Dental Hygiene Program
Student Information and Application Packet Fall 2019

(Applications are subject to change year to year)

Last updated February 14, 2019 for Fall 2019 intake
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Dear Prospective Dental Hygiene Student,

Dental hygiene is a dynamic and rewarding career. Dental hygienist are an intricate part of the dental team, working closely with patients to prevent oral diseases that can influence the patient’s quality of life. We believe that this is an exciting profession and are pleased that you are interested in the Great Falls College MSU’s Dental Hygiene Program.

The Great Falls College MSU Dental Hygiene Program is a two-year commitment that begins in the fall of each year. The program only accepts 18 students. Due to limited enrollment, the selection process is competitive. In order to facilitate a simple application process, it is imperative that you understand the process and read the complete application. Please read the application very carefully. You may also wish to review the section “Application Evaluation” located in this packet to assist you in understanding our selection process. The advantage of a small class size is a greater amount of hands-on experiences as well as the one-on-one relationships you are able to build with our faculty.

Dental hygienist are dedicated to using their knowledge, expertise and compassion in the treatment and prevention of dental disease. A trained and licensed dental hygienist provides dental hygiene therapy, exposes dental radiographs, and provides dental services, usually under the supervision of a dentist. The profession demands a high level of ethics, professionalism, critical thinking, and manual dexterity. It is strongly suggested that students meet with an academic counselor from Great Falls College MSU to review coursework before applying to the dental hygiene program.

For more information regarding the program, visit our website: http://www.gfcmsu.edu/webs/dh/index.html or follow us on Facebook by searching “Great Falls College Dental Hygiene”. If you require additional information, answers to specific questions, a campus tour, or to set up an appointment please contact Student Central at (406) 268-3700 or (800) 446-2698.

Good luck and we look forward to seeing you at Great Falls College Montana State University!

Best Regards,

Julie Barnwell
Great Falls College MSU Dental Hygiene Program Director
Dental Hygiene Career Outlook:
Dental hygienists are among the fastest growing occupations. Job prospects are expected to be favorable in most areas, but competition for jobs is likely in some geographic areas or certain employment settings.

Employment Change. Employment of dental hygienists is expected to grow 33 percent through 2022, which is faster than average for all occupations. This projected growth ranks dental hygienists among the fastest growing occupations, in response to increasing demand for dental care and more use of hygienists.

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. To help meet this demand, facilities that provide dental care, particularly dentists’ offices, will increasingly employ dental hygienists, often to perform services that have been performed by dentists in the past. Ongoing research indicating a link between oral health and general health also will 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 only 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.

Older dentists, who have been less likely to employ dental hygienists, are leaving the occupation and will be replaced by recent graduates, who are more likely to employ one or more hygienists. In addition, as dentists’ workloads increase, they are expected to hire more hygienists to perform preventative dental care, such as cleaning, so that they may devote their own time to more complex procedures.

Quick Facts:

<table>
<thead>
<tr>
<th>Quick Facts: Dental Hygienists</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017 Median Pay</td>
</tr>
<tr>
<td>Typical Entry-Level Education</td>
</tr>
<tr>
<td>Work Experience in a Related Occupation</td>
</tr>
<tr>
<td>On-the-job Training</td>
</tr>
<tr>
<td>Number of Jobs, 2016</td>
</tr>
<tr>
<td>Job Outlook, 2016-26</td>
</tr>
<tr>
<td>Employment Change, 2016-26</td>
</tr>
</tbody>
</table>

Great Falls College MSU
Two-Year Associate of Applied Science Degree
Dental Hygiene Program

Educational Program:
The dental hygiene program is accredited by the Commission of Dental Accreditation. The Commission can be contacted at (312) 440-4653 or at 211 East Chicago Ave. Chicago, IL 60611. The Great Falls College MSU has been granted the accreditation status of “approval without reporting requirements” in 2018. The program’s next schedule site visit is tentatively set for 2025.

The Commission has established Accreditation Standards for Dental Hygiene Education Programs to guide program administrators, faculty, and staff in developing and maintaining acceptable quality in educational programs. These standards address outcomes assessment, administration, curriculum and instruction, faculty and staff, financial support and physical facilities and resources. The Accreditation standards for Dental Hygiene Education Programs may be accessed at:
https://www.ada.org/~/media/CODA/Files/dental_hygiene_standards.pdf?la=en

If students or community members have a complaint with the program and how the program is carrying out the required standards of the program, a complaint can be placed on the Great Falls College MSU’s complaint log or by contacting the ADA Commission on Accreditation at 211 East Chicago Ave., Chicago, IL 60611 or by calling 1-800-621-8099 ext 2719. The complaint log is located at the Dental Clinic Reception Desk with the Dental Clinic Manager.

Students are encouraged to consult with the Great Falls College MSU Chief Student Affairs Officer or Chief Academic Officer on compliance with ADA Commission on Dental Accreditation Standards.

All general education courses listed in the dental hygiene curriculum can be completed prior to entering into the program and are available at Great Falls College MSU and many other colleges and universities. After pre-requisite coursework is completed, the Great Falls College MSU’s Dental Hygiene program consists of five consecutive semesters, which includes a 10-week summer session. The actual coursework for the Dental Hygiene program is competency-based and has the primary goal to prepare graduates with entry-level knowledge, skills, and values to successfully pass board exams, become licensed and enter the workforce.

Program Expenses:
The Dental Hygiene program has higher costs than many of the College’s other programs. Students are required to purchase dental instruments, supplies, uniforms, along with paying lab fees, and transportation/lodging to externship field experience sites. If needed, students should begin planning early for financial aid to meet their educational needs. Approximate expenses for the program’s five semesters are:

<table>
<thead>
<tr>
<th>Dental Hygiene</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Estimated Resident Program Cost</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Tuition and Fees</strong></td>
<td>$11,962</td>
</tr>
<tr>
<td><strong>Application Fee</strong></td>
<td>$30</td>
</tr>
<tr>
<td><strong>Lab Fees</strong></td>
<td>$200</td>
</tr>
<tr>
<td><strong>Program Fee</strong></td>
<td>$1,265</td>
</tr>
<tr>
<td><strong>Books/Supplies/Instruments</strong></td>
<td>$3,743</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$17,200</td>
</tr>
</tbody>
</table>

* Fall 2018 MSU Student Health Insurance Premiums will be changing. Please check the Health Insurance website and/or Student Central for confirmed premium rates. Students will be charged an additional fee of $21 per credit for online/hybrid courses. Students will be required to purchase dental instruments, supplies, uniforms, and may also be required to provide transportation to clinical sites and lodging costs depending on the clinical sites selected.
Admission to Great Falls College MSU
Students must have completed their admission to Great Falls College MSU prior to the submission of the Dental Hygiene Application. Therefore, no program applications will be reviewed unless the applicant has completed the admissions process into Great Falls College MSU and have their transcript officially reviewed by the Registrar.
Acceptance to Great Falls College MSU requires a completed Admissions Application file, which may be obtained by visiting the campus, calling Student Central (406)268-3700, or downloading it from the College’s website, www.gfcmsu.edu (Admissions then Apply Now), or applying online at http://admissions.gfcmsu.edu/steps.html

It is the applicant’s responsibility to ensure that all requirements are met by the established deadline.
   Deadlines, guidelines, and policies apply equally to all students; thus, there can be no exceptions.
Great Falls College MSU does not forward unsuccessful applications to the following year’s applicant pool.
   Applicants must reapply each year so it is important to submit copies of the original documents.

Eligibility for Admission into the Dental Hygiene Program
All eligibility forms and documents are enclosed in the Dental Hygiene Program Information and Application Packet, Fall 2019.
To be eligible to apply for admission into the Dental Hygiene Program, you must show that you have been admitted to Great Falls College MSU.
A calculated GPA of 2.5 or higher in required pre-requisite courses (or their equivalents) is required to apply to the dental hygiene program.
Applicants must have completed all pre-requisite course work with a minimum grade of “C” in each course (C– does not qualify) Remember, a C grade is only a 2.0 so considerably higher grades will be needed in this very competitive process.
Pre-requisite coursework can be taken at other institutions but it is the applicant’s responsibility to confirm those courses are equivalent to the program’s pre-requisites and are transferable to this institution.
In addition, documentation of the appropriate immunizations, as well as documentation of applicable degrees or dental office experience is required if using them for selection. Please only submit copies of the documents. For more information, please review section “Dental Profession Risk Factors.”

Program Admissions Process:
• The Registrar’s Office reviews program application packets and uses established admissions criteria to rank applicants for admission to the program. The Applicant Evaluation form used is enclosed. Criteria for selection emphasize academic performance in pre-requisite course work, previous educational attainment and dental office experience.
• The number of students accepted into the program is 18. Eligible Montana residents will be afforded priority admission. The selection process will offer priority admission to Montana students but will allow up to two of the sixteen positions to be filled by out-of-state residents whose applications are among the top scoring.
• Applicants will be notified of the Dental Hygiene Program status by approximately July 8, 2019.
• For those applicants admitted into the dental hygiene program, a deposit of $300.00 along with your acceptance of the position is required by July 22, 2019. This deposit will be applied to the candidate’s tuition/fee bill. Applicants who have been accepted into the program must complete the registration process as outlined in their acceptance letter.
• Upon arrival for the first day of class for fall semester, accepted students will be required to show proof of a current CPR for the Healthcare Provider (CPR BLS) certification. This certification is not required for admittance into the program but is required before your first day of class.
Equal Opportunity Policy:
Great Falls College MSU is committed to the provision of equal opportunity for education, employment, and participation in all College programs and activities without regard to race, color, religion, national origin, creed, service in the uniformed services (as defined in state and federal law), veteran status, gender, age, political ideas, marital or family status, physical or mental disability, genetic information, gender identity, gender expression, or sexual orientation.

The College’s Equal Opportunity Officer is the Chief Student Affairs & Human Resources Officer, 2100 16th Ave South, Great Falls, MT 59405. Telephone: (406)771-4300.
Great Falls College MSU Dental Hygiene Program
Mission Statement

The Dental Hygiene Program at Great Falls College MSU prepares highly skilled, knowledgeable, ethical, entry level Dental Hygienists, in a student centered educational environment, to respond to the needs of the health care community through professional and responsible practice.

Program Goals:
To fulfill this mission, and in preparing the students for successful program completion, licensure, and practice, the program will:

1. Provide a comprehensive curriculum that reflects current practice, prepares students for future demands, and responds to community needs.
2. Offer challenging educational experiences that continually integrate theory with practice, and promote critical thinking, problem solving skills, and assumption of responsibility for learning.
3. Establish and maintain high standards for student performance in clinical skills, patient management, and professional interaction.
4. Instill respect for and adherence to the professional Code of Ethics, legal guidelines of practice, and standards of quality care.
5. Emphasize the role of the Dental Hygienist as patient educator involved in community health and wellness activities, and the importance of ongoing professional development to maintain currency and effectiveness in practice.

Technical Standards
We are providing a listing of our technical standards and exit criteria with this application so that all students will understand the broad scope of the program and its expectations.

To successfully complete the dental hygiene program, students must demonstrate their competency in carrying out tasks necessary for safe and effective practice in the field, including:

1. Transport patients and themselves within the dental clinic operatory and dental facility.
2. Accurately assess systemic conditions including but not limited to the oral cavity.
3. Perform dental hygiene procedures in the oral cavity:
   A) Assess patients’ medical history
      I. Read and calculate dosage
   B) Extraoral and intraoral screening
   C) Accurately assess and document treatment information in patients’ charts
      I. Chart dentition and periodontal condition
   D) Periodontal probe
   E) Assess calculus deposits
   F) Scale and polish teeth
   G) Administer local anesthesis
      I. Accurately calculate dosage
   H) Exposing radiographic images
      I. Accurately assess radiographic images for the purpose of disease identification, radiographic techniques, and radiographic quality.
4. Perform routine processes in the dental clinic operatory and dental facility:
   A) Sterilizing and disinfecting contaminated equipment
   B) Sterilize dental instruments
   C) Breakdown and set up dental operatory for patient treatment
   D) Maneuver dental operator and patient chairs
5. Perform entry data tasks using available technology
6. Respond appropriately to patients’ and other healthcare workers’ questions, request, and directions
7. Effectively communicate patient information in a culturally sensitive matter
8. Maintain professional manner and decorum regardless of time pressures or frequent interruptions often present in the clinical settings.

Last updated February 14, 2019 for Fall 2019 intake
**Dental Hygiene Program Outcomes**

Dental Hygiene Graduates are prepared to:

1. Formulate comprehensive dental hygiene care plans that include accurate, consistent and complete documentation for assessment, diagnosis, planning, implementation, and evaluation that are dental client centered and based on current scientific evidence based treatment.
2. Employ professional judgment and critical thinking to identify, assess, analyze, and creatively address situations in a safe and ethical manner.
3. Demonstrate effective interpersonal skills through verbal and written communication with all individuals and groups from various populations.
4. Demonstrate leadership skills and provide service to the community through health promotion activities and oral health prevention education while respecting their values and beliefs.
5. Apply the concepts of oral health prevention and promotion to improve overall wellness by understanding the link between oral and systemic health.
6. Provide safe and competent dental hygiene services to all individuals who seek treatment regardless of age, physical status, or intellectual ability with an individualized approach that is humane, empathetic, and caring.
7. Demonstrate appropriate cultural, legal, ethical, and professional values at all times while practicing within the standards established by the professions code of ethics and identify parameters of accountability.
8. Determine when the collaboration with other healthcare professionals is required to ensure safe appropriate comprehensive dental hygiene care is provided.
9. Develop goals based on continuous self-assessment to ensure lifelong learning and professional growth.
10. Exhibit effective customer service and practice building skills that are designed to promote the area and importance of preventative oral health.

**Health Sciences Division Policy: Student Background Checks**

- To promote patient safety and decrease institutional liability, most clinical agencies require students to have cleared a background check and/or drug screening before they will permit the students in the clinical setting. To meet these requirements, the College requires that the check/screening be done prior to placement in any clinical agency.
- Background checks/drug screenings are done at the student’s expense. Students with background checks that reveal a finding will be evaluated individually to determine whether they will be eligible for clinical placement and state licensure for their respective degree program.
- Information about how to obtain the appropriate background check and drug testing is provided in the acceptance letter.
**Dental Profession Risk Factors**
The Programs in the Health Sciences Division at the Great Falls College MSU try to minimize the risk of exposure by following GFC MSU Communicable Disease Prevention and Exposure Control Plan, which comply with all Occupational Safety and Health Act (OSHA) Standards. These standards include universal precautions; which students are taught prior to beginning patient care. Even though the program makes extensive efforts to protect students enrolled in the healthcare programs from various hazards involved in working with patients, including exposure to body fluids contaminated with blood-borne pathogens such as HIV and Hepatitis, total protection from all potential hazards is not possible.

As health professionals, dental hygienists, and other dental team members are exposed to contagious diseases and are therefore at risk of becoming infected. The National Health Institute, the Centers for Disease Control and the Department of Health and Human Services all strongly recommend that health professionals at high risk have prescribed vaccinations. Dentists, their assistant and hygienists, are near the top of the list of those persons more likely to contract certain diseases than others of the health professions. The guidelines for immunizations are established in compliance with the Centers for Disease Control (CDC) and Occupational Safety and Health Act (OSHA). **Therefore, it is required that dental hygiene students be vaccinated against mumps, measles, rubella, varicella and hepatitis B.**

Students are required to provide documentation of **Tine or IPPS (tuberculin)** test and must present evidence of having the varicella and hepatitis B vaccine, or sign a disclaimer in order to attend clinics and before working on patients in clinic.

**Human Subject Consent**
Due to the hands on nature of this program, accepted students will be required to act as both patients and clinician, including but not limited to providing personal health histories, receiving and providing dental care and education.

**Student Health Insurance**
Program students entering the clinic settings are strongly advised to carry their own medical health insurance. Students will be financially responsible for their health care if they become ill or injured in the clinical setting.

**Student Health Insurance Option** (Subject to change)
All GFC MSU students enrolled for 6 or more credits are required to have health insurance. For students without coverage, GFC MSU offers a program developed especially for students by Blue Cross/Blue Shield of Montana. This plan provides coverage for injuries and illnesses on or off campus. Please contact Student Central for more information.

Please see [http://students.gfcmsu.edu/insurance.html](http://students.gfcmsu.edu/insurance.html) or call  Student Central, Great Falls College MSU 406-771-4304
Course work for the Dental Hygiene Program  
Great Falls College MSU  
Pre-Requisite Courses

The following courses must be completed prior to application into the Dental Hygiene Program. Grades in pre-requisite courses are a major factor in ranking applications for admission.

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOM 250*</td>
<td>Microbiology for Health Sciences with Lab</td>
<td>4</td>
</tr>
<tr>
<td>BIOH 201*</td>
<td>Human Anatomy and Physiology I with Lab</td>
<td>4</td>
</tr>
<tr>
<td>BIOH 211*</td>
<td>Human Anatomy and Physiology II with Lab</td>
<td>4</td>
</tr>
<tr>
<td>CHMY 121*</td>
<td>Intro to General Chemistry with Lab OR BOTH</td>
<td></td>
</tr>
<tr>
<td>CHMY 141*</td>
<td>College Chemistry I with Lab AND</td>
<td>4-8</td>
</tr>
<tr>
<td>CHMY 143*</td>
<td>College Chemistry II with Lab</td>
<td></td>
</tr>
<tr>
<td>WRIT 101</td>
<td>College Writing I</td>
<td>3</td>
</tr>
<tr>
<td>M 121</td>
<td>College Algebra OR any math course in MUS Core</td>
<td>3-4</td>
</tr>
</tbody>
</table>

Total Pre-Requisite Credits 22-27

*These courses must be completed within 5 years of applying for the dental hygiene program. Other general education classes must be completed within 15 years of application. Lab component of course is required.

Information regarding transferable Courses-send official transcript to GFC MSU Registrar’s Office

Coursework taken at other education institutions may be designated as equivalent courses for Great Falls College MSU. For a current listing of approved equivalent courses, visit the Transfer Guide under Student Information at: https://atlas.montana.edu:9001/pls/gfagent/hwzkxfer.p_selstate

If you have additional questions about transferability of courses, send a written request for evaluation of your prior transcripts to the Registrar at Great Falls College MSU. Please include appropriate course descriptions and official transcripts from former colleges with your request for evaluation.

Registrar’s Office
Great Falls College MSU  
2100 16th Ave S  
Great Falls, MT 59405  
406-771-5128

All transfer work has to be from a regionally accredited institution.

Quarter to Semester Credit Conversion

If a student has taken courses at an institution using quarter credits or units other than semester credits, Great Falls College MSU will convert the quarter credits/units to semester credits.

Program Course Work

The courses that are required in the program of study for the Associate of Applied Science in Dental Hygiene can be found at: http://catalog.gfcmsu.edu/academic-programs/dental-hygiene/#programrequirementstext.
Application Scoring:

- Points and GPAs will be calculated by the Registrar’s Office and grade points will be calculated using the current catalog criteria which includes +/- weighing. Plus or minus is equivalent to the following:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>4</td>
</tr>
<tr>
<td>A-</td>
<td>3.7</td>
</tr>
<tr>
<td>B+</td>
<td>3.3</td>
</tr>
<tr>
<td>B</td>
<td>3</td>
</tr>
<tr>
<td>B-</td>
<td>2.7</td>
</tr>
<tr>
<td>C+</td>
<td>2.3</td>
</tr>
<tr>
<td>C</td>
<td>2</td>
</tr>
</tbody>
</table>

- For applicants, who have taken courses multiple times; the most recent verifiable grade will be used for scoring/GPA calculations.
- For students who have been awarded credit for successful performance in subject examinations of the CLEP or DSST programs, the credits will be accepted, however there is no grade for calculation for scoring or GPA. In this situation, the total points will convert to percentages for ranking.
- For students who have been awarded credit for successful performance in subject examinations of the AP program, the credits will be accepted for scores of 3, 4, or 5, however there is no grade for calculation for scoring or GPA. In this situation, the total points will convert to percentages for ranking.
- For students who have been awarded credit Prior Learning Assessment, the credits will be accepted for Passing (P) grades, however there is no grade for calculation for scoring or GPA. In this situation, the total points will convert to percentages for ranking.
- For students who have additional educational attainment, the Registrar’s Office will verify degrees awarded from official transcripts.

Note: All educational attainment must be completed with degree or certificate obtained to receive awarded points.
Mailing Instructions:
Application packets are accepted on an ongoing basis, but must be postmarked on or before June 15, 2019 to be eligible for admission into the Dental Hygiene Program for the Fall 2019 semester. Only complete application packets will be processed.

Utilizing certified mail only, send the completed Dental Hygiene Program Application Packet to:
Dental Hygiene Program Admissions Committee
Attention: Dental Clinic Manager
Great Falls College MSU
2100 16th Avenue South
Great Falls, MT 59405

Please note: It is required that application packets be sent by certified mail (only) containing all required contents.

- Applications are not reviewed until after the submission deadline, therefore we are unable to accept phone calls inquiring about the receipt of individual applications.
- Please send all program application items as a completed packet. Items sent separately and at random are easily lost or misfiled.
- We are not responsible for any late, lost, or misfiled information.
- Please only send required documentation as other supplemental items will be discarded.
- It is recommended that copies of original documents should be included so original documents are retained for possible future needs.
- Newly awarded grades or degrees must be posted publicly before they can be included in the application.
- It is the applicant’s responsibility to ensure that all requirements are met by the established deadline. Deadlines, guidelines, and policies apply equally to all students; thus, there can be no exceptions.
- Great Falls College MSU’s Dental Hygiene Program does not maintain a waiting list. Applicants must reapply each year.

Note: Submission of false material in this Application Packet will be grounds for non-admission or, if discovered after admission, grounds for expulsion.

Contact information for general questions:
Dental Clinic Manager
406-771-4364 or
1-800-446-2698 ext. 4364
Great Falls College MSU
Dental Hygiene Program

Application Packet Cover & Check-Off Sheet

Name ____________________________
Address ____________________________________________
City ____________________________ St______ Zip Code _______
Telephone ____________________________ Other ____________________________
Email Address ____________________________
GFC MSU Student ID # ____________________________

Check-Off List

Completed Admissions File:
A completed admissions file includes:

- Completed Application
- Copies of high school/GED/HiSet transcripts or diplomas
- Proof of Immunizations
- Completion of placement testing or submission of official college transcript(s) verifying placement
- Official Transcripts for all completed post-secondary education and pre-requisite courses completed at another institution. (Send official transcripts to the Registrar – DO NOT include in packet)

Complete admissions files will be verified by the Registrar’s Office and applicants with incomplete files will not be admitted to the program. Students are encouraged to check with the admissions office to confirm that their admissions file is complete.

In Good Academic Standing:
All students must be in good academic standing which means they are not on academic probation OR academic probation continued, OR academic suspension. Good academic standing will be verified by the Registrar and any applicants who are not in good academic standing will not be admitted to the program. Students are encouraged to check with the Registrar’s or Admissions office to confirm that they are in good academic standing.

Application Packet Cover & Check-Off Sheet

Documentation of the completed Hepatitis B Vaccination Series (1st, 2nd, and 3rd)
Early planning is needed to ensure that the Hepatitis B vaccination series is completed and documentation is available to accompany your application before the deadline. The Hepatitis B Vaccination must be COMPLETED prior to the applying to the program. Important: Plan ahead because the vaccination is a series of three (3) injections - Initial Injection, 2nd injection a month later, and 3rd injection 6 months after the 2nd

Application Evaluation Form

Documentation and Verification of Dental Job Shadowing Experience

*Documentation and Verification of Paid Dental Occupational Employment Hours
*Documentation and Verification of Paid Health Occupational Employment Hours

*Not required for admission, unless claiming Employment hours for points.

Please submit copies of the original documents as well as completed application.

Last updated February 14, 2019 for Fall 2019 intake
Application Evaluation Criteria

Great Falls College MSU Dental Hygiene Program

Submission Date: ______ MT Resident (Y/N): _______
City: __________________ State: __________________

Prerequisite Course Work Record
Please summarize your prerequisite course work by completing the table below.

Science courses must be completed within 5 years of applying for the dental hygiene program and must include a lab component.

<table>
<thead>
<tr>
<th>Great Falls College MSU Course</th>
<th>Course #</th>
<th>Institution where course was completed</th>
<th>Credits</th>
<th>Grade</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>(For ex) Microbiology for Health Science with Lab</td>
<td>BIOM 250</td>
<td>Great Falls College MSU</td>
<td>4</td>
<td>A</td>
<td>2009</td>
</tr>
<tr>
<td>Microbiology for Health Science with Lab</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Anatomy and Physiology I with Lab</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Anatomy and Physiology II with Lab</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intro to General Chemistry with Lab OR College Chemistry I &amp; II with Labs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>College Writing I</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>College Algebra OR any MUS Core Math</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Application Scoring:
- Only students in Good Academic Standing will be eligible for program acceptance.
- Points and GPAs will be calculated by the Registrar’s Office and grade points will be calculated using the current catalog criteria which includes +/- weighing.
- For students, who have additional educational attainment, the Registrar’s Office will verify degrees awarded from official transcripts.
- All transfer work has to be from a Regionally Accredited institution and official transcripts are required to be on file with the GFC MSU Registrar’s Office prior to the Dental Hygiene Application deadline.
- For applicants, who have taken courses multiple times; the most recent verifiable grade will be used for scoring/GPA calculations.

Eligibility Assessment: (Place ‘Y’ in blank to indicate requirement has been met):
- Admitted to GFC MSU, admissions file completed
- In Good Academic Standing
- Each prerequisite course completed with a minimum grade of C not C- or higher
- Minimum of a 2.5 cumulative prerequisite GPA
Admissions Criteria and Scores

A. Performance in Science Prerequisites *(Maximum of 64 points possible)*

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Grade x Emphasis = Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOH 201</td>
<td>Human Anatomy &amp; Physiology I with Lab</td>
<td>4</td>
</tr>
<tr>
<td>Or</td>
<td>Human Anatomy &amp; Physiology I Lecture</td>
<td></td>
</tr>
<tr>
<td>And</td>
<td>Human Anatomy &amp; Physiology I Lab</td>
<td>1</td>
</tr>
<tr>
<td>BIOH 211</td>
<td>Human Anatomy &amp; Physiology II with Lab</td>
<td>4</td>
</tr>
<tr>
<td>Or</td>
<td>Human Anatomy &amp; Physiology II Lecture</td>
<td></td>
</tr>
<tr>
<td>And</td>
<td>Human Anatomy &amp; Physiology II Lab</td>
<td>1</td>
</tr>
<tr>
<td>BIOM 250</td>
<td>Microbiology &amp; Commun Disease with Lab</td>
<td>4</td>
</tr>
<tr>
<td>Or</td>
<td>Microbiology &amp; Commun Disease</td>
<td></td>
</tr>
<tr>
<td>And</td>
<td>Microbiology &amp; Commun Disease Lab</td>
<td>1</td>
</tr>
<tr>
<td>CHMY 121</td>
<td>Intro to General Chemistry with lab</td>
<td>4</td>
</tr>
<tr>
<td>OR (average grade for both)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHMY 141</td>
<td>College Chemistry I with Lab AND</td>
<td></td>
</tr>
<tr>
<td>CHMY 143</td>
<td>College Chemistry II with Lab</td>
<td></td>
</tr>
</tbody>
</table>

A. Total Science Score: _____________

B. Performance in Foundational Composition and Mathematics Courses *(Maximum of 16 points possible)*

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Grade x Emphasis = Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>WRIT 101</td>
<td>College Writing I</td>
<td>2</td>
</tr>
<tr>
<td>Core Level Math. List below</td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

B. Total Foundation Score: _____________
C. Previous Educational Attainment (Maximum of 5 points possible—award points for one degree only)

<table>
<thead>
<tr>
<th>Degree</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master's Degree</td>
<td>5</td>
</tr>
<tr>
<td>Bachelor's Degree</td>
<td>4</td>
</tr>
<tr>
<td>Associate's Degree</td>
<td>3</td>
</tr>
<tr>
<td>1 year Certificate in Accredited Allied Health Program (including CDA)</td>
<td>2</td>
</tr>
<tr>
<td>Certificate of Technical Studies (College Degree less than 1 year)</td>
<td>1</td>
</tr>
</tbody>
</table>

C. Educational Attainment Score: 
Documentation for previous degree must be on an official transcript on file with the Registrar’s Office.

D. Paid Dental Occupational Employment (3 points possible)

<table>
<thead>
<tr>
<th>Experience</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than 4160 hours of paid work experience in a dental office</td>
<td>3</td>
</tr>
<tr>
<td>2080-4159 hours of paid work experience in a dental office</td>
<td>2</td>
</tr>
<tr>
<td>240-2079 hours of paid work experience in a dental office</td>
<td>1</td>
</tr>
</tbody>
</table>

D. Experience Score: 
Must include a completed Verification of Paid Dental Occupational Employment Form for each work experience. 
*Applicants are required to observe a minimum of 8 hours to be eligible to apply if you have no other Paid Occupational Employment hours.

E. Paid Health Occupational Employment other than dental, in direct patient care (3 points possible)

<table>
<thead>
<tr>
<th>Experience</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than 4160 hours of paid work experience in a Health Occupation with direct patient care and current certificate or licensing.</td>
<td>3</td>
</tr>
<tr>
<td>More than 4160 hours of paid work experience in a Health Occupation with direct patient care.</td>
<td>2</td>
</tr>
<tr>
<td>240-4160 hours of paid work experience in a Health Occupation with direct patient care.</td>
<td>1</td>
</tr>
</tbody>
</table>

E. Experience Score: 
Must include a completed Verification of Paid Health Occupational Employment Form for each work experience.

Admissions Total: (A+B+C+D+E) out of 91 possible.

If a tie should arise, selection will be based on: 1) Higher points in section A. 2) Overall GPA at most recently attended college. Should a tie still remain, higher points in Section B will be taken into account.
Great Falls College MSU  
Dental Hygiene Program  
2100 16th Ave South  
Great Falls, MT 59405  
406-771-4364

VERIFICATION OF 8 hours of a Dental Hygienist Job Shadowing Experience

Applicants to the Dental Hygiene program at Great Falls College MSU are required to job shadow a dental hygienist for minimum of 8 hours to be eligible to apply. If an applicant is submitting paid work experience hours for points towards selection these 8 hours can be included in that total. The application process requires verification of the job shadowing experience; please utilize the form below for verification of the hours. The dental hygienist being shadowed is asked to verify the applicant’s description of what was observed and number of hours using this form.

The 8 hours are just a minimum to be eligible for applying to the program. It is encouraged that students have a good understanding of what the profession entails so job shadowing a dental hygienist multiple times is very beneficial. Job shadowing different dental hygienist in different dental facilities allows the applicant great insight.

INSTRUCTIONS:

Section I Dental Hygiene Applicant completes before having the form completed by the Job Shadowing Hygienist.

Section II The dental hygienist completes and returns form to applicant.

Section I
Applicant Name: ___________________________ Prior Name if applicable: ___________________________
Applicant Address: _________________________________________________________________________
Facility Name and type: _____________________________________________________________________
Dental Hygienist Name: _____________________________________________________________________
Facility Current Address: _____________________________________________________________________
Total Hours of Job Shadowing Experience: ________

Complete a detailed description of what was observed during the job shadowing experience.

________________________________________________________________________________________
________________________________________________________________________________________

I understand the submission of false material in this Application Packet will be grounds for non-admission or, if discovered after admission, grounds for expulsion.

Permission has been granted for Great Falls College MSU to verify the above information.

Applicant Signature ___________________________ Date __________________________

Section II

I verify the information provided by the applicant to be accurate and true to the best of my knowledge.

__________________________________________ Date __________________________

Signature of Dental Hygienist ___________________________

Mailing Address (Street Address, P.O.Box) ___________________________
City ___________________________ State ___________________________ Zip Code ___________________________

It is the student’s responsibility to be sure that all parts of this form are complete.

Applicants may make copies of this form if they observed at more than one site.
VERIFICATION OF PAID DENTAL OCCUPATIONAL EMPLOYMENT

Applicants to the Dental Hygiene program at Great Falls College MSU are granted additional points toward their application point total from prior or current employment in a dental office. The application process requires verification of paid work experience in a dental office. Employers (either Supervisor or Human Resources representative) are asked to verify the applicant’s description of job duties and number of hours of patient care using this form.

INSTRUCTIONS:
Section I Dental Hygiene Applicant completes before having the form completed by the employer/agency.

Section II The employer/agency completes and returns form to applicant.

Section I

Applicant Name: ________________________________ Prior Name if applicable: ________________________________

Applicant Address: ____________________________________________

Facility Name and type: ____________________________________________

Facility Current Address: ____________________________________________

Length of employment (mm/dd/yy): from ___________ to ___________ Total Hours Paid Dental Office Work: ______

Position: ____________________________________________ Supervisor: ________________________________

Complete a detailed description of Job Duties

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

I understand the submission of false material in this Application Packet will be grounds for non-admission or, if discovered after admission, grounds for expulsion. Permission has been granted for Great Falls College MSU to verify the above information.

Applicant Signature ________________________________ Date ________________________________

Section II

Facility Name: ____________________________________________ Phone: ________________________________

Supervisor of Applicant, please print: ____________________________________________

I verify the information provided by the applicant to be accurate and true to the best of my knowledge. If applicant added additional detail to description of job duties, I have signed that addendum also.

_____________________________________________ Signature of Supervisor

_____________________________________________ Date 

Mailing Address (Street Address, P.O Box)

City ____________________________________________ State ______ Zip Code ________

It is the student's responsibility to be sure that all parts of this form are complete.

***Applicants may make copies of this form if they have been employed at more than one site

Last updated February 14, 2019 for Fall 2019 intake
**VERIFICATION OF PAID HEALTH OCCUPATIONAL EMPLOYMENT**

Applicants to the Dental Hygiene program at Great Falls College MSU are granted additional points toward their application point total from prior or current employment in a Health Occupation with direct patient care. The application process requires verification of paid work experience in a health care office. Employers (either Supervisor or Human Resources representative) are asked to verify the applicant’s description of job duties and number of hours of patient care using this form.

**INSTRUCTIONS:**

**Section I** Dental Hygiene Applicant completes before having the form completed by the employer/agency.

**Section II** The employer/agency completes and returns form to applicant.

### Section I

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Name:</td>
<td></td>
</tr>
<tr>
<td>Prior Name if applicable:</td>
<td></td>
</tr>
<tr>
<td>Applicant Address:</td>
<td></td>
</tr>
<tr>
<td>Facility Name and type:</td>
<td></td>
</tr>
<tr>
<td>Facility Current Address:</td>
<td></td>
</tr>
<tr>
<td>Employment Dates (mm/dd/yy):</td>
<td></td>
</tr>
<tr>
<td>from:</td>
<td></td>
</tr>
<tr>
<td>to:</td>
<td></td>
</tr>
<tr>
<td>Total Hours Paid Health Occupation work:</td>
<td></td>
</tr>
<tr>
<td>with direct patient care</td>
<td></td>
</tr>
<tr>
<td>Position:</td>
<td></td>
</tr>
<tr>
<td>Supervisor:</td>
<td></td>
</tr>
</tbody>
</table>

Complete a detailed description of Job Duties

I understand the submission of false material in this Application Packet will be grounds for non-admission or, if discovered after admission, grounds for expulsion. Permission has been granted for Great Falls College MSU to verify the above information.

Applicant Signature __________________________ Date __________________

### Section II

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
<tr>
<td>Supervisor of Applicant, please print:</td>
<td></td>
</tr>
<tr>
<td>I verify the information provided by the applicant to be accurate and true to the best of my knowledge. If applicant added additional detail to description of job duties, I have signed that addendum also.</td>
<td></td>
</tr>
<tr>
<td>Signature of Supervisor</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

Mailing Address (Street Address, P.OBox)

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

*It is the student’s responsibility to be sure that all parts of this form are complete.*

*Applicants may make copies of this form if they have been employed at more than one site.*