Amarillo College
DIVISION OF ALLIED HEALTH

Dental Hygiene Program
A HEALTH SCIENCE CAREER

Contact:
Donna Cleere
(806) 354-6064
cleere-dk@actx.edu
Dear Applicant,

Thank you for your recent inquiry into the Dental Hygiene Educational Program at Amarillo College. The materials contained in this packet are designed to provide you with the information and forms you will need to make application to the program. Please read through all sections carefully and complete all forms in accordance with the instructions given.

On July 16, 1929, Amarillo College became the first junior college district in the state to be organized independent of a school district. The 1960s brought expansion in college facilities and a number of allied health and occupational/technical programs were added to the curriculum including the Dental Hygiene Program. The AC West Campus, adjacent to the Harrington Regional Medical Center, was established in 1966. The first dental hygiene students were accepted in the fall of 1969. Academic classes were held on the Washington Street Campus located at 2201 S. Washington. Clinical instruction was conducted at the old location of Northwest Texas Hospital on West 7th Street in Amarillo. In 1974, the dental hygiene curriculum and clinical instruction was offered at the new AC West Campus. All graduates since 1969 have received the degree of Associate in Applied Science with a major in Dental Hygiene.

The mission of the Amarillo College Dental Hygiene Program is to provide quality technical education leading students toward the profession of Dental Hygiene and to enhance the quality of life in our community through the direct provision of dental hygiene services including patient education, disease prevention and therapeutic intervention to patients of all walks of life. Our mission is closely related to Amarillo College’s mission of education and community involvement.

The following goals are measured and evaluated to help assure that we are achieving our mission:

1. To provide the necessary courses of didactic instruction and clinical instruction to prepare the students to successfully complete the National, State and Regional Dental Hygiene Boards.

2. To provide the community with a valuable resource and access to dental care.

3. To provide quality dental hygiene treatment which is patient centered.

4. To provide the educational basis for the student to secure employment as a dental hygienist in a variety of practice settings.

5. To encourage active support of and leadership within professional organizations.

6. To seek lifelong learning and improvement.

Dental hygiene education requires a minimum of two years of full-time study, including a summer session for completion. Applications for the Dental Hygiene Program are received until the last day of February each year. Enrollment in the program is limited to a maximum number of 28 positions available per class. Students are accepted into the program in strict accordance with very specific admission criteria that are described elsewhere in this packet. All application forms are also included. Official transcripts from all Colleges and Universities must be included in the application materials. It is the student's responsibility to make application each year. In addition to the program application, students who are accepted into the Dental Hygiene Program must also complete an application for Amarillo College. To ensure that you have completed all steps in the application process, a final checklist is available for your use.

Each applicant may view the Dental Hygiene Program Policies on Bloodborne and Infectious Diseases upon request. They are available in the Program Director's office and are contained in the Amarillo College Dental Hygiene Student Manual.

After completing the application (including all required forms), please compile them into a professional portfolio (notebook) and mail them to:

Amarillo College  
Dental Hygiene Program  
P. O. Box 447  
Amarillo, TX 79178-0001  
ATTN: Donna Cleere, Program Director

Sincerely,  
Dental Hygiene Faculty

Students who are not accepted into the Dental Hygiene Program may choose to reapply for the next academic year. All portfolios are kept and will NOT be returned to a student for reapplication. Students will be required to complete a new and updated application when reapplying.
Dental Hygiene Program

IMPORTANT FACTS ABOUT DENTAL HYGIENISTS

Consider the possibilities.

Whether you’re starting a career or looking for a change, the dental hygiene profession can provide many satisfying opportunities, including: having the status of a health care professional, an attractive income potential, the rewards of keeping people healthy, a flexible work schedule, a variety of professional settings, the opportunity to work nationwide or abroad, pleasant surroundings, career potential, and stability.

Learn what a dental hygienist does by reading these “Important Facts about Dental Hygienists”:

Who is the Dental Hygienist?

Dental hygienist are licensed oral health professionals who focus on preventing and treating oral diseases-both to protect teeth and gums, and also to protect patients’ total health. They are graduates of accredited dental hygiene education programs in colleges and universities, and must take written and clinical exams before they are allowed to practice. In addition to treating patients directly, dental hygienists also work as educators, researchers, and administrators.

What Do Dental Hygienists Do?

Each state has its own specific regulations and the range of services performed by a dental hygienist varies from one state to another. As part of dental hygiene services, dental hygienists may:

• perform oral health care assessments that include reviewing patients’ health history, dental charting, oral cancer screening, and taking and recording blood pressure;
• expose, process, and interpret dental X-rays;
• remove plaque and calculus (tarter)-soft and hard deposits-from above and below the gumline;
• apply cavity-preventive agents such as fluorides and sealants to teeth;
• teach patients proper oral hygiene techniques to maintain healthy teeth and gums;
• counsel patients about plaque control and developing individualized at-home oral hygiene programs; and
• counsel patients on the importance of good nutrition for maintaining optimal oral health.

Where Do Dental Hygienists Work?

Dental hygienists can work as clinicians, educators, researchers, administrators, managers, preventive program developers, consumer advocates, sales and marketing managers, editors, and consultants. Clinical dental hygienists may work in a variety of health care settings such as private dental offices, schools, public health clinics, hospitals, managed care organizations, correctional institutions, or nursing homes.

What Does the “RDH” Designation Mean?

The “RDH” means Registered Dental Hygienist. The RDH credential identifies a dental hygienist as a licensed oral health professional. State licensure requirements typically indicate that a dental hygienist must graduate from an accredited dental hygiene education program, successfully pass a national written examination, and a state or regional clinical examination. (In Indiana, the designation LDH {Licensed Dental Hygienist} is used instead of RDH)

How Can I Get More Information about RDHs?

Please contact the American Dental Hygienists’ Association-the largest national organization representing the professional interests of the more than 120,000 licensed dental hygienists nationwide by visiting the Internet at www.adha.org.
What is a Dental Hygienist?

A dental hygienist is a licensed health care professional, oral health educator, and clinician who, as a cotherapist with the dentist, provide preventive, educational, and therapeutic services supporting total health for the control of oral diseases and the promotion of oral health. A registered dental hygienist has graduated from a minimum two-year college program that includes classroom studies and extensive supervised clinical experience. A dental hygienist also must pass a national written exam and a comprehensive state clinical exam to earn the RDH license.

Generally, the dental hygienist may work in general and specialty oral health practices. Other areas of employment include programs for research, professional education, and community health; hospital and institutional care of disabled persons; federal programs, such as the armed services; or other health service locations as specified in statute or as authorized by the state board of dentistry. More information about the careers available to dental hygienists is available at [http://www.adha.org/careerinfo.htm](http://www.adha.org/careerinfo.htm).

What Kind of Educational Preparation do I Need to Become a Dental Hygienist?

Most dental hygiene programs offer either an associate degree or a baccalaureate degree. The American Dental Association Commission on Dental Accreditation assures the minimal standards by accrediting quality programs, so the main thing is to be certain that the school you are interested in is accredited. Both associate and baccalaureate programs offer a strong clinical curriculum. The baccalaureate degree allows entry into some positions in teaching, administration, public health, corporate positions and other areas of dental hygiene practice that other types of dental hygiene education may not. It may also provide a broader base in the humanities and other areas outside dental hygiene.

Generally an associate’s degree takes two years to complete; however, most dental hygiene programs require prerequisite courses be taken before entry into dental hygiene, so in reality it may take longer than two years. Baccalaureate degree programs usually require approximately four years of study. Some schools require two years of prerequisite study and two years in a program. Every school is a little different, so check out the schools in which you are most interested. Check out ADHA’s Web site for a listing of dental hygiene schools and ways to contact them at [http://www.adha.org/careerinfo/schools.htm](http://www.adha.org/careerinfo/schools.htm).

Each school also differs in specific course requirements, but generally the basic courses include college-level English, speech, psychology, sociology, nutrition, chemistry, and specific biology courses. Be certain that you know what the prerequisite courses and entry requirements are for the school you would like to attend. Of course once you are in the program, curriculum content is specified by the ADA Commission on Dental Accreditation and the college you will be attending.

How Much Money do Dental Hygienists Make?

Dental hygiene salaries can vary widely depending on factors including but not limited to type and location of practice, whether the work is full or part-time, and the hygienist’s experience level. According to the U.S. Bureau of Labor Statistics, the median annual salary for a dental hygienist in the United States was $62,800 in 2006 ([http://stats.bls.gov/oes/current/oes292021.htm](http://stats.bls.gov/oes/current/oes292021.htm)) and posted on the following page.

Perhaps the most reliable salary information for dental hygienists in a given geographical location is available by contacting nearby dental practices.
Dental Hygiene Program
2006 NATIONAL OCCUPATIONAL EMPLOYMENT & WAGE ESTIMATES
(from http://stats.bls.gov/oes/current/oes292021.htm)

Clean teeth and examine oral areas, head, and neck for signs of oral disease. May educate patients on oral hygiene, take and develop X-rays, or apply fluoride or sealants.

These estimates are calculated with data collected from employers in all industry divisions in metropolitan and non-metropolitan areas in every State and the District of Columbia. Estimates do not include self-employed workers.

Employment estimate and mean wage estimates for this occupation:

<table>
<thead>
<tr>
<th>Employment estimate and mean wage estimates for this occupation:</th>
<th>RSE (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment (1)</td>
<td>166,380</td>
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<tr>
<td>Mean hourly wage</td>
<td>$30.01</td>
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<tr>
<td>Mean annual wage (2)</td>
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Percentile wage estimates for this occupation:

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<tr>
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<th>10%</th>
<th>25%</th>
<th>50% (median)</th>
<th>75%</th>
<th>90%</th>
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<tbody>
<tr>
<td>Hourly Wage</td>
<td>$19.45</td>
<td>$24.63</td>
<td>$30.19</td>
<td>$35.67</td>
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<tr>
<td>Annual Wage (2)</td>
<td>$40,450</td>
<td>$51,240</td>
<td>$62,800</td>
<td>$74,190</td>
<td>$86,530</td>
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</table>

1) Estimates for detailed occupations do not sum to the totals because the totals include occupations not shown separately. Estimates do not include self-employed workers.

2) Annual wages have been calculated by multiplying the hourly mean wage by a "year-round, full-time" hours figure of 2,080 hours; for those occupations where there is not an hourly mean wage published, the annual wage has been directly calculated from the reported survey data.

3) The relative standard error (RSE) is a measure of the reliability of a survey statistic. The smaller the relative standard error, the more precise the estimate.

### Dental Hygiene Program

#### REQUIRED COURSES

**General Education Requirements:**

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Course Number</th>
<th>Course Name</th>
<th>Semester Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGL</td>
<td>1301</td>
<td>Freshman Composition I</td>
<td>3</td>
</tr>
<tr>
<td>SPCH</td>
<td>1318</td>
<td>Interpersonal Communication</td>
<td>3</td>
</tr>
<tr>
<td>SOCI</td>
<td>2319</td>
<td>Minority Studies</td>
<td>3</td>
</tr>
<tr>
<td>BIOL</td>
<td>2401</td>
<td>Human Anatomy and Physiology I</td>
<td>4</td>
</tr>
<tr>
<td>BIOL</td>
<td>2402</td>
<td>Human Anatomy and Physiology II</td>
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<tr>
<td>BIOL</td>
<td>2421</td>
<td>Microbiology</td>
<td>4</td>
</tr>
<tr>
<td>CHEM</td>
<td>1406</td>
<td>General Organic &amp; Biological Chemistry</td>
<td>4</td>
</tr>
<tr>
<td>MATH</td>
<td>1332 OR 1314</td>
<td>[Contemporary Mathematics I][College Algebra]</td>
<td>3</td>
</tr>
<tr>
<td>PSYC</td>
<td>2301</td>
<td>General Psychology</td>
<td>3</td>
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**Total General Education Hours** 31

**Major Course Requirements:**

<table>
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<tr>
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<th>Course Number</th>
<th>Course Name</th>
<th>Semester Hours</th>
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<tr>
<td>DHYG</td>
<td>1207</td>
<td>General and Dental Nutrition</td>
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<td>DHYG</td>
<td>1215</td>
<td>Community Dentistry</td>
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</tr>
<tr>
<td>DHYG</td>
<td>1123</td>
<td>Dental Hygiene Practice</td>
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</tr>
<tr>
<td>DHYG</td>
<td>1227</td>
<td>Preventive Dental Hygiene Care</td>
<td>2</td>
</tr>
<tr>
<td>DHYG</td>
<td>1235</td>
<td>Pharmacology for the Dental Hygienist</td>
<td>2</td>
</tr>
<tr>
<td>DHYG</td>
<td>1239</td>
<td>General and Oral Pathology</td>
<td>2</td>
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<tr>
<td>DHYG</td>
<td>1260</td>
<td>Clinical Dental Hygienist I</td>
<td>2</td>
</tr>
<tr>
<td>DHYG</td>
<td>1261</td>
<td>Clinical Dental Hygienist II</td>
<td>2</td>
</tr>
<tr>
<td>DHYG</td>
<td>1301</td>
<td>Orafacial Anatomy, Histology and Embryology</td>
<td>3</td>
</tr>
<tr>
<td>DHYG</td>
<td>1304</td>
<td>Dental Radiology</td>
<td>3</td>
</tr>
<tr>
<td>DHYG</td>
<td>1311</td>
<td>Periodontology</td>
<td>3</td>
</tr>
<tr>
<td>DHYG</td>
<td>1319</td>
<td>Dental Materials</td>
<td>3</td>
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<td>DHYG</td>
<td>1431</td>
<td>Preclinical Dental Hygiene</td>
<td>4</td>
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<tr>
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<td>2201</td>
<td>Contemporary Dental Hygiene Care I</td>
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<td>DHYG</td>
<td>2261</td>
<td>Clinical Dental Hygienist IV</td>
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<td>DHYG</td>
<td>2331</td>
<td>Contemporary Dental Hygiene Care II</td>
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</table>

**Total Major Course Hours** 41

**Total Hours Required:** 72
Dental Hygiene Program
REQUIRED COURSES – SEMESTER OUTLINE

Associate in Applied Science, Major Code - DHYG AAS

General Education requirements are in a suggested order but may be taken in any sequence. All Dental Hygiene (DHYG) courses must be taken in the prescribed order.

<table>
<thead>
<tr>
<th>Semester 1</th>
<th>Hours</th>
</tr>
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<tbody>
<tr>
<td>BIOL 2421 Microbiology</td>
<td>4</td>
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<tr>
<td>BIOL 2401 Human Anatomy and Physiology I</td>
<td>4</td>
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<tr>
<td>ENGL 1301 Freshman Compositon</td>
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<tr>
<td>PSYC 2301 General Psychology I</td>
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<table>
<thead>
<tr>
<th>Semester 2</th>
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<tbody>
<tr>
<td>BIOL 2402 Human Anatomy and Physiology II</td>
<td>4</td>
</tr>
<tr>
<td>CHEM 1406 General Organic and Biological Chemistry</td>
<td>4</td>
</tr>
<tr>
<td>MATH 1332 OR 1314 Contemporary Mathematics I OR College Algebra</td>
<td>3</td>
</tr>
<tr>
<td>SOCI 2319 Minority Studies</td>
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<th>Semester 3</th>
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</thead>
<tbody>
<tr>
<td>SPCH 1318 Interpersonal Communications</td>
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<tr>
<td>DHYG 1301 Orofacial Anatomy, Histology and Embryology</td>
<td>3</td>
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<tr>
<td>DHYG 1431 Preclinical Dental Hygiene</td>
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<tr>
<td>DHYG 1319 Dental Materials</td>
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<td>DHYG 1207 General and Dental Nutrition</td>
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<table>
<thead>
<tr>
<th>Semester 4</th>
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<tbody>
<tr>
<td>DHYG 1260 Clinical Dental Hygiene</td>
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<tr>
<td>DHYG 1304 Dental Radiology</td>
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<tr>
<td>DHYG 1239 General and Oral Pathology</td>
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<tr>
<td>DHYG 1235 Pharmacology for the Dental Hygienist</td>
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<tr>
<td>DHYG 2201 Contemporary Dental Hygiene Care I</td>
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<thead>
<tr>
<th>Semester 5</th>
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<tr>
<td>DHYG 1261 Clinical Dental Hygiene II</td>
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<tr>
<th>Semester 6</th>
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<tbody>
<tr>
<td>DHGY 1227 Preventive Dental Hygiene Care</td>
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<tr>
<td>DHYG 1311 Periodontology</td>
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<td>DHYG 2331 Contemporary Dental Hygiene Care II</td>
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<td>DHYG 2360 Clinical Dental Hygiene III</td>
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<table>
<thead>
<tr>
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<tbody>
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<td>DHYG 1215 Community Dentistry</td>
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<td>DHYG 1123 Dental Hygiene Practice</td>
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<tr>
<td>DHYG 2261 Clinical Dental Hygiene IV</td>
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<table>
<thead>
<tr>
<th>Total Hours</th>
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<tbody>
<tr>
<td>General Academic</td>
<td>31</td>
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<tr>
<td>Dental Hygiene</td>
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<tr>
<td>Degree Plan</td>
<td>72</td>
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</table>
The courses listed in the left hand column are the required general education courses for the Amarillo College Dental Hygiene Program. Please complete the information to indicate the college where the course was taken, the semester and year that the course was completed and the final grade of the course. Please highlight the course on the official transcript where the course was completed for easy reference for the Selection Committee.

<table>
<thead>
<tr>
<th>Course/Number</th>
<th>Course Name</th>
<th>Hours</th>
<th>College Name</th>
<th>Semester &amp; Year</th>
<th>Final Grade</th>
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<tr>
<td>ENGL 1301</td>
<td>Freshman Composition</td>
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<td>SPCH 1318</td>
<td>Interpersonal Communication</td>
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<td>SOCI 2319</td>
<td>Minority Studies</td>
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<tr>
<td>BIOL 2401</td>
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<td>Human Anatomy &amp; Physiology II</td>
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<td>BIOL 2421</td>
<td>Microbiology</td>
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<td>CHEM 1406</td>
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<td>PSYC 2301</td>
<td>General Psychology</td>
<td>3</td>
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ESTIMATE OF EDUCATIONAL EXPENSES

The following information is provided so that you will have an estimate of costs associated with this program. Keep in mind that these figures are only approximations. Costs may fluctuate due to increase in tuition and vendor fees each year. Tuition figures given are based on the information provided on the Amarillo College Website ([www.actx.edu](http://www.actx.edu)). Please refer to the guidelines provided to determine your residential status. The following information is based on the dental hygiene major courses only and not on the general education requirements. The first and second years are divided for the semesters of actual dental hygiene coursework and after the applicant is accepted into the program. The first year will include the Fall, Spring, and Summer semesters. The second year will include the Fall and Spring semesters.

### Fall Semester – 1st Year

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<td>$837.00</td>
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<td>Scrubs</td>
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<td>Hepatitis B Vaccination Series</td>
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<td>Instruments and Supplies</td>
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<td>Student American Dental Hygienist’s Association Dues</td>
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<td>Dental Continuing Education Seminars</td>
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<tr>
<td>CPR Update</td>
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<td>Annual TB Test</td>
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### Spring Semester – 1st Year

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<th>Non-resident of State</th>
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<td>$1,142.00</td>
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<tr>
<td>Dental Continuing Education Seminars</td>
<td>40.00</td>
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### Summer Semester – 1st Year

<table>
<thead>
<tr>
<th>Cost</th>
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<th>Non-resident of State</th>
</tr>
</thead>
<tbody>
<tr>
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<td>$124.00</td>
<td>$156.00</td>
<td>$277.00</td>
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<td>Laboratory Fees</td>
<td>24.00</td>
<td></td>
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<td>Online Board Review</td>
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### Fall Semester – 2nd Year

<table>
<thead>
<tr>
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<tbody>
<tr>
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<td>$592.00</td>
<td>$768.00</td>
<td>$1,142.00</td>
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<tr>
<td>Instruments and Supplies</td>
<td>500.00</td>
<td></td>
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<tr>
<td>Annual CPR Update</td>
<td>30.00</td>
<td></td>
<td></td>
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<tr>
<td>TB Test</td>
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### Spring Semester – 2nd Year

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</thead>
<tbody>
<tr>
<td>Tuition and Basic Fees (5 Semester Hours)</td>
<td>$269.00</td>
<td>$349.00</td>
<td>$519.00</td>
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<td>Laboratory Fees</td>
<td>24.00</td>
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<td></td>
</tr>
<tr>
<td>Textbooks</td>
<td>150.00</td>
<td></td>
<td></td>
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<tr>
<td>Licensing and Continuing Education Fees</td>
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<td></td>
</tr>
<tr>
<td>Instruments and Supplies</td>
<td>250.00</td>
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</tr>
</tbody>
</table>
The minimum standards for admission are as follows. You must:

1. Have a high school diploma or a GED.

2. Be 18 years old at the completion of the program. Both men and women are eligible to apply to the Dental Hygiene Program regardless of marital status or age. Amarillo College does not discriminate on the basis of race, color, ethnic, national origin or disability status.

3. Complete and submit an application to the Dental Hygiene Program and to the College. All transcripts must be on file in the registrar’s office AND a copy of each transcript must be submitted with the program application.

4. Be able to demonstrate good health as evidenced by the completed physical examination. All immunizations must be current as outlined on the Physical Examination Form.

5. Possess all of your civil rights at the date of application. Anyone who has been convicted of a felony must document the details of the conviction with the Texas State Board of Dental Examiners to obtain a ruling concerning the permissibility of any future dental hygiene licensure. If the Texas State Board of Dental Examiners rules that the felony prevents the applicant from future licensure, the application for program admission to Amarillo College must be denied until such time that the Texas State Board of Dental Examiners may reverse its position.

6. Complete the Texas Higher Education Assessment (THEA or ACCUPLACER).

7. Have at least a 2.5 GPA in completed college courses including general education courses and any previously completed dental hygiene courses. Once accepted into the dental hygiene program all courses in the dental hygiene curriculum require a minimum numerical grade of 75 which is a "C".

8. Complete TWO dental office observations. The visits must be documented using the Dental Office observation form enclosed in this packet.


10. Provide a copy of social security card.

11. Provide a biographical sketch as outlined in this packet.

12. Provide three reference letters as outlined in this packet.

13. Pass a criminal background check via www.precheck.com. If the criminal background check comes back "Not Clear," the student may not be admitted into the Dental Hygiene Program.

14. Earn sufficient points to be placed on the class roster. The procedure for receiving admission points is described in the “Admission Process” section.

15. Be willing to abide by the patient confidentiality statement, professional behavior policy and the personal appearance standards as outlined in this packet.

Please Note:

An incomplete application portfolio will not be reviewed for admission into the Dental Hygiene Program. Examples of an incomplete packet would include such things as missing transcripts, incomplete forms, no signature on the physical examination form, or no proof of CPR.

Falsifying information in the application packet or giving false information during an interview with the admission committee will void an application and prevent a potential applicant from entering the program.
Dental Hygiene Program

PROFESSIONAL BEHAVIOR EXPECTATIONS

As you are undoubtedly aware, the profession sets high standards for those who are registered dental hygienists and for those who are students. Professional behavior is a critical quality for all dental hygienists to have and maintain. As a part of the educational process, the student will be evaluated by faculty and staff on their ability to demonstrate the intellectual, ethical, behavioral, and attitudinal attributes necessary to perform the duties required of members of the dental hygiene profession.

Examples of professionalism include but are not limited to:

• Willingness to accept suggestions for improvement and evaluation gracefully
• Abiding by the rules and regulations set forth in all clinic manuals and policies
• Attributes of respect, concern, and cooperativeness toward all fellow classmates, faculty and staff
• Asking for clarification when uncertain of instructions or tasks
• Practicing good personal grooming and hygiene
• Working independently or in groups as appropriate
• Demonstrating ability for self-evaluation according to criteria presented in the text or lectures
• Maintaining a neat and clean clinical or laboratory work area
• Honesty in all interactions between faculty and peers
• Primarily concerned with learning and application of concepts
• Being prompt for class, clinic, and laboratory sessions
• Using assigned library materials in an honest and collaborative manner
• Participating in class, clinic, and laboratory sessions
• When given an additional duty or asked to perform a task which was not expected, maintain a positive attitude and grow and learn from the experience
• Teamwork is invaluable and necessary to succeed in a professional environment—be a team player
• Make every effort to communicate in a positive manner with fellow classmates, faculty, staff, and patients
• Participate in professional organization and continue education

Examples of unprofessional or unethical behaviors include but are not limited to:

• Dishonesty (lying, cheating, theft)
• Tardiness
• Failure to practice aseptic technique in clinical situations
• Unclean and disheveled appearance
• Uncooperative attitude
• Failure to assist classmates or doing so begrudgingly
• Borrowing of any kind without permission (instruments, masks, gloves, etc.)
• Arguing with a clinical instructor/staff in front of a patient or other classmate
• Using improper language in the clinic, lab, classroom or while participating in school-related activities
• Discussing confidential information in a public area, such as a waiting room or elevator
• Failure to act in a professional manner with classmates and/or faculty
People form opinions of the dental hygiene profession from their impressions of the individual dental hygienist they encounter. The way you look to others is an indication of the value you place on your profession and the esteem you have for yourself. Knowing this, a dental hygienist takes pride in his/her professional appearance. The following personal appearance standards are REQUIRED of the dental hygiene students at Amarillo College.

The standards for clinic and laboratory attire will be outlined in the *Amarillo College Dental Hygiene Program Student Manual* which will be discussed in the appropriate courses throughout the dental hygiene curriculum. Examples include:

1. Clothing must be neat and clean.
2. No shorts, halter tops, crop tops, tank tops or other such clothing may be worn.
3. No jeans or frayed or torn clothing may be worn.
4. No open-toe shoes such as sandals may be worn.
5. All hair styles must be neat, controlled, off the face.
6. Longer hairstyles must be styled up or back, so that it does not fall forward of the ears.
7. Non-traditional hair colors are unacceptable (i.e. blue, pink, purple, orange, green, striped, or two-toned, etc.).
8. Hair ornamentation, such as barrettes and headbands, that are near to the color of the hair are acceptable.
9. Male students are expected to always be clean shaven, or facial hair must be kept clean, trimmed, and neat.
10. Make-up should be applied conservatively and moderately, appropriate for day time wear.
11. No perfume or cologne should be worn. Fragrances are not always mutually pleasant to all patients. This applies to aftershave lotions and colognes for male students.
12. ONE pair of small, conservative earrings in the earlobes is the ONLY jewelry items that should be worn. Dangling earrings are unacceptable.
13. No other facial or oral piercing ornamentation may be worn. This includes nose piercings.
14. No visible tattoos to include but not limited to tattoos on the face, neck, head, arms, hands, fingers, etc.
15. Fingernails must be clean and neatly trimmed. No artificial/acrylic nails will be allowed. No colored nail polish.
16. Hands must be free of all objectionable odors. The smell of tobacco is offensive to many patients, and you must take care to see that the odor of tobacco is absent from your hands. For this reason, refrain from smoking one hour before clinic.
17. Chewing gum is not acceptable.
18. Be sure that your teeth are clean and your breath is fresh.

The above standards must also be applied when the applicant completes the dental office observations.
Dental Hygiene Program
ADMISSION PROCESS

Note: Any application criteria documentation found to contain outdated and/or inaccurate information will VOID the application. It is your responsibility to make sure the correct mailing address and telephone number is on file in the Dental Hygiene Department.

1. You must submit an application portfolio which contains the following items completed and signed:
   a. Dental Hygiene Application
   b. Student Release and Waiver of Liability Form
   c. Dental Hygiene Observation Forms – Not only signed but also must write about experience
   d. Copy of each Transcript – High School and Colleges
   e. Results of the Texas Higher Education Assessment (THEA or ACCUPLACER).
   f. Physical Examination Form and Emergency Information Form – Not only signed but must be completed
   g. Copy of Social Security card.
   h. Proof of CPR Certification
   i. Progress Grade Reports (if needed)
   j. Biographical Profile
   k. Reference Letters (3)
   l. Completed Criminal Background Check
   m. Reviewed Estimate of Educational Expenses – Semester by Semester
   n. Documentation verifying that you have read the Criteria for Admission into the Dental Hygiene Program and agree to abide by the departmental and school policies and standards outlined in this packet to include patient confidentiality statement, personal appearance standards, and professional behavior policy.

2. The completed portfolio will be submitted to the Dental Hygiene Program Director no later than the last day in February each year.

3. During the second and third week in March, all portfolios will be reviewed. Points will be totaled for each applicant. See the "Point Award System" on the next page. Dental Hygiene interviews and the Aptitude Exam will be scheduled the first weekend in April (Friday and Saturday).

4. The fifty applicants with highest total points will be sent an invitation for an interview.

5. Applicants who accept the invitation for an interview will also be asked to take the Revised PSB-Health Occupations Aptitude Examination. This exam will be given on the day of or the day before the interview. Students will be responsible for the cost of the exam ($15.00). The exam will be done on a computer and will take approximately 3-4 hours to complete.

6. The rank position for each candidate will be determined in the following manner:
   • Portfolio Score: 40%
   • Interview Score: 20%
   • Revised PBS-Health Occupations Aptitude Examination: 40%

Applicants whose rank position is within the range of 1-28 will be offered a class appointment to begin dental hygiene courses in the fall semester of the same calendar year. Letters stating the applicant’s standing will be mailed to all candidates the last day of May. The applicant will be asked to accept the appointment by responding in writing with his/her decision to the program director by the deadline specified in the appointment letter. The response deadline is strictly enforced and cannot be compromised for any reason.

Applicants who rank below (or after) position 28 (i.e., #29) will be placed on an alternate list that retains their rank order. The alternate applicants will be moved up in rank as any notifications are received back from those who decline their appointments or do not respond within the deadline period. If an applicant moves up into a position that makes him/her eligible for the fall semester Class Roster, he/she will IMMEDIATELY be notified in writing and asked to either accept the appointment or decline by a deadline specified in the notification letter. Again, the response deadline is strictly enforced.

Portfolios of applicants who did not receive a class appointment this year will not automatically be held over for the next year’s applicant pool. Portfolios will not be returned to the applicant and individuals who choose to reapply for the following year must complete a new application.
Dental Hygiene Program
ADMISSION PROCESS – CONTINUED

Point Award System

Points will be awarded in the following manner:

• **Completion of General Education courses as listed in the catalog for this program.**
  BIOL 2401 – Human Anatomy and Physiology I
  BIOL 2402 – Human Anatomy and Physiology II
  BIOL 2421 – Microbiology
  CHEM 1406 – General Organic and Biological Chemistry
  Each “A” earns 20 points
  Each “B” earns 14 points
  Each “C” earns 8 points

• **Completing of all other General Education courses as listed in the catalog for this program will be scored as:**
  Each “A” earns 12 points
  Each “B” earns 8 points
  Each “C” earns 4 points

• **High School GPA**
  “A” earns 10 points
  “B” earns 7 points
  “C” earns 4 points

• **College Degrees – Only one set of points will be awarded for a college degree regardless of the number of degrees held.**
  Associate Degree earns 10 points
  Bachelor Degree earns 30 points
  Master Degree earns 35 points

• **Biographical Profile**
  Earn up to a maximum of 15 points

• **Personal References**
  Earn up to the maximum of 15 points
Dental Hygiene Program
STUDENT APPLICATION

Instructions: Please PRINT or TYPE all information requested on this form. ALL items must be answered before the form can be accepted. ALL information submitted by the applicant on this form must be current and accurate. After the form is submitted, it must be updated as necessary through a written notification to the Dental Hygiene Program Director. Failure to maintain current and/or accurate information could jeopardize appointment to the program.

Full Name: ____________________________________________________________________________________

First    Middle                        Last    Maiden

Current Address:  _______________________________________________________________________________

P . O. Box or No.   Street/Apt No._________________________________________________________________________________

City     State    Zip code

Phones:    Home _____________________________________  Cell:___________________________________

Work ______________________________________       Other: _________________________________

Current E-Mail Address:  _____________________________________________________________________________

Have you ever previously applied to the AC Dental Hygiene Program? ☐YES ☐NO If so, when? ______________

Did you graduate from high school? ☐YES Graduation date _____________ ☐NO

If NO, have you completed a GED? ☐YES Month ________  Year _____________ ☐NO

Have you taken the THEA or ACCUPLACER test? ☐YES ☐NO ☐Exempt

If YES, have you passed these sections of the THEA or ACCUPLACER?

Reading:  ☐ Yes  ☐ No  ☐ Unknown  Score:_____________

Writing:  ☐ Yes  ☐ No  ☐ Unknown  Score:_____________

Math:  ☐ Yes  ☐ No  ☐ Unknown  Score:_____________

Attach a copy of your high school transcript or GED certificate and all college transcripts. Also complete the following section listing all colleges attended with the last college attended being listed first. Please include attendance at Amarillo College.

<table>
<thead>
<tr>
<th>Colleges Attended</th>
<th>Dates</th>
<th>Hours Earned</th>
<th>Degrees Earned</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please list any academic honors that you have received in either high school or college:

Name of Honor: _____________________________________________________ Date Awarded: _____________

Name of Honor: _____________________________________________________ Date Awarded: _____________
Personal References

Each applicant must submit a typed reference letter on business or personal letterhead from three people. Reference letters are required from 1) a dentist or dental hygienist, 2) a college biology or chemistry instructor, and 3) an individual who has known the applicant for some time (for example, an employer or supervisor). Each letter should address such subjects as:

1. How they came to know you
2. How long they have known you
3. Your ability to work with others or ability to work in cooperative situations
4. Your dependability
5. Your learning ability
6. Your ability to handle difficult situations

Biographical Profile

A comprehensive biographical profile must be submitted that includes information that will help the Admissions Committee know the applicant better. The biographical profile must include:

1. A description of community service projects in which the applicant has participated.
2. Information concerning the applicant’s interests, abilities and attitudes that has motivated him/her to make the commitment required for a career in dental hygiene.
3. Other information that may be helpful to the Committee may also be included.

Additional Information

Admission in the Dental Hygiene program requires a student to fully participate in all education and on-the-job training activities in such a manner that a student will not pose a danger to the patient, fellow worker, or self. Can you satisfy this requirement? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No
If yes, explain the nature of the criminal offense using an attachment.

Have you completed the criminal background check? ☐ Yes ☐ No

I have reviewed and understand the list of educational expenses semester by semester as indicated on page 9 of this packet. _________ (INITIAL TO INDICATE YOUR ACCEPTANCE OF THESE TERMS)

I UNDERSTAND THAT ADMISSION INTO THE DENTAL HYGIENE PROGRAM WILL REQUIRE ALL APPLICANTS TO DEMONSTRATE ADEQUATE ACADEMIC SKILLS AS REFLECTED BY COLLEGE TRANSCRIPTS OR BY SCORES ON THE AMARILLO COLLEGE PLACEMENT TESTS. I CERTIFY THAT THE INFORMATION GIVEN ON THIS APPLICATION IS COMPLETE AND CORRECT. I ACKNOWLEDGE THAT DELIBERATE OMISSIONS OR FALSIFICATIONS MAY SUBJECT ME TO IMMEDIATE DISMISSAL FROM AMARILLO COLLEGE WITH FORFEITURE OF ALL TUITION AND FEES.
Dental Hygiene Program

EMERGENCY INFORMATION FORM

Name: _______________________________________________________________________________________
                          Last     First    Middle

Present Address: ___________________________________________________________________________________
                                Number & Street or P. O. Box     City     Zip

Please complete the following Emergency Information:

1st Person to Notify: ______________________________________________     Relationship to You: ________________

Phone Numbers: __________________________________________
                                Home        Work        Cell

2nd Person to Notify: _____________________________________________     Relationship to You: ________________

Phone Numbers: __________________________________________
                                Home        Work        Cell

Name of Physician: ________________________________________________   Type of Doctor: ___________________

Address of Physician: __________________________________________   Phone Number: ______________________

Insurance Company: _____________________________________   Policy Number: _________________________

Does your insurance limit your hospital care to a specific hospital?  □ Yes    □ No

If yes, which hospital? _____________________________________________________________________________

Do you presently have, or have a history of: (if so, please explain)

Communicable Disease(s): __________________________________________________________________________

Illnesses: _______________________________________________________________________________________

Injuries: _________________________________________________________________________________________

Allergies to drugs or environmental substances: __________________________________________________________

Please Note:  Unless otherwise directed, the College will direct the student to hospital facilities in case of emergency or accident.
Dental Hygiene Program
PHYSICAL EXAMINATION FORM

Name: ___________________________________________ Last       First       Middle

Present Address: ____________________________________________________________
Number & Street or P.O. Box       City       State       Zip

THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE EXAMINING PHYSICIAN.

**Measles (Rubeola)** Those born on or after January 1, 1957, must show proof of either:

<table>
<thead>
<tr>
<th>A. Two doses of measles vaccine on or after their first birthday and at least 30 days apart OR</th>
<th>Date #1 ______________ Date #2 ______________ (mm/dd/yy)</th>
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</thead>
<tbody>
<tr>
<td>B. Record of physician-diagnosed measles OR</td>
<td>Date ______________ (mm/dd/yy)</td>
</tr>
<tr>
<td>C. Serologic test positive for measles antibody</td>
<td>Date ______________ Result ______________ (mm/dd/yy)</td>
</tr>
</tbody>
</table>

**Mumps** Those born on or after January 1, 1957, must show proof of either:

| A. One dose of mumps vaccine on or after their first birthday OR                              | Date ______________ (mm/dd/yy)                   |
| B. Record of physician-diagnosed mumps OR                                                     | Date ______________ (mm/dd/yy)                   |
| C. Serologic test positive for mumps antibody                                                  | Date ______________ Result ______________ (mm/dd/yy) |

**Rubella** Those born on or after January 1, 1957, must show proof of either:

| A. One dose of Rubella vaccine on or after their first birthday OR                             | Date ______________ (mm/dd/yy)                   |
| B. Record of physician-diagnosed Rubella OR                                                    | Date ______________ (mm/dd/yy)                   |
| C. Serologic test positive for Rubella antibody                                                | Date ______________ Result ______________ (mm/dd/yy) |

NOTE: Combined MMR Vaccine is vaccine of choice if recipients are likely to be susceptible.
The date provided must be the date of diagnosis or test collection; not when primary care provider signed immunization form.
Vaccines administered after September 1, 1991, shall include the MM/DD/YY each vaccine was given.
### Hepatitis B
Must show proof of:

- **A.** Three doses of vaccine administered over a period of 4-6 months. Initial vaccine followed by 1 and 4-6 months vaccines respectively OR
  - Date 1
  - Date 2
  - Date 3

- **B.** Serologic test positive for Hepatitis B antibody
  - Date
  - Result

### Varicella
Must show proof of:

- **A.** Two doses of Varicella vaccine administered 4-8 weeks apart OR
  - Date #1
  - Date #2

- **B.** Serologic test positive for Varicella antibody OR
  - Date
  - Result

- **C.** Physician documented history of diagnosis of Varicella
  - Date Disease Occurred

*Only one dose of Varicella vaccine is needed if the student received first dose before the age of thirteen (13).*

### Diptheria, Tetanus (TD)
One dose withing past 10 years
- Date

### Tuberculosis Skin Test
Annually
- Date

### Recommended Vaccination:

- **Hepatitis A**
  - Injection #1
    - Date
  - Injection #2
    - Date

### Physician's Certification Statement
I, _____________________________, certify that on this day, ____________________, that I have examined the above named patient and find him/her free of all communicable diseases.

_________________________  ___________________________
Physician's Signature                          Date Signed
Confidentiality is the duty owed by dental hygiene professionals, including students enrolled in Dental Hygiene accredited programs, to protect the privacy of all patient information.

All dental hygiene professionals clearly have an obligation to keep medical and personal information about patients in the strictest confidence. Unless disclosure is mandated by patient consent, statute, a duty to inform third parties, or the special circumstances surrounding HIV and AIDS, dental hygiene professionals have a clear duty to maintain confidentiality of all patient information.

Breach of the duty to hold such information in the strictest confidence, may cause liability for the individual, and Amarillo College.

In the professional “Code of Ethics,” the American Dental Hygienists’ Association Code of Ethics for Dental Hygienists has published the following statement which all dental hygiene professionals (including students) will always follow:

“We respect the confidentiality of client information and relationships as a demonstration of the value we place on individual autonomy. We acknowledge our obligation to justify any violation of confidence.”

As a student enrolled in the Amarillo College Dental Hygiene program, I acknowledge that I have read and understand the “STATEMENT OF PATIENT CONFIDENTIALITY” and agree to always provide a standard of patient care that includes the patient’s right to the most strict confidentiality of all personal and medical information unless such disclosure is mandated by one or more of the criteria listed in the statement.

__________________________  __________________________
Student Signature          Date

__________________________  __________________________
Printed Name               Witness
Dental Hygiene Program

RELEASE AND WAIVER OF LIABILITY

STATE OF TEXAS

COUNTY OF POTTER

AGREEMENT OF RELEASE made this day between AMARILLO JUNIOR COLLEGE DISTRICT ("Amarillo College") and _____________________________________ ("Student").

In consideration of Student being permitted to enroll at Amarillo College in the Dental Hygiene Program and the acknowledgment of Student of the following facts:

1. That the Student will be required, as part of the normal educational process towards the Student's degree or certificate of completion to be placed in a teaching environment including, but not limited to, local medical institutions, offices of local practitioners, ambulances, medical laboratories, and other environments (hereinafter called medical affiliates), all of which are affiliated with Amarillo College for these purposes and that while in these medical affiliates, the Student may be exposed to conditions which could cause illness, bodily injury and/or death and may be exposed to patients afflicted with fatal or potentially fatal diseases processes which may be of a contagious nature; and,

2. That the Student will be first provided, as part of the normal educational process toward the Student's degree or certificate of completion, with detailed information about the nature, risks and preventive measures related to communicable diseases of a fatal or potentially fatal nature prior to assignment of the Student; and,

3. That the Student could be exposed to high risk toxic substances in the medical affiliates, but will be first provided with information concerning prevention from becoming ill with same.

Student does hereby:

1. Authorize Amarillo College officials to place the Student into the respective medical affiliates as they deem necessary for the successful completion of the Student's specific educational program;

2. Release, waive, and covenant not to sue Amarillo College, its officers, agents, employees, and person or entities acting together with Amarillo College in its educational programs (hereinafter collectively called Releasees) from all liability to the Student for any and all loss or damage, and any claims or demands whatsoever therefore on account of injury to the person or property or resulting in death of the Student or emanating from exposure to said disease processes and toxic substances, or any of these, whether caused by the negligence of Releasees or otherwise while the Student is on or within any of the medical affiliates;

3. Indemnify and hold harmless Releasees from any loss, liability, damage or cost that the Student may incur due to the presence of the Student in or upon any of the medical affiliates or in any way observing for any purpose or participating in the educational process in said medical affiliates; and,

4. Assumes full responsibility, including any medical treatment and costs thereof, for any and all risks of exposure to communicable diseases, bodily injury, death or property damage due to negligence of Releasees or otherwise, due to Student participation in the normal educational process in the medical affiliates, or being transported to or from said affiliates.

The UNDERSIGNED expressly acknowledges and agrees that the activities described above could be dangerous and involve the risk of illness, injury and/or death and/or contracting fatal or potentially fatal disease processes and exposure to high risk toxic substances.

The UNDERSIGNED expressly agrees that the foregoing Release, Waiver, and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the Laws of the State of Texas and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The UNDERSIGNED has read and voluntarily signed the Releases and Waiver of Liability and Indemnity Agreement, and agrees that no oral representations, statements or inducements apart from the foregoing written Agreement have been made.

TO BE COMPLETED BY THE STUDENT:
I have read this document. I understand it is a release of all claims. I understand I assume all risks inherent in the educational process and clinical experience conducted in the medical affiliates of Amarillo College as part of my progressing toward a degree or certificate of completion as set out above.

I voluntarily sign my name evidencing my acceptance of the above provisions.

Dated this _________day of __________________ 20 _____

Signed:  _________________________________________________________________________
By my signature on this Application Verification form, I _____________________________________
(Print full legal name)

Acknowledge that:

1. I have received the complete Amarillo College Dental Hygiene Program Admission Packet of information
   and related forms; and

2. I know and understand the principal duties and recommended characteristics of a Dental Hygienist; and

3. I have read and understand all admission requirements for acceptance into the Amarillo College Dental Hygiene
   Program; and

4. I understand that upon acceptance in to the Amarillo College Dental Hygiene Program I must act in a professional
   manner at all times, abide by the Personal Appearance Standards, Confidentiality of Patient Information State
   (ment; and the Amarillo College Dental Hygiene Program Student Manual.

5. I have completed all required vaccinations as previously outlined in this packet.

6. In the event that I have previously completed a three part series of Hepatitis B vaccinations more that one year
   ago, I will provide records of vaccination dates and proof of blood titer levels showing satisfactory immunization
   against Hepatitis B.

7. I have provided officials at Amarillo College with any applicable academic transcripts as requested in the
   Admission Criteria; and

8. I understand that my program application information must be current, complete and accurate and to do otherwise could
   jeopardize my acceptance into the Dental Hygiene Program; and

9. I have reviewed the estimate of educational expenses by semester(s) as outlined in the packet.

10. I have passed the criminal background check via www.precheck.com

11. I agree to abide by all admission requirements and understand that my application does not guarantee me an
    appointment in the next Dental Hygiene class and that I must compete with other applicants for that appointment
    based on a point system that has been fully described in the admission process documentation contained
    in the Dental Hygiene Program Admission Packet.

12. I understand that as a student I will become a member of my professional organization and will participate in various
    fundraising events throughout the two years I am involved in the program to demonstrate my professionalism, dedication,
    collaboration and teamwork capabilities.

13. If I am accepted into the Dental Hygiene Program, I will be required to attend a mandatory Dental Hygiene Orientation
    on the 1st day of school and I agree to do so.

Dated this __________ day of ____________________, 20 _______

Signed: ________________________________________________
(Full legal name)
Dental Hygiene Program

OBSERVATION VISIT FORM 1

Carefully read the instructions below and take this page with you when you go for your observation visit to a dental office and obtain necessary signatures and a business card from that office. After the visit, on the backside of this form, hand write a short (50-100 words) account describing your visit and your reactions to what you saw and learned during the visit. The business card from the office will also need to be attached to this form below your written description. (Place this completed form in your application portfolio.)

Each applicant seeking admission into the Dental Hygiene Program will be required to visit two dental offices for the purpose of observing the behind-the-scenes operations and the role of the dental hygienist in that office. The observation visit will require a minimum of four hours of observation and you should visit at least two different dental offices. Each applicant is responsible for contacting dental offices and arranging with the office staff an appointment that is convenient for that office’s schedule.

When you go for your visits, you will be expected to dress in a manner appropriate for the respective professional environment where you will be observing. Casual clothing is the "order of the day." However, you may not wear shorts or blue jeans or similar pants; no tank-top shirts or similar blouses; no sport shoes or sandals of any design. Also, please do not wear strong colognes or perfumes. During your visits, please remain in the areas where you are instructed to stand. Feel free to ask questions; however, do not do so while in the presence of a patient. Wait until the patient has been dismissed then ask your question. Please observe the procedures listed below and obtain the appropriate signatures.

Name of Applicant: _______________________________________________________

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Common Procedure Code</th>
<th>Dental Hygienist’s Name (printed)</th>
<th>Dental Hygienist’s Signature</th>
<th>License Number</th>
<th>Date Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine cleaning</td>
<td>01110 - 1 Appointment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periodontal scaling case</td>
<td>04341 - 1 Appointment</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Some sort of restorative procedure</td>
<td>Varies - 1 Appointment</td>
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</tbody>
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If you are employed in a dental setting, please ask your employer to confirm that you have observed the above procedures.

<table>
<thead>
<tr>
<th>Dentist Employer’s Name (printed)</th>
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<th>DDS License Number</th>
<th>Dates of Employment</th>
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Dental Hygiene Program
REQUIRED COURSE PROGRESS REPORT

Applicant Name: ________________________________________ Date: _____________________

Take the form to your professor for a grade check. This form is not necessary if you have already
completed all of your general education coursework. This form may be duplicated if you are
completing more than one course and need additional copies.

This student is applying for admission to the Amarillo College Dental Hygiene Program. The course
you are teaching is a required course for admission into the program. This report is used to give
consideration for a class in progress to more accurately score an applicant for admission into the
program. The progress report form is only used if a student is currently taking a required general
education course.

Course Number and Name: ___________________________________________________________

Instructor Name: ___________________________________________________________________

Grades to Date: _____________________________________________________________________

__________________________________________________________________________________

Class Attendance: __________________________________________________________________

Faculty Signature: __________________________________________________________________

Comments: _________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
Dental Hygiene Program

TIMELINE FOR ADMISSIONS PROCESS

**Last Day of February**
Deadline for completed enrollment portfolio on file with the Dental Hygiene Program Director. A checklist is enclosed to help you.

**Mid March**
Invitations mailed to 50 qualified candidates asking them to appear before a Selection Committee.

**1st Weekend in April (Friday & Saturday)**
A tour of the Dental Hygiene Facilities, Revised PSB-Health Occupations Aptitude Examination, and an interview with the Selection Committee.

**Last Day of May (May 31)**
Notification of Acceptance Letters for the entering Dental Hygiene Class
Applicants in the ranking positions of 1-28 will be offered a class appointment. Students must accept or decline their position in the Dental Hygiene Class with written verification of their decision to the Program Director by the deadline specified in the Acceptance letter.

**June**
If any openings are available in the Dental Hygiene Class, they will be filled by the most qualified alternate.