Navigator or Program Official (face to face, e-mail or via telephone) regarding program expectations and application process.

**Step Four: Submit application packet containing the following by March 1st:**

- Application for Admission Form/Completed Application Checklist
- Applicant Observation Form(s)
- Essay (please put ONLY SFCC student ID #, no name – see information packet for details)
- Unofficial transcripts if applicable

Revised April 2018
<table>
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<th>Field</th>
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<td>SFCC Student ID</td>
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<td>SFCC Student Email Address</td>
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Please select ONE of the following:

- [ ] I have applied AND been accepted to State Fair community College

- [ ] I have applied AND been accepted to State Fair community College BUT I am currently enrolled in courses at another college

- [ ] I have applied to State Fair Community College but my acceptance is still pending due to:

  ____________________________________________________________________

____________________________________________________________________

________________________________________
To the applicant: Observe a minimum of 15 hours with a Registered Dental Hygienist in one or more clinical sites. Use a new form for each site. It is recommended that students observe more than 15 hours and in more than one clinical setting. Students should contact the site in advance and schedule the observation. Dress appropriately for your observation. Take this form with you and have the RDH complete, sign, and seal in an envelope with the RDH’s signature on the seal to verify your observation hours. Submit the sealed envelope with your application packet. Observation cannot be at place of employment or previous employer.

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<th>Dates of Observation</th>
<th>Total # of Hours Observed</th>
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<th>Student Name (please print)</th>
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To the Registered Dental Hygienist: If the information listed above for the prospective student is correct for today’s observation, please complete the section below, sign the form, and return it to the student in a sealed envelope with your signature across the seal to ensure confidentiality. Envelopes with broken seals and/or missing signatures will not be accepted.

Type of exams that the student observed at this facility on the above date(s):

- [ ] Initial Exam
- [ ] Periodic Exam
- [ ] FMX/BWX/PANO
- [ ] Fluoride
- [ ] Sealants
- [ ] Study Models
- [ ] Whitening tray fabrication
- [ ] Local Anesthesia
- [ ] Prophylaxis
- [ ] Pediatrics
- [ ] Geriatrics
- [ ] SRP (NSPT)
- [ ] Other

Printed name of observed RDH: ____________________________________________

Signature of RDH ___________________________________________________________

Did the student present himself or herself in a professional manner?  ____ Yes  ____ No

Thank you for sharing your time and expertise. Please complete the comment box below or contact our office if you have further comments regarding this applicant.

Additional comments about this applicant: