

**Seattle Central College**  
**Bachelor of Applied Science**  
**in Allied Health Sciences**  
**Dental Hygiene Program**



**Application Procedures**

**For**

**Spring 2018**

# SEATTLE CENTRAL COLLEGE DENTAL HYGIENE PROGRAM APPLICANT PROCEDURES 2018-2019

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**DENTAL HYGIENE PROGRAM INTRODUCTION  
APPLICANT PROCEDURES  
2018-2019**

**Program Introduction**

The Seattle Central College Dental Hygiene Program is fully accredited by the ADA Commission on Dental Accreditation (CODA) for Dental Hygiene. The program is a four-year bachelor of applied science in allied health, full-time course of study. The program progresses over eight quarters and is a lock step program.

The Seattle Central College Dental Hygiene Program is looking for students who are committed to the profession of dental hygiene. Before applying to our program, applicants should explore all facets of a dental hygiene career, which may include, but not be limited to, infection control, practice settings, and the law as it pertains to dental hygiene. Applicants are encouraged to apply to all dental hygiene programs in the region to enhance their chances of securing entrance in a dental hygiene program.

Please read the enclosed information carefully and follow the application procedures exactly. You must meet all deadlines and specific requirements in order to be considered as a qualified applicant to the Seattle Central College Dental Hygiene Program. The Seattle College District does not discriminate on the basis of race, color, national origin, sex, sexual orientation, disability, or age in its programs and activities.

**If you need more information, please contact us by calling 206-934-4186, Email:**  
[dh.central@seattlecolleges.edu](mailto:dh.central@seattlecolleges.edu)

**Program Accreditation Standards--Complaint Policy**

The CODA will review complaints that relate to a program's compliance with the accreditation standards. The Commission is interested in the sustained quality and continued improvement of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students.

A copy of the appropriate accreditation standards and/or the Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago IL 60611 or by calling 1-800-621-8099 extension 2719.

## **Application Packets Must Be Received By October 20, 2017**



***Please make sure to utilize this Checklist below.***

**Applications can be mailed or hand-delivered to:**

**Dental Hygiene, Allied Health Division  
Seattle Central College  
Health Education Center  
1200 12<sup>th</sup> Ave S  
Suite: HEC 202  
Seattle, WA 98144**

**IMPORTANT NOTICE: All applications must be received with all forms completed. The submission deadlines must be strictly adhered to in order for your application be considered.**

**Admission Is A Competitive Process.**

**(Please also note that this application must be printed single-sided.)**

**List of required paperwork to submit as part of your application to the Dental Hygiene Program.**

- 1. Dental Hygiene Application form—(See Page 4)
- 2. Receipt for nonrefundable application fee—(Receive from Cashier's Office)
- 3. Transcript Evaluation results (this takes about 8 weeks, requested by August 31, 2017 is advised) —  
(Receive from Credit Evaluator)
- 4. Unofficial Transcripts (must be included)
- 5. Complete Onsite Essay (will be sent from the testing site to the program coordinator)
- 6. Recommendation form (must be included)
- 7. Prerequisite Worksheet (must be included)—(See page 12)
- 8. TOEFL/IELTS test results for English as a Second Language applicants —(See pages 9-10)

SEATTLE CENTRAL COLLEGE  
Allied Health Division

**Dental Hygiene Application Form**

Where did you hear about our program?

- School catalog
- Family & Friends
- Dental Hygiene students
- Dental Clinic
- College Website
- Other: \_\_\_\_\_

Have you ever attended a Dental Hygiene Program?

- No  Yes

School Name: \_\_\_\_\_

Date(s) Attended: \_\_\_\_\_

Are you U.S. Citizen?  No  Yes

U.S. High School Graduate?  No  Yes

IELTS/TOEFL is required if English is your second language,

And you did not complete U.S. high school and not U.S. citizen

IELTS/TOEFL Test If applicable  No  Yes Date \_\_\_\_\_

Submit IELTS/TOEFL Test Score  No  Yes

Are you in the Worker Retraining program?  No  Yes

Name \_\_\_\_\_ Date \_\_\_\_\_

S.I.D. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Phone (eve) \_\_\_\_\_ Phone (day) \_\_\_\_\_

**A non-refundable application fee of \$35.00 must be paid before you can be placed on any Allied Health Program approved list. (The \$35.00 fee and application form is required for each program).**

The fee must be paid at Seattle Central College's Cashier's Office, located in room BE1104. Please present your application form to the cashier with your payment. Payment can be made by cash, check, and money order, VISA, Master Card or Discover. You must then submit your application form and receipt, showing the paid \$35.00 application fee, to be placed on the approved list.

**Cashier Note:** Fee code: **148-012-2750 AH**

***Checks must be written for the exact amount and must be drawn on banks located in the United States. A handling fee of \$30.75 is charged for any returned checks.***



**Dental Hygiene Community Member Recommendation & Service Hours Declaration DUE: October 20, 2017**

Dear Community Member (Persons who serve their community such as a pastor, in associations, in clubs, volunteer events, etc.)

The Seattle Central College Dental Hygiene Program asks for a recommendation from a member of our community. We appreciate your time and effort in completing the assessment. Please provide the feedback on the personal characteristics of:

\_\_\_\_\_  
**Prospective Student Name**

| PERSONAL CHARACTERISITCS   | 3         | 2       | 1   |
|--|-----------|---------|-----|
| Rating Scale <i>(Please mark only 1 box with a V or X)</i>                       | Excellent | Average | Low |
| 1. This person follows through on assigned tasks.                                |           |         |     |
| 2. This person works well as a team member.                                      |           |         |     |
| 3. This person communicates well.  |           |         |     |
| 4. This person can communicate well in writing.                                  |           |         |     |
| 5. This person can solve problems independently.                                 |           |         |     |
| 6. This person demonstrates her/his personal system of ethics.                   |           |         |     |
| 7. This person can organize and prioritize well even with highly detailed tasks. |           |         |     |
| 8. This person demonstrates an acceptable level of professionalism.              |           |         |     |
| 9. This person is punctual.  |           |         |     |
| 10. This person has an acceptable level of competence using technology.          |           |         |     |

Please give a short summary of your perception of this person to be successful in an Allied Health program, to include: The Applicant’s participation in community activities, the demographic characteristic of the community in which the applicant resides, and the applicant’s interaction with people of diverse backgrounds.

By signing this affidavit, the community service member verifies this to be an accurate reflection of the applicant’s community service hours and performance. *(The applicant needs to submit 80 - 100 hours. These can be from multiple sites.)*

\_\_\_\_\_  
 Name (please print)

\_\_\_\_\_  
 Title/Relationship to prospective

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

# This Is A Multi-Purpose Verification Form

**Dental Assistant, CDA, Neighborcare Dental Assistant, and/or CODA Verification Form** (Optional)

**DUE: October 20, 2017**

**APPLICANT'S NAME:** \_\_\_\_\_ **Student Identification Number**  
 (Please print clearly) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- **Copy of ADAA (CDA) Certificate Attached:**  Yes  No
- **Graduated from CODA Dental Assistant Program:**  Yes  No

If you are employed in private practice or a dental clinic please provide the name of the dentist in which you were employed \_\_\_\_\_

It is our goal to acknowledge your experience and commitment to the dental professions.

Please provide the information in the table in order to verify an applicant's prior work experience.

If you wish to submit work experience from more than one office, please copy this form and submit each signed form to the Seattle Central College Dental Hygiene Office.

Please read the descriptions below, indicate with an X in the boxes that most closely describe the nature of your work experience in a dental office:

| <b>Duties and tasks performed:</b>   | <b>Routinely</b> | <b>Occasionally</b> | <b>Never</b> |
|--|------------------|---------------------|--------------|
| <b>Expanded Function Dental Assistant</b> (performs two or more tasks)<br>All chairside functions noted below plus: temporary crowns, retraction cord placement, sealants, placement of matrices, etc. |                  |                     |              |
| <b>Chairside Dental Assistant</b><br>4 & 6 handed dentistry, manipulation of dental materials, rubber dam placement, exposing radiographs, child prophylaxis   |                  |                     |              |
| <b>Limited Chairside Experience</b><br>Oral evacuation and transfer of instruments   |                  |                     |              |
| <b>Sterilization Assistant</b><br>No chairside duties  |                  |                     |              |
| <b>Dental Laboratory Technician</b><br>No direct patient experience  |                  |                     |              |

*By signature, the applicant verifies this to be accurate reflections of his/her work experience and the total hours worked in this position.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*By signing this affidavit, the employing Dentist verifies this to be an accurate reflection of the applicant's work experience and the total hours worked in this position.*

**Work Experience Dates:** from \_\_\_\_\_ to \_\_\_\_\_ **Total hours** \_\_\_\_\_ worked at this position.

**DENTIST'S NAME (PRINTED):** \_\_\_\_\_

**Dentist's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office Address: \_\_\_\_\_ Office Phone No. \_\_\_\_/\_\_\_\_/\_\_\_\_

**Email:** \_\_\_\_\_

**FOR OFFICE USE ONLY: VERIFIED:**  YES  NO **DATE:** \_\_\_\_\_ **INITIALS:** \_\_\_\_\_

## **Pre-Application Process:**

For those students who are in the exploratory phase of the process and only want information should attend the dental hygiene program Information Sessions. (The dates, times, and location of program Information Sessions can be found on the Seattle Central College website link: <http://seattlecentral.edu/course/infosessions.php>)

To prepare a student to succeed in the Dental Hygiene Program, a strong background in the basic sciences, along with general education college courses is essential.

## **Process to Apply:**

1. All students who are interested in Seattle Central College should visit [www.seattlecentral.edu](http://www.seattlecentral.edu) and familiarize themselves with all Seattle Central academic, administrative, and student services prior to admission.
2. Apply to the college in the Admissions Office, room 1104B1. Submit **original** college transcripts. If you are an international student, get verification of equivalent U.S. high school completion from the International Student Programs Office.
3. If testing is required to determine placement in English and Math, take the Placement test.
4. Attend a mandatory START new student orientation session.
5. Students are strongly encouraged to meet with a Workforce Advisor (206-934-4068) in room BE 1102D upon completion of the START orientation (which is mandatory for all students). Students should bring transcripts and specific questions to the appointment. Students are admitted once a year in spring quarter.
6. Schedule and complete an onsite essay in the Testing Office at Seattle Central College by calling 206-934-6344. Seattle Central College charges a \$15 proctoring fee.
  - Summer Testing Center hours are on Mondays, Wednesdays, and Thursdays no appointment necessary (walk-ins only) from 8:00 am – 3:30 pm.
  - Fall, winter, and spring Testing Center hours are on Mondays, Wednesdays, Thursdays, and Fridays no appointment necessary (walk-ins only) from 8:00 am – 3:00 pm.

**To schedule an essay**, call the Testing Center at Seattle Central College at 206-934-6344.

- The essay will consist of two (2) questions over a period of 90 minutes. One question will be on the *topic* of what functions a dental hygienist performs and why you are interested in the profession. You might want to prepare by watching You Tube Videos of Dental Hygiene functions, or interviewing a dental hygienist about what they do daily. Research in various ways to gather information about the profession to help you write a comprehensive answer.
- The second question *topic* will be about meaningful community effort(s) that you have been involved in and the population(s) served.
- The essay will be held in a computer lab with word processing ability only.

## **Out-of-State: Finding a Qualified Proctor If You are Out-of-State**

The application-proctored essay must be taken at an official proctored testing facility. Most proctor sites operate on an appointment only basis. Please make sure you have contacted your proctor site to schedule the essay before showing up.

You are responsible for finding a qualified proctor to complete your essay. The proctor must be a college, university, or library. Proctors cannot be family members, friends, or co-workers.

For assistance in finding a proctor: contact a guidance counselor, a public librarian, an academic advisor, or the dean of students or registrar's office at a nearby college, or university. Any fees incurred are your responsibility.

## Submitting the proctored essay

- Before submitting the application, find a qualified proctor (see above) with whom you have arranged the date, time, and location for the off-campus essay. If you do not submit a proctored essay form or your form is late, you may forfeit the opportunity to apply for the program.
- Complete the essay and have the proctor submit the essay by email directly to [nancy.harris@seattlecolleges.edu](mailto:nancy.harris@seattlecolleges.edu).
- E-mail confirmations will be sent to you and your proctor upon receipt of the proctored essay. If confirmation is not received within 48 hours, send an e-mail to [nancy.harris@seattlecolleges.edu](mailto:nancy.harris@seattlecolleges.edu) anytime, or call (206) 934-4186 Monday through Friday, 8 am to 4:30 pm.

## Proctored Essay Approval and Procedures

When the proctored essay request has been scheduled, contact Nancy Harris with the information from the testing site. A second e-mail will be sent to you and your proctor that includes details about essay policies and procedures. Proctors will receive the essay materials and instructions from the program assistant via email [nancy.harris@seattlecolleges.edu](mailto:nancy.harris@seattlecolleges.edu) (see paragraph below).

You must complete essays within the specific period of time and no later than the on-campus essay date. Proctors must return all essay materials by fax or e-mail (scanned materials) immediately following completion of the essay. Detailed instructions—fax number, and return e-mail address—are included in the e-mail sent to proctors shortly before the date of the essay.

If you or your proctor do not follow the essay procedures, you may forfeit the application.

For more information, e-mail [nancy.harris@seattlecolleges.edu](mailto:nancy.harris@seattlecolleges.edu) anytime, or call (206) 934-4186 Monday through Friday, 8 am to 4:30 pm.

7. Prospective dental hygiene students who are interested in entering the program must successfully complete all of the prerequisite courses for the program with a minimum 2.5 grade. You may repeat courses to improve your grade. Your **most recent grade will be used** for selection purposes. All science and math classes must be taken within the last five (5) years (see worksheet, page 12). If you have any questions, please email [advisorcentral@seattlecolleges.edu](mailto:advisorcentral@seattlecolleges.edu). (Complete Application Worksheet.)
8. **Exception:** International students whose primary **and** secondary education took place in Australia, Canada (English-speaking provinces), Great Britain, Ireland, New Zealand, or the U.S. are exempt from this requirement. Students born in one of these countries yet educated elsewhere are still required to satisfy the English proficiency requirement.

| TOEFL   | Minimum Score Before Admission |
|---|--------------------------------|
| TOEFL Internet-based                                  | 92                             |
| TOEFL paper-based                                     | 580                            |
| International English Language Testing System (IELTS) | 7.0                            |

- Applicants who have not met the minimum English proficiency requirement by the application deadline or have not taken one of the English proficiency exams by the deadline will not be considered for admission.
- Previous ESL coursework or English composition courses, even when taken in the United States, will not satisfy the English proficiency admission requirement.

- An associate degree from a community college does not exempt applicants from submitting English proficiency exam scores. All applicants must submit official TOEFL or IELTS scores to be eligible for admission consideration.
- Plan ahead to take the English proficiency exam. Do not delay taking the exam.
- Official test scores. All exam scores must be sent directly from the testing agency. Score reports provided to the applicant (i.e. examinees' copies, student copies, etc.) or photocopies of score reports will not be accepted.
- English proficiency exam scores are only valid for two years from the original exam date. If scores are more than two years old, you will be required to take a new exam. Photocopies of previous exam scores will not be accepted.

9. Students must complete all prerequisite courses (as stated in No. 7 above) with a minimum grade of 2.5. (See list below.) Completion of prerequisites does not guarantee admission into the dental hygiene program. Admission is a competitive process.

### Prerequisite Courses

➤ CHEM&121 Intro to Chemistry, MATH& 146 Q-Statistics, and four (4) other science courses listed below must be completed before the application deadline in October of the year you intend to apply.

- |             |                               |
|-------------|-------------------------------|
| • BIOL& 160 | General Biology               |
| • BIOL& 241 | Human Anatomy & Physiology I  |
| • BIOL& 242 | Human Anatomy & Physiology II |
| • BIOL& 260 | Microbiology                  |
| • CHEM& 122 | Intro to Organic Chemistry    |
| • NUTR& 101 | Human Nutrition               |

### **AND**

➤ ENGL&101 Composition I and two (2) non-science courses listed below must be completed before the application deadline in October of the year you intend to apply.

- |                       |                             |
|-----------------------|-----------------------------|
| • ENGL& 102           | Composition II              |
| • PSYC& 100           | General Psychology          |
| • HUM 105             | Intercultural Communication |
| • Humanities elective |                             |

Any prerequisite not completed by the application deadline may be completed during the fall or winter quarter prior to the spring quarter program start or during the summer quarter immediately after the program start.

To restate: Applicants need a total of nine (9) prerequisite courses completed by time of application deadline. The applicant **must** have CHEM& 121, MATH& 146, and four (4) other Science courses by the October application deadline. Including, the applicant **must** have ENGL& 101 and two (2) non-sciences courses by the October deadline by application deadline. (Please refer to #9 above.)

Any allowable remaining prerequisite courses not completed by the application deadline **must** be completed during the fall or winter quarter prior to the spring quarter program start OR during the summer quarter directly after the program start.

**Please complete the Incoming Planning Worksheet on Page 12 and include it with your application. (Keep a copy for your records.)**

**If you have taken prerequisite classes at another college:**

1. Bring official transcripts for courses taken at another college to the Admissions Office.
2. Complete an "Incoming Transcript Evaluation Request" Form. This can be done online refer to forms. <http://seattlecentral.edu/forms/workforce-evaluation-form-B-191.pdf>
3. All transcripts should be submitted before the deadline. (it takes about 8 weeks to complete evaluation process)
4. Seattle Central College Transcript Evaluator will mail notification to you as to which courses were transferred to Seattle Central. To be timely with the **October 20, 2017** application deadline, you must submit your **transcripts for evaluation** by **August 31, 2017**.

**Selection/Review Process:** Incomplete files will not be considered in the selection/review process. It is the applicant's responsibility to ensure that his/her file is complete and up-to-date, prior to established deadlines.

Applicants will go through a selection/review process. Twenty students will be selected for program entry each Spring Quarter. All other qualified students will be placed on an alternate list. Applicants wanting to re-apply for the following year, must resubmit their application forms, pay the nonrefundable application fee and meet that year's deadline date.

All applicants will be notified of their acceptance status and applicants on the alternate list will be ranked. Alternates should stay in contact with the Dental Hygiene Program Coordinator (206-934-4186) if interested in remaining as an active applicant. If a selected applicant withdraws, alternate candidates will be contacted. Prior to registration all students must have a no discrepancies National/State criminal background check. After registration proof of a two-step TB test or related blood test; required immunizations; and a physical exam is required. *Required forms will be provided at the time of registration.*

The Competitive Selection is calculated by a Pre-Selection criteria which is 50% of the points and are derived from a 20 point rating as listed below:

- Recommended by Employer/Other Persons (1 pt.)
- Recommended by from Community Member & Service Hours (2 pt.)
- Essay Evaluation (up to 8 points total)
- GPA (total of 5 points broken down by the bullets below:
  - GPA between 2.5 – 2.9 (2 pt.)
  - GPA between 3.0 – 3.3 (3 pts.)
  - GPA 3.4 or higher (5 pts.)
- Dental Assistant (must be registered) and Office Experience Verification 500-1000 hrs: (1pt.) See verification form on page 7.
- CDA Certification (Not to be confused with Registered DA); OR more than 1,000 hours experience as a Neighborcare dental assistant; OR graduation from a CODA accredited dental assistant program requiring 9 months or more full time study (1 pt.) See verification form on page 7.
- Verified Worker Retraining Applicant/Military Experience (2 pt.)

The second portion of the Competitive Selection consist of 50% of the points and are derived from the Group Interview which include:

- Five questions that equal 20 points.

# Dental Hygiene Program Prerequisite List and Timeline Guide

This section consists of a Planning Worksheet which **MUST BE COMPLETED AND INCLUDED IN WITH YOUR APPLICATION**

Please use this worksheet to see if your math and science classes are within the 5-year limit. (Five years counting from the time you took the course to the application deadline date.) **\*For courses not completed, please list quarter/year when you plan to complete.**

Student Name \_\_\_\_\_ Date \_\_\_\_\_

| <b>Cut Off Date Application (incoming Spring 2018)</b> | <b>BIOL&amp; 160 General Biology (Science)</b><br><br><i>List grade below</i> | <b>BIOL&amp;241 Human Anatomy &amp; Physiology I (Science)</b><br><br><i>List grade below</i> | <b>BIOL&amp; 242 Human Anatomy &amp; Physiology II (Science)</b><br><br><i>List grade below</i> | <b>BIOL&amp; 260 Microbiology (Science)</b><br><br><i>List grade below</i> | <b>CHEM&amp; 121 Intro to Chemistry (Science)</b><br><small>Required to Apply</small><br><br><i>List grade below</i> | <b>CHEM&amp; 122 Intro to Organic Chemistry (Science)</b><br><br><i>List grade below</i> | <b>MATH&amp; 146 Q-Statistics (Science)</b><br><br><small>Required to Apply</small><br><br><i>List grade below</i> |
|--|---|---|---|--|--|--|--|
| *Plan to Take  |   |   |   |  |  |  |  |
| 2017 Summer  |   |   |   |  |  |  |  |
| 2017 Spring  |   |   |   |  |  |  |  |
| 2017 Winter  |   |   |   |  |  |  |  |
| 2016 Fall  |   |   |   |  |  |  |  |
| 2016 Summer  |   |   |   |  |  |  |  |
| 2016 Spring  |   |   |   |  |  |  |  |
| 2016 Winter  |   |   |   |  |  |  |  |
| 2015 Fall  |   |   |   |  |  |  |  |
| 2015 Summer  |   |   |   |  |  |  |  |
| 2015 Spring  |   |   |   |  |  |  |  |
| 2015 Winter  |   |   |   |  |  |  |  |
| 2014 Fall  |   |   |   |  |  |  |  |
| 2014 Summer  |   |   |   |  |  |  |  |
| 2014 Spring  |   |   |   |  |  |  |  |
| 2014 Winter  |   |   |   |  |  |  |  |
| 2013 Fall  |   |   |   |  |  |  |  |
| 2013 Summer  |   |   |   |  |  |  |  |
| 2013 Spring  |   |   |   |  |  |  |  |
| 2013 Winter  |   |   |   |  |  |  |  |
| 2012 Fall  |   |   |   |  |  |  |  |

The courses below have no time limitation

| <b>Course Number</b>        | <b>Course Name</b>          | <b>Quarter/YR Completed</b> | <b>*Plan to Take</b> | <b>Grade</b> |
|-----------------------------|-----------------------------|-----------------------------|----------------------|--------------|
| NUTR& 101 (Science)         | Human Nutrition             |                             |                      |              |
| ENGL& 101 Required to Apply | Composition I               |                             |                      |              |
| ENGL& 102                   | Composition II              |                             |                      |              |
| PSYC& 100                   | General Psychology          |                             |                      |              |
| HUM 105/ISP                 | Intercultural Communication |                             |                      |              |
| Humanities Elective         |                             |                             |                      |              |

## **Requirements After Acceptance into the Dental Hygiene Program Prior to Spring Entrance**

Once an applicant has been accepted into the Dental Hygiene Program, the applicant will be required to complete the following **prior** to beginning the Spring Quarter of the first year. All medical examinations are to be completed at the student's expense.

1. Attend the scheduled one-day Orientation (separate from the START session) with the Dental Hygiene Program on the first day of class of Spring Quarter (April 2017). Students will be provided information and issued supplies to prepare them for their Dental Hygiene education.
2. **Complete and forward the results to the Dental Hygiene Department office before entering the program in spring quarter 2017.** A physical examination (within six months prior to entering the Program) evaluating general and musculo-skeletal health. This examination must include previous or current injuries and conditions to hands and arms (i.e. carpal tunnel, tendonitis, fractures, etc.), shoulders, neck and back (including muscles, tendons, bones, and/or nerves). In addition, this physical examination **must** include laboratory tests and update of immunizations as recommended by the Centers for Disease Control and Prevention (CDC) or your health care provider. *Guidelines for immunizations, set by the CDC, are provided at the end of this section. **Take these guidelines with you to your appointment to ensure that you receive the proper immunizations.***
3. A **two-step PPD/Manitou screening test/QuantIFERON®-TB Gold In-Tube test (GFT-GIT)** showing no active TB for Mycobacterium tuberculosis or related blood test is required at the time of acceptance into the program and thereafter on an annual basis. This is not an immunization but a test of exposure to Mycobacterium tuberculosis.

**NOTE:** Students accepted into the Program who were born in a foreign country and received a BCG immunization for TB. must contact the Dental Hygiene Department prior to going for a PPD test.

4. A vision/eye examination that includes an evaluation of depth perception. Students will be required to wear safety glasses during the performance of **all** lab and clinical activities/procedures. Students who wear prescription glasses should consult with the First Year Clinic Coordinator for acceptable eyewear options. Side shields are required on all safety glasses including personal prescription glasses. Some frame designs create difficulty in meeting this requirement.
  - a. A dental examination within the past 12 months. However, no dental prophylaxis after January 1 prior to entry into the program. This is to help you and your student partners to have a more enriching learning experience. If you have a concern about your oral health due to refraining from a prophylaxis, contact the Junior Year Clinic Coordinator. All students will be provided a prophylaxis in March of their first year in the program. If you normally have your teeth cleaned more often than every 6 months, please discuss your schedule and needs with the Junior Year Clinic Coordinator.

### **Required Immunizations**

- |                                       |   |
|---------------------------------------|---|
| • Hepatitis B                         | 3-dose series or *Positive Titer showing immunity |
| • Influenza                           | 1-dose given (during flu season September – June) |
| • MMR (Measles, Mumps, & Rubella)     | 2-dose series or *Positive Titer showing immunity |
| • Varicella (chickenpox)              | 2-dose series or *Positive Titer showing immunity |
| • TDaP Tetanus, Diphtheria, Pertussis | One Adult Dose after the age of 19                |
| • TD Tetanus-Diphtheria               | Every 10 years                                    |

**Students are required to have all immunizations prior to beginning their training. The cost for all vaccinations including HBV is the responsibility of the student.** Ideally all doses will be completed prior to spring quarter of admission. A confirming test to determine immunity is encouraged after the second dose, and is required after the third dose.

All required immunizations must be current upon entrance into the Dental Hygiene Program. Any variations must be documented by a healthcare provider, indicating why the medication was not/will not be given.

**Special Note:**

The educational environment contains multiple latex products and exposure to potential blood borne pathogens and that all treatment conforms to current infection control standards as designated by the Centers for Disease Control (CDC) and the United States Occupational Safety & Health Administration (OSHA).

**Disability Support Services**

The role of the Disability Support Services Office is to provide physical and programmatic accommodations to persons with documented disabilities. This is carried out within the overall goals and mission Seattle Central College and Seattle College District's Policy and Procedure 387 Reasonable Accommodations for Students with Disabilities . The Disability Support Services (DSS) Office offers consultation to faculty, staff, and classified employees of the college for the purpose of designing accommodations that provide equal access to otherwise qualified students regardless of age, gender, race, or sexual orientation.

Not all requested accommodations are "reasonable." An accommodation is not reasonable if:

- Making the accommodation or having the individual involved in the activity poses a direct threat to the health or safety of others.
- Making the accommodation means making a substantial change in an essential element of the curriculum.
- Making the accommodation would require a substantial alteration in the manner in which educational opportunities are provided, such as the course objectives being altered.
- Making the accommodation would impose an undue financial or administrative burden to the institution.

To be eligible for disability-related services, students must have a disability as defined by the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973. Under the ADA and Section 504, a person has a disability if he or she has a physical or mental impairment that substantially limits one or more of the major life activities (walking, standing, seeing, speaking, hearing, sitting, breathing, and taking care of oneself).

At the Seattle Central College Campus, Disability Support Services is the designated office that obtains and files disability-related documents, certifies eligibility for services, helps determine academic adjustments, and consults for the provision of such accommodations. Academic adjustments are provided to ensure access to all college courses, programs, counseling, activities, and facilities. Disability Support Services provides or arranges a variety of auxiliary services to the college, such as interpreting services, assistive technology, exam modifications, and academic assistance. Auxiliary requests such as any assistive technology, books converted to e-format, Scribes are to be requested at least 6 weeks in advance. There may be a delay in services if less notification is given. Request for interpreting services with less than four weeks notice for on-going classes can result in delayed services. At least 3 business days are required for special requests/one time services. Therefore, all inquiries and requests from any student, faculty or staff member for interpreting services must be referred to the DSS Office of the college. Their phone number is 206.934.4183.

*Disability support and services handbook can be found on the website*  
[http://seattlecentral.edu/disability-support/DSS\\_Student\\_Handbook.pdf](http://seattlecentral.edu/disability-support/DSS_Student_Handbook.pdf)

**Clinical & Community Health Rotation Sites**

| Program Location(s):  | Community Health Rotation Sites                               |
|---|---|
| <p>Seattle Central College<br/>Dental Hygiene Program<br/>1200 12<sup>th</sup> Ave S<br/>HEC 202<br/>Seattle, WA 98144<br/>(206) 934-4186</p>   | <p>Odessa Brown Children’s Clinic<br/>DECOD Dental Clinic</p> |
| <p>NeighborCare Health Clinics</p> <ol style="list-style-type: none"> <li>1. <a href="#">Neighborcare Health at Pacific Tower</a><br/>1200 12th Ave S<br/>4th floor (Suite 401)<br/>Seattle, WA 98144<br/>United States<br/>206-548-5850</li> <li>2. <a href="#">Neighborcare Health at Meridian</a><br/>10521 Meridian Avenue North<br/>Seattle, WA 98133<br/>206-296-4990</li> <li>3. <a href="#">Neighborcare Health at Georgetown</a><br/>6200 13<sup>th</sup> Ave S<br/>Seattle, WA 98108<br/>206.461.6943</li> <li>4. <a href="#">Neighborcare Health at Rainier Beach</a><br/>9245 Rainier Ave S<br/>Seattle, WA 98118<br/>206.461.6981</li> </ol> |   |

Estimated Cost of the Program update 5/2017

| Approximate costs for the eight quarters Dental Hygiene program, based on Washington State resident tuition rates are listed below. Prerequisite course expenses, room and board are not included. (Seattle Central College does not have dormitories.) <b>Please keep in mind that these costs are estimated and are subject to change.</b> |                   |   |                   |
|--|-------------------|---|-------------------|
| FIRST YEAR   |                   | SECOND YEAR   |                   |
| <b>Spring Quarter: (12 credits)</b>  |                   | <b>Summer Quarter: (13 credits)</b>                   |                   |
| Seattle Central Tuition <sup>a</sup>   | \$1,232.94        | Seattle Central Tuition <sup>a</sup>                  | \$2,049.44        |
| Seattle Central Student Activity Fee   | 24                | Seattle Central Student Activity Fee                  | 24                |
| Seattle Central Technology Fee   | 54                | Seattle Central Technology Fee                        | 39                |
| Seattle Central Transportation Fee   | 15                | Seattle Central Transportation Fee                    | 15                |
| Seattle Central Computer Lab/Web Enhanced/Online Fees  | 91.60             | Seattle Central Computer Lab/Web Enhanced Fees        | 91.60             |
| Student ID Card  | 5                 | Supplies  | 115               |
| Instruments & Supplies (1 <sup>st</sup> year issue) <sup>b</sup>   | 2984              | Books   | Approximate 450   |
| Uniforms and Shoes (student choice)  | 350               | Clinic Lab fee  | 95                |
| Books  | Approximate 575   | Professional Liability Insurance                      | 35                |
| Clinic Lab Fee <sup>c</sup>  | None Assessed     | <b>Estimated Total</b>                                | <b>\$2,914.04</b> |
| Professional Association Dues  | 95                |   |                   |
| Liability Insurance  | 35                | <b>Fall Quarter: (19 credits)</b>                     |                   |
| <b>Estimated Total</b>   | <b>\$5,461.54</b> | Seattle Central Tuition <sup>a</sup>                  | \$2,079.47        |
|  |                   | Instruments and Supplies                              | 250               |
| <b>Fall Quarter: (18 credits)</b>  |                   | Seattle Central Student Activity Fee                  | 24                |
| Seattle Central Tuition <sup>a</sup>   | \$1,334.86        | Seattle Central Technology Fee                        | 54                |
| Seattle Central Student Activity Fee   | 24                | Seattle Central Transportation Fee                    | 15                |
| Seattle Central Technology Fee   | 54                | Seattle Central Computer Lab/Web Enhanced/Online Fees | 98.46             |
| Seattle Central Transportation Fee   | 15                | Books   | Approximate 100   |
| Seattle Central Computer Lab/Web Enhanced Fees   | 98.46             | Clinic Lab fee <sup>c</sup>                           | 450               |
| Books  | Approximate 300   | Clinic rotation instrument rental                     | 300               |
| Instruments  | 150               | <b>Estimated Total</b>                                | <b>\$3,370.93</b> |
| Clinic Lab fee   | 450               |   |                   |
| Magnification Loupes   | 1200              | <b>Winter Quarter: (16 credits)</b>                   |                   |
| <b>Estimated Total</b>   | <b>\$3,626.32</b> | Seattle Central Tuition <sup>a</sup>                  | \$2,513.78        |
|  |                   | Seattle Central Student Activity Fee                  | 23                |
| <b>Winter Quarter: (19 credits)</b>  |                   | Seattle Central Technology Fee                        | 48                |
| Seattle Central Tuition <sup>a</sup>   | \$2,279.84        | Seattle Central Transportation Fee                    | 15                |
| Instruments and Supplies   | 2625              | Seattle Central Computer Lab Fee                      | 46                |
| Seattle Central Student Activity Fee   | 24                | Supplies  | 300               |
| Seattle Central Technology Fee   | 54                | Books   | Approximate 100   |
| Seattle Central Transportation Fee   | 15                | Clinic Lab fee <sup>c</sup>                           | 450               |
| Seattle Central Computer Lab/Web Enhanced/Online Fees  | 91.60             | Professional Association Dues                         | 90                |
| Books  | Approximate 300   | WSDHA Symposium Registration                          | 75                |
| Clinic Lab fee <sup>c</sup>  | 450               | <b>Estimated Total</b>                                | <b>\$3,660.78</b> |
| WSDHA Symposium Registration Fee   | 75                |   |                   |
| Professional Association Dues  | 90                | <b>Spring Quarter: (13 credits)</b>                   |                   |
| <b>Estimated Total</b>   | <b>\$6,004.44</b> | Seattle Central Tuition <sup>a</sup>                  | \$2,484.14        |
|  |                   | Seattle Central Student Activity Fee                  | 23                |
| <b>Spring Quarter: (20 Credits)</b>  |                   | Seattle Central Technology Fee                        | 39                |
| Seattle Central Tuition <sup>a</sup>   | \$2,089.48        | Seattle Central Transportation Fee                    | 15                |
| Seattle Central Student Activity Fee   | 24                | Seattle Central Computer Lab Fee                      | 46                |
| Seattle Central Technology Fee   | 54                | Supplies  | 300               |
| Seattle Central Transportation Fee   | 15                | Books   | Approximate 100   |
| Seattle Central Computer Lab/Web Enhanced/Online Fees  | 98.46             | Clinic Lab fee <sup>c</sup>                           | 450               |
| Supplies   | 300               | <b>Estimated Total</b>                                | <b>\$3,457.14</b> |
| Books  | Approximate 100   |   |                   |
| Clinic Lab fee <sup>c</sup>  | 450               | <b>TOTAL TWO YEARS</b>                                |                   |
| <b>Estimated Total</b>   | <b>\$3,130.94</b> | <b>(with in-state tuition <sup>a</sup>)</b>           |                   |
|  |                   | <b>\$31,626.13</b>                                    |                   |
|  |                   | <b>State Licensing Exam Fees</b>                      |                   |
| <b>State Licensing Exam Fees</b>   |                   | WA State License Credentialing Application            | \$100             |
| National Board Exam Fee  | \$360             | Dental Hygiene Drug and Law Exam                      | \$100             |
| <b>Western Regional Examining Board Fees</b>   |                   |   |                   |
| • Hygiene  | \$1,100           |   |                   |
| • Restorative  | \$425-530         | <b>Health Insurance</b>                               |                   |
| • Anesthesia (includes contingency fee)  | \$325-445         | Health Insurance (student choice)                     | \$100 +/- month   |

a. Tuition subject to change      b. Includes lab coats      c. Includes materials and maintenance costs

**ALL COSTS ARE SUBJECT TO CHANGE THESE ARE ONLY ESTIMATES BASED ON CURRENT AVAILABLE PRICES**

1. Resident tuition rates shown are for the 2016-2017 academic year and are subject to change by the state legislature. Non-resident (US citizen out-of-state, Immigrant, or Student Visa) tuition is \$278.84 per credit. All Seattle Central fees collected quarterly when tuition is due.
2. Additional instruments may be issued dependent upon technology and instrument advancements.
3. Costs do not include student purchase of masks and gloves, and prices will vary based on student preference.

For information regarding fees for Bus Passes and Parking Permits. Please call Transportation Services at (206) 934-6932 or (206) 934-3202

## **Financial Aid, Scholarships, and Loans**

Students accepted into the Seattle Central College Dental Hygiene Program who is interested in information about financial aid, scholarships, and/or loans should contact the Financial Aid Office (206) 934-3844. Our Federal (Title IV) School Code is 003787. Deadlines are strictly adhered to, so students are encouraged to apply early.

Additional scholarship information is available only for accepted applicants:

### **Offered by:**

- Washington State Health Professional Scholarship Program  
<http://www.collegescholarships.org/states/washington.htm>

Any documents sent to your file at the Seattle Central College Admissions Office or the Dental Hygiene Program will become the property of Seattle Central College and the Dental Hygiene Program. Please keep copies of documents you wish to retain in your records.

**PROGRAM SEQUENCE**  
**SEATTLE CENTRAL COLLEGE**  
*Dental Hygiene Program Scope & Sequence*  
**REQUIREMENTS FOR THE**  
**Bachelor's of Applied Science- Degree – B.A.S. DEGREE**

**2017-2019**

**TOTAL PROGRAM CREDITS REQUIRED BAS: 195**  
**TOTAL PREREQUISITE COURSES: 65**  
**TOTAL PROGRAM CREDITS REQUIRED AAS-T: 95 CREDITS**

| <b><u>PREREQUISITE COURSES</u></b> |                                      | <b><u>CREDITS</u></b> |
|------------------------------------|--------------------------------------|-----------------------|
| BIOL& 160                          | General Biology                      | 5                     |
| BIOL& 241                          | Human Anatomy & Physiology I         | 5                     |
| BIOL& 242                          | Human Anatomy & Physiology II        | 5                     |
| BIOL& 260                          | Microbiology                         | 5                     |
| CHEM& 121                          | Intro to Chemistry                   | 5                     |
| CHEM& 122                          | Intro to Organic Chemistry           | 5                     |
| MATH& 146 & 136                    | Descriptive Statistics or Statistics | 5                     |
| PSYC& 100                          | General Psychology                   | 5                     |
| ENGL& 101                          | Composition I                        | 5                     |
| ENGL& 102                          | Composition II                       | 5                     |
| NUTR& 101                          | Human Nutrition                      | 5                     |
| HUM 105                            | Intercultural Communication          | 5                     |
| Humanities Elective                |                                      | 5                     |
| <b>Total Prerequisite Credits:</b> |                                      | <b>65</b>             |

**ASSOCIATE'S DEGREE COURSES: DENTAL HYGIENE TRACK**

| <b><u>Quarter 1 Spring</u></b> |   | <b><u>CREDITS</u></b> |
|--------------------------------|---|-----------------------|
| AHE 128                        | Introduction to Healthcare Practice (4 hours lecture) | 4                     |
| AHE 129                        | Introduction to Healthcare Practice (2hours lab)      | 1                     |
| DHY 250                        | Oral Biology (2 hrs Online)                           | 2                     |
| DHY 251                        | Human Pathophysiology (3 hours Online)                | 3                     |
| DHY 254                        | Health Promotion (2 hours didactic)                   | 2                     |
| DHY 257                        | Head and Neck Anatomy                                 | 2                     |
| <b>Total</b>                   |   | <b>14</b>             |

**Summer (no required courses)**

All allowed Pre-requisites which have not been completed could be taken in summer

| <b><u>Quarter 2 Fall</u></b> |   |           |
|------------------------------|---|-----------|
| DHY 252                      | Fundamentals of Dental Hygiene I                    | 3         |
| DHY 253                      | Clinical Dental Hygiene I (6 hours lab)             | 3         |
| DHY 261                      | Preventive Dentistry (2 didactic)                   | 2         |
| DHY 255                      | Dental Radiology I (2 didactic)                     | 2         |
| DHY 256                      | Dental Radiology I Practice (4 hours lab)           | 2         |
| DHY 258                      | Dental Anatomy and Morphology (2 hours didactic)    | 2         |
| DHY 259                      | Dental Anatomy and Morphology Practice (2 hour lab) | 1         |
| DHY 260                      | Emergency Management (1 hour didactic)              | 1         |
|                              |   | <b>16</b> |

**95 total program credits**

**AAS - T in Allied Health Awarded**

## BAS IN ALLIED HEALTH: DENTAL HYGIENE TRACK COURSES

|                  |   |           |
|------------------|---|-----------|
| <b>Quarter 3</b> | <b>Winter</b>   |           |
| DHY 300          | Clinical Dental Hygiene II (8 hours lab)                    | 4         |
| DHY 303          | Fundamentals of Dental Hygiene II (3 hours didactic)        | 3         |
| DHY 306          | Restorative Practice and Materials I (2 hours didactic)     | 2         |
| DHY 307          | Restorative Practice and Materials I Practice (2 hours lab) | 1         |
| DHY 323          | Pharmacology (3 hours Online)                               | 3         |
| DHY 313          | Periodontology I (3 hour didactic)                          | 3         |
| DHY 314          | Dental Radiology II (2hrs lecture)                          | 2         |
| DHY 315          | Dental Radiology II Practice (2 hours lab/clinic)           | 1         |
|                  |   | <b>19</b> |
| <b>Quarter 4</b> | <b>Spring</b>   |           |
| AHE 401          | Research Methods in Allied Health                           | 5         |
| DHY 301          | Clinical Dental Hygiene III (8 hours lab/clinic)            | 4         |
| DHY 311          | Pain Control Anesthesia (2hr didactic)                      | 2         |
| DHY 312          | Pain Control Anesthesia Practice (4 hour lab)               | 2         |
| DHY 304          | Fundamentals of Dental Hygiene III (2 hours didactic)       | 2         |
| DHY 308          | Restorative Practice and Materials II (2hrs didactic)       | 2         |
| DHY 309          | Restorative Practice and Materials II Practice (2hrs lab)   | 1         |
|                  |   | <b>18</b> |
| <b>Quarter 5</b> | <b>Summer</b>   |           |
| DHY 302          | Clinical Dental Hygiene IV (16 hours lab/clinic)            | 8         |
| DHY 305          | Fundamentals of Dental Hygiene IV (2 hours didactic)        | 2         |
| DHY 310          | Advanced Restorative Practice I (4 hours in lab/clinic)     | 2         |
| DHY 318          | Oral Pathology (2 hours Online)                             | 2         |
|                  |   | <b>14</b> |
| <b>Quarter 6</b> | <b>Fall</b>   |           |
| DHY 391          | Community Dental Health I (1 hour didactic)                 | 1         |
| DHY 400          | Advanced Practicum in Dental Hygiene I                      | 8         |
| DHY 404          | Principles of Dental Hygiene Practice I                     | 3         |
| DHY 407          | Strategies of Capstone Project                              | 1         |
| DHY 410          | Advanced Restorative Practice II                            | 2         |
| DHY 413          | Periodontology II (2 hrs didactic)                          | 2         |
|                  |   | <b>17</b> |
| <b>Quarter 7</b> | <b>Winter</b>   |           |
| DHY 401          | Advanced Practicum in Dental Hygiene II                     | 8         |
| DHY 405          | Principles of Dental Hygiene Practice II                    | 2         |
| DHY 409          | Ethics and Jurisprudence (2 hours online)                   | 2         |
| DHY 411          | Advanced Restorative Practice III                           | 2         |
| DHY 414          | Selective Populations (1 hour didactic)                     | 1         |
| DHY 415          | Selective Populations Practice (2 hour lab/clinic)          | 1         |
| DHY 419          | Community Dental Health II                                  | 2         |
|                  |   | <b>18</b> |
| <b>Quarter 8</b> | <b>Spring</b>   |           |
| DHY 402          | Advanced Practicum in Dental Hygiene III                    | 8         |
| DHY 406          | Principles of Dental Hygiene Practice III                   | 1         |
| DHY 408          | Capstone  | 1         |
| DHY 412          | Advanced Restorative Practice IV                            | 2         |
| DHY 416          | Professional Issues I                                       | 1         |
| DHY 420          | Community Dental Health III                                 | 1         |
|                  |   | <b>14</b> |

**PROGRAM CREDITS AT DHY 300-400 LEVEL: 100**

**TOTAL PROGRAM CREDITS INCLUDING PREREQUISITES AND ASSOCIATE'S DEGREE: 195**

**100 BAS total program credits      BAS in Allied Health Sciences Awarded**