Amarillo College
DIVISION OF ALLIED HEALTH

Dental Hygiene Program
A HEALTH SCIENCE CAREER

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

Thank you for your recent inquiry into the Dental Hygiene 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.

Accreditation:
The program in Dental Hygiene is accredited by the American Dental Association Commission on Dental Accreditation and has been granted the accreditation status of approval without reporting requirements. A copy of the accreditation standards and the Commission's policy on third party comments are available for review. The Commission can be contacted at 211 East Chicago Avenue, Chicago, Illinois 60611-2678 or telephone (312) 440-4653. The next program site visit by the Commission is planned for 2010.

Institutional Mission:
Amarillo College, a public community college, is dedicated to providing educational, cultural and community services, and resources to enhance the quality of life for the diverse population in the service area.

Statement of Philosophy:
The philosophy of the Amarillo College Dental Hygiene Program is one of commitment to the education of oral health professionals. Learning is the mental activity through which knowledge, abilities and attitudes are acquired, resulting in behavioral changes. Learning is individual and self-active; it is best promoted in a democratic atmosphere which motivates the learner to think independently and participate in the problem-solving process. Education is a process of self-realization embracing all those experiences whereby students assimilate knowledge, develop their potentialities and establish values which enable them to have a deeper understanding and appreciation of the immediate and ultimate purpose of life. Dental hygiene education is the process which prepares practitioners to meet the dental needs of a changing society. Experiences are planned to progress from the simple to the complex so that the students may expand their learning into more meaningful patterns of behavior necessary for the effective practice of dental hygiene. The faculty and students share in assessing, planning, implementing and evaluating the program. Upon successful completion of the curriculum, graduates are awarded the Associate of Applied Science degree and are eligible to take the national and regional examinations to become a registered and licensed dental hygienist.

The educational goals of the Amarillo College Dental Hygiene Program are based on creating a partnership with students in order to assist them in achieving academic excellence. The following goals are measured and evaluated to help ensure that the program is achieving its mission:

**Goal 1** Comprehensively prepare a qualified and competent entry-level dental hygienist through appropriate academic and clinical education.
- Recruit students of the highest quality who can reasonably be predicted to successfully complete the program
- Provide appropriate didactic and clinical instruction through a competency-based curriculum that is reviewed regularly and modified as necessary
- Develop a curriculum that incorporates critical thinking skills and is evidence-based
- Create opportunities for life-long learning

**Goal 2** Provide the valuable resource of appropriately supervised, quality, comprehensive, patient-centered dental hygiene treatment to the community.
- Provide comprehensive patient-centered care throughout the clinical education curriculum as an integral component of the College’s teaching and service mission
- Teach the necessity of professional ethics and responsibility in the delivery of patient care
Goal 3  Provide the educational basis for the student to secure employment as a dental hygienist in a variety of settings.

- Provide clinical dental hygiene focused on developing the cognitive, affective, and psychomotor skills necessary for delivery of preventive, educational, and therapeutic services to the public.
- Adherence to the process of care: assessment of patient needs, formulation of a dental hygiene diagnosis, planning for the prevention of oral disease, implementation of various services, and evaluation of both the patient and practitioner efforts and oral health outcomes.

Dental hygiene education requires 31 hours of general education requirements and 2 years of DHYG curriculum, 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 included. Official transcripts from ALL Colleges and Universities must be included in the application materials. It is the student's responsibility to make application prior to the February deadline. In addition to the program application, students who are accepted into the Dental Hygiene Program must also complete an application to Amarillo College. To ensure students have completed all steps in the application process, a final checklist is available.

Each applicant may view the Dental Hygiene Program Policies on Bloodborne and Infectious Diseases upon request. These policies are available in the Program Director’s office and are contained in the Amarillo College Dental Hygiene Program 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.
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.

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.

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 $67,340 in 2009 (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.

Employment of dental hygienists is expected to grow 36 percent through 2018, which is much faster than the average for all occupations. The demand for dental services will grow because of population growth, older people increasingly retaining more teeth, and a growing emphasis on preventative dental care. Ongoing research indicating a link between oral health and general health will also spur the demand for preventative dental services, which are typically provided by dental hygienists.

Job Prospects

Job prospects are expected to be favorable in most areas, but will vary by geographical location. Because graduates are permitted to practice in the state in which they are licensed, hygienists wishing to practice in areas that have an abundance of dental hygiene programs may experience strong competition for jobs.
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.

Employment estimate and mean wage estimates for this occupation:

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<th>RSE (3)</th>
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<tbody>
<tr>
<td>Employment (1)</td>
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<tr>
<td>Mean hourly wage</td>
<td>$32.63</td>
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<tr>
<td>Mean annual wage (2)</td>
<td>$67,860</td>
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Percentile wage estimates for this occupation:

<table>
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<tr>
<th>Percentile</th>
<th>10%</th>
<th>25%</th>
<th>50% (median)</th>
<th>75%</th>
<th>90%</th>
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<tr>
<td>Hourly Wage</td>
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<tr>
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<td>$55,620</td>
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<td>$92,860</td>
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# 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>
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<tr>
<td>ENGL</td>
<td>1301</td>
<td>Freshman Composition I</td>
<td>3</td>
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<td>SPCH</td>
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<td>Interpersonal Communication</td>
<td>3</td>
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<td>BIOL</td>
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<td></td>
</tr>
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<td></td>
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<tr>
<td>PSYC</td>
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**Total General Education Hours**: 31

### Major Course Requirements:

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<th>Semester Hours</th>
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<tr>
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<td>Community Dentistry</td>
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<td>1123</td>
<td>Dental Hygiene Practice</td>
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<td>DHYG</td>
<td>1227</td>
<td>Preventive Dental Hygiene Care</td>
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<td>DHYG</td>
<td>1235</td>
<td>Pharmacology for the Dental Hygienist</td>
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<tr>
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<td>General and Oral Pathology</td>
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<td>DHYG</td>
<td>1260</td>
<td>Clinical Dental Hygienist I</td>
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<tr>
<td>DHYG</td>
<td>1261</td>
<td>Clinical Dental Hygienist II</td>
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<tr>
<td>DHYG</td>
<td>1301</td>
<td>Orofacial Anatomy, Histology and Embryology</td>
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<td>DHYG</td>
<td>1304</td>
<td>Dental Radiology</td>
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<td>DHYG</td>
<td>1311</td>
<td>Periodontology</td>
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<td>DHYG</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>
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<tbody>
<tr>
<td>BIOL 2421 Microbiology</td>
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<tr>
<td>BIOL 2401 Human Anatomy and Physiology I</td>
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<td>ENGL 1301 Freshman Composition</td>
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<td>PSYC 2301 General Psychology</td>
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<thead>
<tr>
<th>Semester 2</th>
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<td>BIOL 2402 Human Anatomy and Physiology II</td>
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<td>CHEM 1406 General Organic and Biological Chemistry</td>
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<tr>
<td>MATH 1332 Contemporary Mathematics I OR 1314 College Algebra</td>
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<td>SOCI 2319 Minority Studies</td>
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<th>Semester 3</th>
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<tbody>
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<td>SPCH 1318 Interpersonal Communications</td>
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<td>DHYG 1301 Orofacial Anatomy, Histology and Embryology</td>
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<td>DHYG 1431 Preclinical Dental Hygiene</td>
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<td>DHYG 1319 Dental Materials</td>
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<td>DHYG 1207 General and Dental Nutrition</td>
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<td>DHYG 1304 Dental Radiology</td>
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<td>DHYG 2201 Contemporary Dental Hygiene Care I</td>
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<tr>
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<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 Hygienist III</td>
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<td>DHYG 2261 Clinical Dental Hygienist IV</td>
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<table>
<thead>
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<td>General Education Requirements</td>
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<tr>
<td>Dental Hygiene Curriculum</td>
<td>41</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. It is okay for an applicant to open a sealed transcript to highlight the course information.

<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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<td>Interpersonal Communication</td>
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<td>SOCI 2319</td>
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<td>BIOL 2402</td>
<td>Human Anatomy &amp; Physiology II</td>
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<td>Microbiology</td>
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<td>CHEM 1406</td>
<td>General Organic &amp; Biological Chemistry</td>
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<td>MATH 1332 OR 1314</td>
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<td>PSYC 2301</td>
<td>General Psychology</td>
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The following information is provided so that each student will have an estimate of costs associated with this program. Keep in mind that these figures are only approximations. Costs may fluctuate due to increases in tuition, licensing exams and credentialing, and vendor fees each year. Tuition figures given are based on the information provided on the Amarillo College Website (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. All students enrolling in clinical courses will be required to purchase liability insurance offered through the college. When the student is accepted into the program, insurance will appear on the registration receipt for the semesters in which it is needed.

### Fall Semester – 1st Year

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<th>Non-resident of State</th>
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<td>Laboratory Fees</td>
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<td>Scrubs</td>
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<td>Instruments and Supplies</td>
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### Spring Semester – 1st Year

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<td>Tuition and Basic Fees (11 Semester Hours)</td>
<td>$ 690.25</td>
<td>$ 932.25</td>
<td>$ 1,372.25</td>
</tr>
<tr>
<td>Laboratory Fees</td>
<td>48.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Textbooks</td>
<td>500.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Summer Semester – 1st Year

<table>
<thead>
<tr>
<th>Cost</th>
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<th>Non-resident of District</th>
<th>Non-resident of State</th>
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</thead>
<tbody>
<tr>
<td>Tuition and Basic Fees (2 Semester Hours)</td>
<td>$ 143.50</td>
<td>$ 187.50</td>
<td>$ 306.50</td>
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<tr>
<td>Laboratory Fees</td>
<td>24.00</td>
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</table>

### Fall Semester – 2nd Year

<table>
<thead>
<tr>
<th>Cost</th>
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<th>Non-resident of District</th>
<th>Non-resident of State</th>
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</thead>
<tbody>
<tr>
<td>Tuition and Basic Fees (11 Semester Hours)</td>
<td>$ 690.25</td>
<td>$ 932.25</td>
<td>$ 1,372.25</td>
</tr>
<tr>
<td>Laboratory Fees</td>
<td>24.00</td>
<td></td>
<td></td>
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<td>Textbooks</td>
<td>400.00</td>
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</tr>
<tr>
<td>Instruments and Supplies</td>
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<td></td>
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<tr>
<td>Annual CPR Update</td>
<td>30.00</td>
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<tr>
<td>TB Test</td>
<td>20.00</td>
<td></td>
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<tr>
<td>Board Review (Recommended but not required)</td>
<td>600.00</td>
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### Spring Semester – 2nd Year

<table>
<thead>
<tr>
<th>Cost</th>
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<th>Non-resident of District</th>
<th>Non-resident of State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and Basic Fees (5 Semester Hours)</td>
<td>$ 313.75</td>
<td>$ 423.75</td>
<td>$ 623.75</td>
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<tr>
<td>Laboratory Fees</td>
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<tr>
<td>Textbooks</td>
<td>150.00</td>
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<tr>
<td>Instruments and Supplies</td>
<td>250.00</td>
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<tr>
<td>Licensing Fees:</td>
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<td></td>
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<tr>
<td>Dental Hygiene National Board Exam</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>WREB or Other Regional Board Fees for Licensure</td>
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</table>

Signature: ___________________________________________  Date: _____________________
Admission of students is based on specific written criteria, procedures and policies. The dental hygiene education curriculum is a postsecondary scientifically-oriented program which is rigorous and intensive. Because enrollment is limited by facility capacity, special program admissions criteria and procedures are necessary to ensure that students are selected who have the potential for successfully completing the program. The minimum standards for admission are as follows. An applicant 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, ethnicity, national origin or disability status.
3. 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".
4. 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.
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 postponed until such time that the Texas State Board of Dental Examiners may reverse its position.
6. Complete TWO separate dental office observations. The visits must be documented using the Dental Office observation form enclosed in this packet.
7. Provide a signed Waiver and Release of Liability form.
8. Demonstrate proof of compliance with Texas Immunization Requirements or Waiver Letter if applicable before entering the program.
9. Provide proof of current CPR card for healthcare providers.
10. Provide a biographical sketch as outlined in this packet.
11. Provide three reference letters as outlined in this packet.
12. Complete a criminal background check via www.precheck.com/studentcheck.shtml. If the criminal background check comes back "Not Clear," the student may not be admitted into the Dental Hygiene Program.
13. Admission into any of the DHYG clinical courses require that the student be able to fully participate physically and mentally on all clinic/rotation/community service activities in such a way as to not pose a risk to the safety of a patient or him/herself. A student must be able to lift fifty pounds without assistance, hear and speak the English language and see with a visual acuity not less than that required for a Texas driver's license (20/40). The applicant must meet the Functional Requirement Standards for Admission and Progression in the 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 policies as they relate to a student in the Dental Hygiene Program including the personal appearance standards outlined in this packet.

Please Note:
Both men and women are eligible to apply to the Dental Hygiene Program at Amarillo College regardless of marital status or age. Amarillo College does not discriminate on the basis of race, color, ethnic or national origin.

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 proof of CPR, and an incomplete vaccination record.

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.
Students must be able to perform all functions and tasks required of a dental hygienist. If a student is unable to meet the outlined standards, he/she may be withdrawn from the program.

**Physical Qualifications for the Dental Hygienist**

Students must be able to perform all functions and tasks required of a dental hygienist. A person with certain musculoskeletal conditions may have difficulty performing the daily activities required by the profession of dental hygiene. These include, but are not limited to, degenerative conditions or injuries to the neck, back, shoulder, elbow, wrist and/or hands. Examples: herniated or bulging disks, chronic rotator cuff symptoms, and carpal tunnel. It is strongly recommended that individuals with any of these conditions be evaluated by their physician prior to pursuing the dental hygiene degree.

**MOTOR FUNCTION**

Motor functions must be sufficient to permit the student to be able to:
- Manipulate dental equipment and dental hygiene instruments with eye-hand coordination with both hands.
- Manipulate dental radiographic equipment unassisted.
- Assist patients in emergency situations (perform CPR).
- Demonstrate fine and gross motor skills necessary to provide safe and effective dental hygiene instrumentation.
- Demonstrate tactile abilities to allow for physical assessment using palpation and exploring and working strokes with dental hygiene instruments.

**VISUAL OBSERVATION**

Visual acuity must be sufficient and adequate to allow the student to:
- Differentiate between shades of gray on radiographs to determine quality and identify anatomy.
- Differentiate between color variations in tissues to distinguish between normal and abnormal.
- Read control panels, technique charts, and other pertinent materials for patient care and professional practice.
- Demonstrate adequate depth perception in the instrumentation of tooth structures.

IT IS STRONGLY RECOMMENDED THAT STUDENTS HAVE AN EYE EXAMINATION PRIOR TO STARTING THE DENTAL HYGIENE PROGRAM.

**AUDITORY (HEARING) OBSERVATION**

Hearing abilities must be sufficient to allow the student to communicate with and evaluate patients. The student must be able to:
- Evaluate stethoscope sounds in the monitoring of blood pressure.
- Hear normal speaking sounds and various voice ranges.
- Hear auditory alarms and telephones.

**COMMUNICATION SKILLS**

Communication skills must be sufficient to permit the student to communicate with patients and other professionals. The student must:
- Demonstrate English language communication skills sufficient for interaction with others in verbal and written form (communication is clear and understandable to others).

**CRITICAL THINKING SKILLS**

Students must be able to demonstrate critical thinking skills deemed appropriate for the academic level and discipline content. A student must be able to:
- Comprehend and integrate knowledge from didactic courses and professional literature into the assessment, planning, implementation and evaluation of dental hygiene treatment.
- Demonstrate long and short term memory.
BEHAVIORAL AND SOCIAL SKILLS

Student's behavioral and social skills must be acceptable within college and clinical settings. A student must be able to:

• Monitor his/her emotions. Manage strong emotions (such as grief and anger) in a professional manner.
• Perform multiple responsibilities concurrently.
• Adapt to a changing environment/stress and deal with the unexpected (such as a crisis situation).

EMPLOYMENT QUALIFIERS

Students must be able to obtain a license to practice dental hygiene. Each state has regulations governing the practice of dental hygiene, including licensing requirements. The following are listed as grounds for refusal to issue a dental hygiene license in the state of Texas (Texas Occupations Code, Title 3, Chapter 263, Sec. 263.001, Grounds for Refusal to Issue License).

• Presents to the board fraudulent or false evidence of the person's qualifications for examination or license.
• Is guilty of any illegality, fraud, or deception during the examination or the process to secure a license.
• Is habitually intoxicated or is addicted to drugs; commits a dishonest or illegal practice in or connected to dentistry or dental hygiene.
• Is convicted of a felony under a federal law of this state.
• Is found to have violated a law of this state relating to the practice of dentistry within the 12 months preceding the date the person filed an application for a license to practice dentistry or dental hygiene.

Dentists and Dental Hygienists applying for initial licensure by examination with the Texas State Board of Dental Examiners MUST submit their fingerprints for a State and National criminal history background check.

Students must comply with infection control regulations as listed in the Texas State Board of Dental Examiners Rules and Regulations, Rule 108.25:

• A dental healthcare worker(s) who knows he/she is infected with HIV or HBV and who knows he/she is HbeAg positive shall report his/her status to an expert review panel, pursuant to provisions of THSC §85.204, et seq, 1991, as amended.

• A dental healthcare worker who is infected with HIV or HBV and is HbeAg positive shall notify a prospective patient of the dental health care worker's seropositive status and obtain the patient's consent before the patient undergoes an exposure-prone procedure performed by the notifying dental healthcare worker.

It is strongly recommended that individuals with any questions regarding the Employment Qualifier contact the Texas State Board of Dental Examiners at www.tsbde@state.tx.us
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 and acting with integrity 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.

The following are some factors which will be considered under professionalism. Representative examples are given, but will not necessarily be limited to these examples. The student is expected to demonstrate professional conduct and judgment. Examples of positive professional conduct include:

- Placing the patient's welfare first when planning and implementing patient care.
- Concern for the patient's welfare and comfort.
- Willingness to accept suggestions for improvement and evaluation gracefully.
- Maintaining physical, mental, and emotional composure in all situations.
- Abiding by clinic rules and regulations (including professional appearance requirements).
- Eagerness to learn.
- Attitude of respect, concern, and cooperativeness toward fellow classmates, the staff, and faculty.
- Asking for clarification when uncertain of instructions or a task.
- Practicing good personal grooming and hygiene.
- Demonstrating the ability for self-evaluation according to criteria presented in manuals and lectures.
- Honest with faculty members, patients, and colleagues.
- Primarily concerned with quality treatment for patients rather than a quest for grades.
- Working independently or in groups as appropriate.
- Being prompt for class, clinic, and laboratory sessions. Being present all the time provides student with the maximum opportunity for learning.
- Being a team player.
- Participation in professional activities (SADHA and continuing education lectures).

Examples of critical errors in professional conduct and judgment include:

- Failure to place the patient's welfare as first priority.
- Failure to maintain physical, mental, and emotional composure in clinic.
- Consistent ineffective, inefficient use of clinic time.
- Failure to be honest with patients, faculty, and colleagues.
- Breach of confidentiality.
- Using improper language in the clinic, lab, classroom or while participating in school-related activities.
- Borrowing of any kind with out permission (instruments, masks, gloves, etc.).
- Failure to assist classmates or doing so begrudgingly.
- Failure to practice meticulous infection control in clinic.
- Verbally disagreeing with an instructor in front of the class or a patient.
- Not being attentive in class.
- Talking while an instructor is lecturing.
- Exhibiting inappropriate body language, facial expressions or demonstrative ill-mannered behavior.
People form opinions of the dental hygiene profession from their impressions of the individual dental hygienist he/she may 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. Those students who aspire to be dental professionals are expected to dress conservatively in the classroom and in the dental programs facility. The following personal appearance standards are REQUIRED of the dental hygiene students at Amarillo College.

Examples include:

1. Clothing must be neat and clean.
3. No shorts, halter tops, crop tops, tank tops or other such clothing may be worn.
4. No jeans or frayed or torn clothing may be worn.
5. No open-toe shoes such as sandals may be worn.
6. All hair styles must be neat, controlled, off the face.
7. Longer hairstyles must be styled up or back, so that it does not fall forward of the ears.
8. Non-traditional hair colors are unacceptable (i.e. blue, pink, purple, orange, green, striped, or two-toned, etc.).
9. Hair ornamentation, such as barrettes and headbands, that are near to the color of the hair are acceptable.
10. Male students are expected to always be clean shaven.
11. Make-up should be applied conservatively and moderately, appropriate for day time wear.
12. 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.
13. ONE pair of small, conservative earrings in the earlobes is the ONLY jewelry items that may be worn. Dangling earrings are unacceptable.
14. No other facial or oral piercing or magnetic ornamentation may be worn while participating in any school activity. This includes nose piercings.
15. No visible tattoos to include but not limited to tattoos on the face, neck, head, arms, hands, fingers, etc.
16. Fingernails must be clean and neatly trimmed. No artificial/acrylic nails will be allowed. No colored nail polish.
17. 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.
18. Chewing gum is not acceptable.

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

The above standards must also be applied when the applicant completes the required dental office observations.
Note: Any application criteria documentation found to contain outdated and/or inaccurate information will VOID the application. It is the applicant’s responsibility to make sure the correct mailing address and telephone number is on file in the Dental Hygiene Department.

1. An applicant must submit an application portfolio (notebook) 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. Proof of Compliance with Texas Immunization Requirements or Waiver Letter (if applicable)
   f. Proof of CPR Certification – The student is required to obtain basic life support certification as a prerequisite to the dental hygiene program
   g. Progress Grade Reports (only needed if completing general education courses in the spring semester of the same year application is submitted)
   h. Biographical Profile
   i. Reference Letters (3)
   j. Completed Criminal Background Check via Precheck
   k. Reviewed Estimate of Educational Expenses – Semester by Semester by signing & dating at the bottom of the page
   l. Signed document verifying that applicant has read the Criteria for Admission into the Dental Hygiene Program and agrees to abide by the departmental and school policies and standards outlined in this application packet to include the patient confidentiality statement, personal appearance standards, and the 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 first and second 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). Students will be notified by the end of March as to whether they will be called back for an interview.

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 scheduled 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. The exam is given and monitored by the Amarillo College Testing Center.

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

- **Completion of all other General Education courses as listed in the catalog for this program will be scored as:**
  
  ENGL 1301 – Freshman Composition  
  SPCH 1318 – Interpersonal Communication  
  SOCI 2319 – Minority Studies  
  MATH 1332 – Contemporary Mathematics I  
  or  
  MATH 1314 – College Algebra  
  PSYC 2301 – General Psychology  

  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 20 points  
  Bachelor Degree earns 40 points  
  Master Degree earns 45 points

- **Biographical Profile**
  
  Earn up to a maximum of 10 points

- **Personal References**
  
  Earn up to a maximum of 10 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 an appointment to the program.

Full Name: ____________________________________________________________________________________
First    Middle                        Last    Maiden

Current Address:  _______________________________________________________________________________
P . O. Box or No.   Street/Apt No.
_________________________________________________________________________________
City     State    Zip code

Social Security Number: ______   ____   ________ (Used to Verify Completion of Criminal Background Check)

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 Texas Success Initiative Assessment (TIA) or ACCUPLACER test? ☐YES ☐NO ☐Exempt

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

Reading: ☐Yes ☐No ☐Unknown Score:_____________
Writing: ☐Yes ☐No ☐Unknown Score:_____________
Math: ☐Yes ☐No ☐Unknown Score:_____________

Are you a graduate of an ADA accredited Dental Assisting Program? ☐Yes ☐No ☐Unsure
Are you a graduate of a non-accredited Dental Assisting Program? ☐Yes ☐No ☐Unsure
Are you a dental assitant? ☐Yes ☐No ☐Unsure

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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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 instructor or professor, 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 that a student be able to fully participate physically and mentally in all clinic, rotation, and community service activities in such a way as to not pose a risk to the safety of a patient, fellow worker or self. Students must be able to lift fifty pounds without assistance, hear and speak the English language and see with a visual acuity not less than that required for a Texas driver's license (20/40). Can you comply with the Standards for the Dental Hygienist as outlined in this packet?

- Yes  - Uncertain – If uncertain, you must provide medical documentation (e.g. a signed recommendation from a physician) in support of your application to the program. Attach any such documentation.

Have you ever been convicted of a felony?

- Yes  - No

Have you completed the criminal background check through PreCheck?

- Yes  - No

I have reviewed and understand the list of educational expenses semester by semester as indicated on page 10 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.

________________________________________          _____________________
SIGNATURE          DATE
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)
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

PROOF OF COMPLIANCE WITH TEXAS IMMUNIZATION REQUIREMENTS

Name: __________________________________________________________________________________________
Last     First    Middle

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

As required by Texas law, students in healthcare career programs must show proof of required vaccinations.

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

| A. Two doses of measles vaccine on or after their first birthday and at least 30 days apart OR | Date #1 __________________ Date #2 __________________ |
|                                                                                         | (mm/dd/yy)            (mm/dd/yy) |
| B. Record of physician-diagnosed measles OR                                              | Date __________________ |
|                                                                                         | (mm/dd/yy)            |
| C. Serologic test positive for measles antibody                                             | Date __________________ Result __________________ |
|                                                                                         | (mm/dd/yy)            |

### 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  
(mm/dd/yy) |

**Varicella (chickenpox)** Must show proof of:

NOTE: If you have had the vaccine or the illness, do NOT re-vaccinate

| A. Two doses of Varicella vaccine administered 4-8 weeks apart OR | Date #1  
Date #2  
(mm/dd/yy) |
|---|---|
| B. Serologic test positive for Varicella antibody OR | Date  
Result  
(mm/dd/yy) |
| C. Physician documented history of diagnosis of Varicella | Date Disease Occurred  
(mm/dd/yy) |

*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 within past 10 years

| Date  
(mm/dd/yy) |
|---|

**Tuberculosis Skin Test**

Annually and as testing occurs during the educational process

| Date  
(mm/dd/yy) |
|---|

**Recommended Vaccination:**

**Hepatitis A**

| Injection #1 | Date  
(mm/dd/yy) |
|---|---|
| Injection #2 | Date  
(mm/dd/yy) |

The Texas Department of Health often offers the required immunizations, as well as local pharmacies at drug stores and grocers. P.R.I.M.E. is a local business that offers serologic testing for those who have had a prior immunization or illness that is not documented. Contact them for specific information.

Attach a copy of your Immunization Record(s) to the back of this page.
By my signature on this document, I ____________________________, attest that I have a personal history of varicella disease (chickenpox) or have varicella immunity.

<table>
<thead>
<tr>
<th>Student Signature (exactly as printed above):</th>
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<tbody>
<tr>
<td>_____________________________________________</td>
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</table>

<table>
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<tr>
<th>Affix Notary Seal Below</th>
<th>Sworn to before me this ______ day of ____________________________, ______.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notary Public Signature:</td>
<td></td>
</tr>
<tr>
<td>________________________</td>
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</tbody>
</table>
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.

Dental hygiene professionals clearly have an obligation to keep MEDICAL and PERSONAL information about patients in the strictest confidence at all times. Unless disclosure is mandated by patient consent, statute, a duty to inform third parties, or special circumstances, 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 student such as fines, imprisonment, and dismissal from the program.

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) must 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. I also understand failure to do so may cause liability for me such as fines, imprisonment, and dismissal from the program.

__________________________________________  _____________________________________
Student Signature            Date

__________________________________________  _____________________________________
Printed Name               Witness
STATE OF TEXAS  
COUNTY OF POTTER  

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

Print full legal name of student or applicant.

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: __________________________________________________________________________
Financial assistance may be described as any means of reducing a student's educational costs. Such costs include direct expenses (e.g. tuition, fees, textbooks, supplies) and indirect expenses (e.g. room and board, transportation, personal expenses).

Assistance is available to many students through state, federal, and local government; through many private sources, such as industrial, service, civic, and fraternal groups; as well as directly through colleges and universities.

The objective of the Financial Aid Office at Amarillo College is to provide financial assistance to students who, without such assistance, would not be able to pursue higher education. The financial assistance offered at Amarillo College is in various forms, including loans, scholarships, grants, campus employment, or a combination of these.

Awards are contingent on available funds and are made on the basis of financial need, scholastic achievement, or other qualifications required by the donors of the funds. The financial need of a student is the difference between the reasonable expenses of an academic year and the amount which a student and his/her family can reasonably be expected to contribute toward these expenses.

Amarillo College requires students who apply for financial assistance, in any form, to submit a Free Application for Federal Student Aid (FAFSA) form. The form may be obtained from high school counselors, the Financial Aid Office at Amarillo College or online at www.fafsa.ed.gov.

Students planning to request financial assistance should be advised that the application process can be tedious and requires several weeks to complete. Therefore, students should apply as early as possible as application deadlines are set well in advance of the beginning of the school year.

Ask about these major sources of funding when you contact the Financial Aid Office:

1. Amarillo College Foundation scholarships
2. Stafford loans
3. Pell Grant
4. Workforce Investment Act
5. Supplemental Educational Opportunity Grant (SEOG)
6. Texas Public Educational Grant
7. College Work-Study Program
8. Texas Rehabilitation Commission assistance
9. Veteran's assistance
10. Scholarships

Amarillo College accepts credit card (Visa, MasterCard, Discover, American Express) payment for tuition, fees, and textbooks.

The Financial Aid Office can be reached by dialing (806) 371-5310. Office hours are 8:30 am - 5:00 pm Monday – Friday.

For more information regarding tuition, fees, and any other institutional questions, and for a general application for admission (this is needed in addition to applying for the radiation therapy program), contact:

Amarillo College
AskAC
P.O. Box 447
Amarillo, TX 79178
806.371.5000
askac@actx.edu
Dental Hygiene Program
APPLICATION VERIFICATION

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.

2. I know and understand the principal duties and recommended characteristics of a Dental Hygienist and I can meet the Standards for a Dental Hygienist as outlined in this packet.

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

4. I understand that upon acceptance into 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 Statement; and the Amarillo College Dental Hygiene Program Manual.

5. I have completed all Texas Immunization Requirements 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 a current CPR card for healthcare providers.

8. I have provided officials at Amarillo College with all academic transcripts as requested in the Admission Criteria.

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

10. I have reviewed the estimate of educational expenses by semester(s) as outlined in the packet by dating and signing on Page 10.

11. I have completed the criminal background check via www.precheck.com.

12. 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.

13. I understand I will be expected to have an excellent attendance record.

14. I understand I must be proactive in helping recruit patients needed for my clinical education.

15. I understand I will be responsible for recruiting a patient who meets the criteria to take the Western Regional or other Regional Examining Board in order to gain licensure.

16. 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. I understand that I will be required to attend professional meetings such as continuing education.

17. 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)
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 different 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.

---

<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>
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</tr>
<tr>
<td>Some sort of restorative procedure</td>
<td>Varies - 1 Appointment</td>
<td></td>
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</tbody>
</table>

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>
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Name of Applicant: _________________________________________________________________________________

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Dental Hygiene Program
REQUIRED COURSE PROGRESS REPORT (If Applicable)

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: __________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
**Last Day of February**  
Deadline for completed application portfolio must be postmarked by the last day of February (or sooner) to be accepted for review. A checklist is enclosed to help you.

Mail to: Amarillo College  
Dental Hygiene Program  
P. O. Box 447  
Amarillo, Texas 79178  
Attention: Donna Cleere, Program Director

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

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

**Last Day of May**  
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 - August**  
If any openings become available in the Dental Hygiene Class, they will be filled by the most qualified alternate.