
Last Name

First Name

VCCCD Student ID (900...)

Dear Applicant,

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

If you are not already a VCCCD student, you must submit the free Oxnard College Admission Application online to have a Student ID number (900_ _ _ _ _) assigned to you. Below is a checklist of all the necessary documentation and tasks that make for a complete application packet. Incomplete or late applications will not be considered.

We highly encourage all applicants to attend a "Dental Hygiene Application Clinic" for assistance with the application. You may sign up for a "Dental Hygiene Application Clinic" on the [Oxnard College Dental Hygiene](#) website.

Document Submission & Verification

All required documents must be included in the application packet at the time of submission.

- | | |
|---|---|
| ★ Verification document required for all applicants | ■ Verification document required only if applicable or if the criterion is selected |
|---|---|

☐ ★ **Dental Hygiene Application:** This application completed and printed. This application and its contents cannot be submitted online.

☐ ★ **Proof of High School Graduation (or the recognized equivalent):** Unofficial or official document is acceptable.

☐ ★ **Official College/University Transcripts:** Hard copy sealed official transcripts from ALL colleges/universities EVER attended. No electronic transcripts accepted.

☐ ■ **Evaluated Foreign Transcripts(if applicable):** A hard copy of a course-by-course evaluation from an [approved agencies](#), including English course titles, U.S. semester equivalents, and grades.

☐ ■ **Official AP Exam Score Report (if applicable):** College Board AP score report used to meet Written Communication and/or Statistics prerequisites. An unofficial copy is acceptable only if the official report is already on file with Oxnard College Admissions & Records.

☐ ★ **BLS Certification:** Copy of current Basic Life Support (BLS) Certification card from American Heart Association or American Red Cross with a live in-person skills component.

☐ ★ **RDH Observation Log:** A completed [OC DH Observation Log](#) documenting the required 10 hours.

Failure to submit ALL of the above items together in one packet will be considered an incomplete application and your application may not be included in the selection process.

Complete application packets must be delivered in person or mailed to the Dental Health Building with a postmark date of **March 20, 2026-** no exceptions.

If you have any questions, do not hesitate to call (805) 678-5823. Please deliver your application packet to:

Oxnard College
Dental Hygiene Department, Attn: Susan McDonald
4000 South Rose Avenue
Oxnard, CA 93033-6699

Thank You,

Susan McDonald

Susan McDonald, M.Ed., BSDH
Dental Hygiene Program Director

OFFICIAL USE ONLY

Receiver: _____ Applicant #: _____
Date Received: _____ Selection Pool #: _____

OXNARD COLLEGE DENTAL HYGIENE

Admission Application

PERSONAL INFORMATION

Do you have preferred name?

Leave blank if not applicable.

This is the name you go by daily, which may differ from your legal name (for gender, cultural, or personal reasons).

Last / Family Name		First / Given Name		Middle Name	Previous Legal Name	Preferred Name	
Address				City	State	Zip	
Date of Birth	Age	Gender	Phone		Email		

CITIZENSHIP STATUS (select one):

- ☐ U.S. Citizen
☐ Canadian Citizen
☐ Not a U.S. or Canadian Citizen
- a. ☐ Permanent Resident Visa
 b. ☐ Temporary Resident/Amnesty
 c. ☐ Refugee/Asylee
- d. ☐ Student Visa (F-1 or M-1)
 e. ☐ Other Visa or Visa Type _____
 f. ☐ Unknown

HIGH SCHOOL INFORMATION

Name of Last High School Attended		Year Graduated
<input type="checkbox"/> U.S. High School Diploma	<input type="checkbox"/> Foreign Diploma/ Certificate of Graduation	<input type="checkbox"/> G.E.D. <input type="checkbox"/> Other: _____

COLLEGE & UNIVERSITY INFORMATION

Be sure to list ALL colleges/universities you have attended

Provide an official transcript, in a sealed envelope, for each institution. If you have attended multiple colleges in the same district, where the district lists classes from all colleges on the same transcript, you may submit just one transcript for those colleges. For example, if you have taken classes at Oxnard College, Ventura College, and Moorpark College, you may submit just one VCCCD transcript for all three colleges.

Name of Institution	Institution Location	From Term / Year	To Term / Year	Degree(s) Already Earned & Confer Term/Year
EXAMPLE Oxnard College	Oxnard, CA	Spring 2023	Spring 2025	AA General Studies: STEM Fundamentals - Spring 2026 AS Pre-Health Professions – Fall 2025 AA General Studies: Society, Human Behavior, and Culture – Spring 2026
EXAMPLE Ventura College	Ventura, CA	Fall 2024	Fall 2024	No Degree

Many students qualify for an associate degree/certificate after completing dental hygiene prerequisite courses. Do you give your permission for an Oxnard College counselor to apply for a degree/certificate for you if eligible?

- ☐ **Yes:** I consent to an Oxnard College counselor to apply for a degree/certificate on my behalf if I am eligible.
- ☐ **No:** I do not consent to an Oxnard College counselor to apply for a degree/certificate on my behalf.



OXNARD COLLEGE DENTAL HYGIENE

Admission Application

PREREQUISITE INFORMATION

If any of the below classes are taken outside of Oxnard College, please see an OC Counselor to confirm the class is acceptable.

OC Prerequisite	OC Units	If NOT taken at Oxnard College or if took a different approved comparable course				Term	Year	Grade
		Course Number	Course Title	Units	College			
EXAMPLE: ANAT R101 (if taken <u>outside</u> OC)	4	BMS 107	Human Anatomy	4	Santa Barbara City College	Fall	2025	B
EXAMPLE: COMM R102 (if taken <u>at</u> OC)	3					Summer	2023	A
ANAT R101 General Human Anatomy	4							
CHEM R110 Elementary Chemistry OR CHEM R120 General Chemistry I	5							
PHSO R101 Human Physiology	5							
MICR R100 Principles of Microbiology	3							
MICR R100L Principles of Microbiology Laboratory	2							
CHEM R112 Elementary Organic and Biological Chemistry	5							
Statistics See OC DH website for all options. Specify Course.	3-4							
ENGL C1000 (or ENGL R101) College Composition	4							
COMM C1000 (or COMM R101 or R201) Introduction to Oral Communication	3							
COMM R102 Introduction to Communication Studies	3							
PSYC C1000 (or PSY R101) General Psychology	3							
SOC R101 Introduction to Sociology	3							
Cultural Diversity/ Ethnic Studies See OC DH website for all options. Specify Course.	3							
Critical Thinking See OC DH website for all options. Specify Course.	3-4							
DH R001 Pre-Dental Hygiene	1	DH R001 may only be completed at Oxnard College						

General Education requirement to be completed by the end of spring:

☐ CSU GE

☐ IGETC

☐ Cal-GETC

☐ A bachelor's degree awarded by a U.S. regionally accredited institution



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ADDITIONAL INFORMATION

1. Critical thinking is a fundamental skill in any professional educational program. Please describe a situation in which you had to use critical thinking to solve a complex problem (academic, personal, or professional). Explain how you analyzed the situation, the steps you took to make a decision, and reflect on the outcome. (250 words max)

2. Describe a leadership and/or extracurricular experience (e.g., volunteering, internship, leadership roles, club or sports teams, faith-based or community organizations). Include specific examples that highlight any skills or insights you gained from the experience and how they will contribute to your future role as a dental hygiene professional. (250 Words max)

3. Please share any aspects of your journey that you feel are important for us to consider when evaluating your application. This can include any life experiences or challenges that may have affected your academic performance as well as experiences that demonstrate resilience, growth, and commitment to your educational goals. (250 Words max)



OXNARD COLLEGE DENTAL HYGIENE

Admission Application

VERIFICATION REQUIRED

Please review the criteria below, select all that apply, and note any items that require supporting documentation for verification. Please review the "Applying to the Program" section on the [OC Dental Hygiene website](#) for more details.

■ Volunteer/Community Service in Healthcare

(Direct in-person patient/care contact in past 2 years)

[Verification form for this criterion](#) is available on the program website.

☐ 1 Day:

Title & Date:

☐ 2+ Days:

Title & Date:

Title & Date:

■ Extracurricular Activity & Leadership

(Participation in a club, team, business, faith-based/community organization)

[Verification form for this criterion](#) is available on the program website

☐ Member Only

☐ Member & Leader | Leader Title:

■ Dental Industry Work Experience(s)

Must involve direct in-person interaction with care recipients

[Verification form for this criterion](#) is available on the program website.

☐ Title:

☐ Two years or fewer

☐ More than two years

■ Dental or Healthcare Provider Certification/Licensure

A copy of your certification or licensure is required as verification

☐ I have at least one dental or healthcare provider certification/licensure

☐ Title & Date:

☐ Title & Date:

☐ Title & Date:

VERIFICATION NOT REQUIRED

Non-English Language Proficiency

Language	Reading, writing, and speaking	Speaking only
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Previous Oxnard College Dental Hygiene Applicant

☐ First-time applicant

☐ Previously applied (and was deemed eligible) | how many times:

Repetition of Biomedical Science Courses

(ANAT R101, CHEM R110, CHEM R112, PHSO R101, MICR R100/L)

If you have two or more D, F, or W in these classes, leave this section blank

☐ I only have one D, F, or W grade in Biomedical Science courses

☐ I have no D, F, or W grades in Biomedical Science courses

Higher Education Degrees

By the end of spring, I will have earned (check all that apply):

☐ Associate degree

☐ Bachelor's degree or higher

Life Experience / Special Population / Student Support

If you select any of the criteria below, please explain how your circumstances have impacted your academic journey in Essay Question #3 above.

Difficult Personal/ Family Circumstances

☐ I experienced a difficult personal/family circumstance

Refugee Status

☐ I have refugee status, as documented by the United States Citizenship and Immigration Services (USCIS) e.g., I-94 form

Disability Status

☐ I have a disability formally diagnosed by a qualified professional.

Military Affiliation

☐ I am currently or have previously served in the U.S. military

☐ My spouse is currently or has previously served in the U.S. military

Low Income or 1st Gen College Student

Eligibility for financial aid or special programs (e.g., CCPG, Cal Grant, Pell Grant, CalWORKS, EOPS, TRiO, NextUP, or any foster youth program)

☐ Low family Income

☐ First-generation college student

Acknowledgement of Eligibility

☐ **GPA Requirements:** I understand I must have and maintain a minimum 3.0 cumulative GPA and a minimum 3.0 biomedical science GPA (ANAT R101, CHEM R110, CHEM R112, PHSO R101, MICR R100/R100L), and that these courses must be completed within the past 5 years (2021 or later).

☐ **Prerequisite Completion Status:** I understand that only one biomedical science course (with corresponding lab) may be in progress at the time of application and that all other prerequisites must be completed before I apply.

☐ **General Education Requirement:** I understand that by the end of the Spring term prior to entering the program, I must have completed IGETC, CSU GE, Cal-GETC, or a U.S. regionally accredited bachelor's degree.

☐ **Lab Modality Requirement:** I understand all biomedical science labs must be completed in person or if completed online, with an approved online lab kit and synchronous faculty oversight. Fully online labs are accepted only if taken March 2021–March 31, 2022 due to COVID-19.

☐ **Complete Application and Supplemental Documents:** I understand that this application packet must be fully completed and submitted in hard-copy format, including all required supporting documents and certifications.

☐ **Certification of Honesty and Appeal:** I certify that all information submitted is true and complete. I understand that false, inaccurate, or incomplete information may result in immediate disqualification with no right to appeal. I further understand that appeals are only permitted for college evaluation errors and must be submitted within the stated deadline.

Applicant Signature

Applicant Name

Date