



# FOOTHILL COLLEGE

## FOOTHILL COLLEGE DENTAL HYGIENE APPLICATION

NAME: \_\_\_\_\_  
Last First Middle

Foothill College Student CWID # \_\_\_\_\_ \*If you do not have a FH student CWID#, click here to register for the college: <https://foothill.edu/reg/> There is no cost involved to get a student ID#.

Please list any other name(s) by which you have been known:

\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Have you previously applied to the Foothill College Dental Hygiene Program? Yes  No

If yes, list the dates of previous applications: \_\_\_\_\_

Have you previously attended any Dental Hygiene Program? Yes  No

If yes, list the school and the reason you left the program. School: \_\_\_\_\_

Reason: \_\_\_\_\_

Name of International or U.S. High School where diploma was received: \_\_\_\_\_

Year Graduated: \_\_\_\_\_ High School GPA: \_\_\_\_\_

Please list the name, starting and ending dates, and any degrees or certificates, for **ALL** colleges (including Foothill College), universities, technical and vocational schools attended. You must include colleges in which courses were attempted although they may not have been completed: **Do not leave this table blank.**

	Name Of College/University	City and State	Dates Attended	Degree Received
1				
2				
3				
4				
5				
6				

**A. PREREQUISITES MUST BE COMPLETED WITH A “C” GRADE OR HIGHER:**

Complete **ALL** prerequisite before applying is highly recommended. A limited number (1-3 courses) of prerequisites may be in-progress at the time of applying; **however**, it may affect the chance of acceptance into the program. All in-progress courses must be completed before starting program in the summer quarter.

**Important Notes:**

- All Biological Science courses\* need a **six-year** recency requirement.
- **Anatomy & Physiology (A&P) Semester System Point Breakdown:** A = 6; B = 4.5; and C = 3  
(If A&P were completed in 2 semesters, input a grade for BIOL 40A & 40B and select "does not apply" for BIOL 40C)

**All boxes in each category must be filled out including in-progress course as “IP” and/or “does not apply”**

PREREQUISITES	COURSE NAME (not CRN)	COLLEGE	Sem/ Qtr	Year (YY)	UNITS	GRADE	POINTS A = 4 B = 3 C = 2 IP = 0
DH 200L - Intro to Dental Hygiene							
ENGL 1A - Composition & Reading							
ENGL 1B - Composition, Critical Reading & Thinking							
COMM 1A - Public Speaking							
SOC 1 - Intro to Sociology							
PSYC 1 - General Psychology							
HLTH 21 - Contemporary Health Issues							
COMM 12 - Intercultural Communication							
MATH 10 – Statistics							
CHEM 30A - Organic/Inorganic Chemistry							
CHEM 30B - Organic/Biochemistry							
*BIOL 40A - Anatomy & Physiology I							
*BIOL 40B - Anatomy & Physiology II							
*BIOL 40C - Anatomy & Physiology III							
*BIOL 41 – Microbiology							
*BIOL 45 – Intro to Human Nutrition							
*PHT 58 – Pharmacology							
<b>Total Points</b> (out of 68 possible)							

**B. Cumulative College GPA (2.5 min.):** \_\_\_\_\_

**Cumulative College GPA Points:** \_\_\_\_\_

**\*Biological Science courses GPA (2.75 min.):** \_\_\_\_\_

Cumulative College GPA	Points
4.00 – 3.50	4
3.49 – 3.00	3
2.99 – 2.50	2

For help calculating your cumulative college GPA, visit: <http://www.foothill.edu/counseling/gpacalc.html>

**C. GENERAL EDUCATION REQUIREMENTS:**

1.  You have GE courses in progress that must be completed by the start of the Dental Hygiene Program.
2.  You have completed the CSU GE Breadth or IGETC Education pattern. (GE/prerequisites must be evaluated by counseling. Please make an appointment with a counselor.)

**D. DENTAL RELATED EDUCATION OR LICENSE STATUS:**

Education/License	Active License Status	Points
Currently attending the Foothill College Dental Assisting Program	<input type="checkbox"/>	4
Graduated from Foothill College Dental Assisting Program	<input type="checkbox"/>	3
Active RDA license (submit a copy of license to receive 1 point)	<input type="checkbox"/>	1

**E. DENTAL HYGIENE PROCEDURES OBSERVATION/REFLECTION:**

Have you observed a dental hygienist while they performed a dental hygiene procedure on patients at a dental office and written a reflection about your observation?

(Submit reflection as a PDF with the signed [Observation Form](#) with your application to receive 1 point)

**F. Veteran Status:** Do you fall under Veteran Status or eligible spouse status?

**G. Prerequisites Completion:** Have you completed 10 or more courses of the Dental Hygiene required prerequisites at Foothill College?

**Total Points**

Section	Possible Points	Total Points
<b>Section A</b> – Prerequisites	68	
<b>Section B</b> – Cumulative College GPA	4	
<b>Section C</b> – GE Completion	Yes/No	
<b>Section D</b> – Dental Related Education/License Status	4	
<b>Section E</b> – DH Procedures Observation/Reflection	1	
<b>Section F</b> – Veteran Status	1	
<b>Section G</b> – Prerequisites Completion at Foothill College	1	
<b>Total Points</b>	<b>79</b>	

**TECHNICAL STANDARDS FOR THE FOOTHILL COLLEGE  
DENTAL HYGIENE PROGRAM**

In the interest of your own personal safety, the safety of your patients, and the potential liability to the college, there are significant requirements that must be met before your admission to the program is finalized. The attendance requirements and stamina demands on the dental hygiene student require student hygienists to be in good physical and mental health. Please read this form carefully check the corresponding box/es to confirm that you can comply with the standard.

<b>Issue</b>	<b>Description</b>	<b>Standard</b>	<b>Examples Of Necessary Action</b>	✓ <input type="checkbox"/>
<b>Hearing</b>	Use of auditory sense	Auditory ability sufficient to monitor & assess health needs	Ability to hear & verbally respond to patient questions & directions from instructors, students, staff in person or over the phone.	<input type="checkbox"/>
<b>Visual</b>	Use of sight	Visual ability sufficient for observation & assessment necessary in dental hygiene care	Perform the required procedures in the oral cavity, chart identification & recording, calibrating sterilization & x-ray equipment. View, evaluate, read & positioning of radiographic images, techniques & quality.	<input type="checkbox"/>
<b>Tactile</b>	Use of touch	Tactile ability sufficient for physical assessment, operation of instruments & equipment	Perform the required techniques using scaling and polishing instruments, dental equipment, syringes, radiographic devices, and sterilizing equipment.	<input type="checkbox"/>
<b>Mobility</b>	Physical ability, strength & stamina	Physical abilities & stamina sufficient to perform required functions of patient oral care	Lift, carry or move objects weighing up to 40 pounds. Stand, rotate, push, pull, sit, bend, flex, squat & torso.	<input type="checkbox"/>
<b>Motor Skills</b>	Physical ability, coordination, dexterity	Gross & fine motor abilities sufficient to provide safe & effective dental hygiene care	Execute the small muscle hand and finger motor movements required to safely perform dental hygiene services.	<input type="checkbox"/>
<b>Communication</b>	Speech, reading, writing Effective use of English language. Communication abilities sufficient for effective interaction in verbal, nonverbal & written form.	Comprehension & accurate recall of verbal & written communication Interaction with patients, families, students, instructors, staff effectively understanding verbal & nonverbal behavior.	Concisely & precisely explain treatment procedures, initiate preventive dental care, interpret patient's response, documentation following ethical & legal guidelines.	<input type="checkbox"/>
<b>Interpersonal</b>	Ability to relate to others	Abilities sufficient to effectively interact with individuals, families, groups & colleagues from a variety of social, emotional, cultural, intellectual & economic backgrounds Identify needs of others.	Establish rapport with patients, families, and colleagues.	<input type="checkbox"/>
<b>Behavioral</b>	Emotional & mental stability	Functions effectively under stress	Flexible, concern for others. Ability to provide safe dental care environment with multiple interruptions & noises, distractions, unexpected patient needs.	<input type="checkbox"/>
<b>Critical Thinking</b>	Ability to problem solve	Critical thinking ability sufficient for clinical judgment	Identify cause-effect relationships in clinical situations, develop dental care plans.	<input type="checkbox"/>

## Dental Hygiene Application Checklist

✓	<p>Please make a ✓ or attach the documents in the available box/es to insure you have completed everything in your application.</p> <p><b>Note:</b> All supporting documents must be in <b>PDF format</b>.</p>
<input type="checkbox"/>	<p>I fully read the Dental Hygiene Online Application Instructions before applying. <b>(Required)</b></p>
<input type="checkbox"/>	<p>I accurately filled the Dental Hygiene Online Application and meet the Technical Standards. <b>(Required)</b></p>
Attach HS transcript	<p>Attach a PDF copy of your (foreign or domestic) high school transcript or diploma or GED. If not available, attach a short letter of explanation in PDF form. <b>(Required)</b></p>
<input type="checkbox"/>	<p>All official transcript(s) from previous institution(s) have electronically transmitted to <a href="mailto:fhtranscripts@fhda.edu">fhtranscripts@fhda.edu</a> <b>OR</b> mailed to Foothill College Admissions &amp; Records. <b>(Required)</b></p> <p><b>Note:</b> Transcripts from Foothill and/or De Anza colleges do not need to be ordered, visit <a href="#">Transcripts Evaluation</a> webpage for more details.</p>
Attach GE Pattern Progress	<p>Attach a PDF copy of your GE pattern (CSU or IGETC) progress in DegreeWorks <b>OR</b> in a worksheet completed by a counselor. <b>(Required)</b></p>
Attach RDA license Attach reflect/observ	<p><b>Other:</b> If applicable <b>(not required)</b></p> <p>Attach a PDF copy of current RDA license <b>and/or</b></p> <p>Attach the reflection and the signed observation form in one PDF file.</p>

**Signing the application will submit your application.**

**To submit your application**, make sure to review your application thoroughly, for accuracy. Once all the required fields\* are filled including signature, printed name and date, a blue button "**Click to Sign**" will appear at the bottom of the page. **Click the button to submit your application.**

A copy of the completed application will be emailed to confirm that you've successfully submitted it (make sure the email address is spelled correctly). If you do not receive an e-mail confirmation of your successful application submission, please log back into My Portal to review and resubmit your application.

***My signature verifies the accuracy of my application.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date