

Dear Dental Hygiene Applicant,

We are delighted that you have elected to apply to Oxnard College Dental Hygiene Program. We have an outstanding program and would love to add you to our group of esteemed alumni!

Below is a check off list of all of the necessary documentation that must be submitted in a complete application packet. Incomplete or late applications will not be considered. .

\_\_\_\_\_ Dental Hygiene Application (completed)

\_\_\_\_\_ Proof of High School Graduation

\_\_\_\_\_ Official College Transcripts (hard copy in sealed envelope only--no electronic transcripts accepted)

\_\_\_\_\_ CPR Certification (Copy of current card) American Heart Association or American Red Cross course in Basic Life Support (BLS) with a live in-person skills component.

\_\_\_\_\_ Proof of completion of DH R001, or proof of enrollment in DH R001

**Failure to submit ALL of the above items together will be considered an incomplete application packet and mean that you cannot be included in the lottery selection process.** All complete application packets must be **delivered to the Dental Hygiene Department by the deadline, no exceptions.**

If you have any questions, do not hesitate to call 805-678-5823.

Please deliver you application packet to:

 Oxnard College

 Dental Hygiene Department

 4000 South Rose Avenue

 Oxnard, CA 93033-6699

 Attn: Susan McDonald

Thank You,

Susan McDonald

Dental Hygiene Program Director

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| **application FOR ADMISSION: OXNARD COLLEGE DENTAL HYGIENE Program** |

**Last Name First Name Middle Name Maiden/AKA**

**Mailing Address Mailing City, State, Zip**

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**Date of Birth Age Gender Phone Email**

**High School Education Status (Circle One):** HS Diploma; Foreign Diploma/Certificate of Graduation; G.E.D.; Other Name of HS & Year graduated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Specify if “Other” was selected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List ALL colleges and universities attended even if courses are not Dental Hygiene applicable** (attach additional pages if more than 3 colleges).

***Attach official transcripts*** *for each college listed (VCCCD only one transcript required)*: ***Envelope must remain sealed***

**\*\* *NO Electronic Transcripts*** \*\*\* *Transcripts and a copy of your CPR Card must be submitted* ***with*** *the application prior to deadline*

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| **Name of college or university attended** |  **COLLEGE LOCATION****City, State** | **Term(S) and year(S) attended** | **Degree earned** | **offical use only** |
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Minimum Cumulative GPA is 3.0 (including **ALL** colleges ever attended). Minimum Science GPA is 3.0 (including ALL science prerequisites). *Oxnard College GPA calculations may vary from other institutions.*

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| **PREREquiSITE courseS****(OxNARD cOLLEGE)** | **course title/number****(eQUIVALENT pREREQ. COURSE)** | **UNITS** | **college** **(where taken)** | **term taken (SEM/yR)** | **grade** | **offical use only** |
| MICR R100Prin. Of Microbiology |  |  |  |  |  |  |
| MICR R100LPrin. Of Microbiology Lab. |  |  |  |  |  |  |
| MATH R005 or R015Beg & Int Algebra |  |  |  |  |  |  |
| ANAT R101Gen. Human Anatomy |  |  |  |  |  |  |
| PHSO R101Human Physiology |  |  |  |  |  |  |
| CHEM R110 Elementary Chemistry |  |  |  |  |  |  |
| CHEM R112Elem. Organic & Bio. Chem. |  |  |  |  |  |  |
| ENGL R101 College Composition |  |  |  |  |  |  |
| PSY R101 General Psychology |  |  |  |  |  |  |
| SOC R101Intro to Sociology |  |  |  |  |  |  |
| COMM R101Intro to Oral Communication |  |  |  |  |  |  |
| ANTH R102Cultural Anthropology |  |  |  |  |  |  |
| DH R001Intro to Dental Hygiene | Include proof of passing or enrollment in DH R001 at Oxnard College  |  |

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| OFFICAL USE ONLY*Spring 2021*Receiver: \_\_\_\_\_\_\_ Date received: \_\_\_\_\_\_ Applicant #: \_\_\_\_\_\_ |

I certify, under the penalty of disqualification, that the statements in this application are true to the best of my knowledge and ability. I understand that submission of inaccurate, falsified, or incomplete information may disqualify me for entrance into the Oxnard College Dental Hygiene Program. I acknowledge that it is my responsibility to ensure the Dental Hygiene Department receives all documentation by the deadline.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

This survey information is confidential and is used only for statistical reporting purposes only.

The information is not collected in relation to the selection process of applicants.

**Dental Experience (check all that apply):**

\_\_\_\_\_None

\_\_\_\_\_Dental Office Experience

\_\_\_\_\_Dental Assistant **→** years & type of experience \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Registered Dental Assistant (R.D.A) **→** years & type of experience \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *If RDA, did you graduate from an accredited Dental Assisting school?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Dental Lab Technician **→** years & type of experience \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *If Dental Tech, did you graduate from an accredited Dental Tech school?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ethnicity (check one):**

\_\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_\_ Asian or Pacific Islander

\_\_\_\_\_ Black African American, not of Latino/Hispanic origin

\_\_\_\_\_ White, not of Latino/Hispanic origin

\_\_\_\_\_ Latino/Hispanic

\_\_\_\_\_ Other

**Citizenship Status (check one):**

\_\_\_\_\_ Canadian Citizen

\_\_\_\_\_ U.S. Citizen

Not U.S. Citizen:

\_\_\_\_\_ Permanent Resident Visa

\_\_\_\_\_ Temporary Resident/Amnesty

\_\_\_\_\_ Refugee/Asylee

\_\_\_\_\_ Student Visa (F-1 or M-1)

\_\_\_\_\_ Other Visa or Visa Type

\_\_\_\_\_ Unknown

**Student Academic Level (check current one):**

\_\_\_\_\_ I have attended only one year of college and have not earned a Degree

\_\_\_\_\_ I have attended two years of college and have not earned a Degree

\_\_\_\_\_ I have attended three years of college and have not earned a Degree

\_\_\_\_\_ I have attended four years of college and have not earned a Degree

\_\_\_\_\_ I have already earned or will have earned an Associate’s Degree by the time of program entry

\_\_\_\_\_ I have already earned or will have earned a Bachelor’s Degree or higher by the time of program entry

\_\_\_\_\_ Other, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Educational Goal (select your highest priority)**

\_\_\_\_\_ Earn a Dental Hygiene certificate/A.S. degree without transfer

\_\_\_\_\_ Earn a Dental Hygiene certificate/A.S. degree with transfer to obtain a Bachelor’s degree or higher

**Financial:**

\_\_\_\_\_ I will request financial aid while I attend the program

\_\_\_\_\_ I will not request financial aid while I attend the program

**Employment/Family Care Responsibility (check all that apply):**

\_\_\_\_\_ I will work part-time while I attend the program

\_\_\_\_\_ I will work full-time while I attend the program

\_\_\_\_\_ I will have family care responsibilities (caring for children, elderly parents, disabled spouse, etc.) while I
 attend the program