



SAMPLE for review only

Dental Hygiene Program Student Information and Application Packet Fall 2024

(Applications are subject to change year to year)

Last updated February 14, 2024, for Fall 2024 Intake



### Please begin by reading this letter. It contains helpful information to assist with our application process.

Dear Prospective Dental Hygiene Student,

Dental hygiene is a dynamic and rewarding career. Dental hygienists 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 compatiment that begins in the fall of each year. The Program will accept 25 students this fall, 2024. Due a limited enrollment, the selection process is competitive. 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.

In order to facilitate a simple application process, it a imperative is a you understand the process and **read the complete application very carefully**. Reas know incomplete applications will *not* be processed. Reviewing the section "Application In Yuath" located in this packet will assist you in understanding our selection process.

Dental hygienists are dedicated to using the knowledge, expertise and compassion in the treatment and prevention of dental disease. A trait of and lice sed dental hygienist provides dental hygiene therapy, exposes dental radiographs, and provides is a selective, 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 strainers meet with an academic advisor from Great Falls College MSU to review coursework before applying to the Dontal Hygiene Program.

For more information regarding the Program, visit our website: GFC MSU Dental Hygiene Website 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. In addition, our college advisors are more than willing to review this application and answer questions regarding your course work. Their number is (406) 771-5100. Please feel free to reach out to them for additional help.

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

Rachael Bruce, M.Ed., RDH Great Falls College MSU Dental Hygiene Program Director

#### **Dental Hygiene Career Outlook:**

Dental hygiene is 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. The information provided on this page comes from the Bureau of Labor Statistics. For more information regarding job outlook please visit: <a href="https://www.bls.gov/ooh/healthcare/dental-hygienists.htm">https://www.bls.gov/ooh/healthcare/dental-hygienists.htm</a>. According to the Bureau of Labor and Statistics, the employment of dental hygienists is expected to grow 7 percent through 2032. This projected growth ranks dental hygiene among the fastest growing occupations, in response to increasing demand for dental care and the need to care for an aging population. Older people increasingly retain more teeth, and there is 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

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

for preventative dental services, which are typically provided by dental hazienists.

Older dentists, who have been less likely to employ untal hygienists, are leaving the occupation and will be replaced by recent graduates, who are levelikely to employ one or more hygienists. In addition, as dentists' workloads increase, they are special to hire more hygienists to perform preventative dental care, such as a dential leaning so but they may devote their own time to more complex procedures.

#### **Quick Facts:**

Quick Facts: Dental Hygienists				
2022 Median Pay	\$81,400 per year \$39.14 per hour			
Typical Entry-Level Education	Associate's degree			
Work Experience in a Related Occupation	None			
On-the-job Training	None			
Number of Jobs, 2022	219,400			
Job Outlook, 2022-32	7% (Faster than average)			
Employment Change, 2022-32	16,300			

U.S.Department of Labor, occupational outlook handbook, dental hygienist. Retrieved from: https://www.bls.gov/ooh/healthcare/dental-hygienists.htm

#### **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. Great Falls College MSU Dental Hygiene Program has the accreditation status, "approval without reporting requirements," awarded in 2018. The program's next site visit is tentatively scheduled for 2026.

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 in the programs of the Coda Website.

If students or community members have a complaint with the Program and Low it is carrying out the required CODA standards, a complaint may be created on the Great Falls College MSU's complaint log, or by contacting the ADA Commission on Accreate ion a 211 Last Chicago Ave., Chicago, IL 60611, or by calling 1-800-621-8099 ext. 2719. The complaint log as located at the Great Falls College MSU Dental Clinic Reception Desk with the Dental Clinic Manager.

Students are encouraged to consult with the Greet Alls College MSU Executive Director of Student Services or Chief Academic Officer on Appliance with ADA Commission on Dental Accreditation Standards.

All general education courses listed in the antal Aygiene curriculum can be completed prior to entering into the program and are available a Creat Falls College MSU and many other colleges and universities. After pre-regulate cours work is completed, the Great Falls College MSU's Dental Hygiene program consists of the consecutive semesters, which includes an 8-week summer session. The actual coursework for the dental hygiene program is competency-based and has the primary goal to prepare graduates with ental evel knowledge, skills, and values to successfully pass board exams, become licensed and enter the workforce. <a href="http://catalog.gfcmsu.edu/academic-programs/dental-hygiene/#programrequirementstext">http://catalog.gfcmsu.edu/academic-programs/dental-hygiene/#programrequirementstext</a>

#### **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, pay lab fees, and pay for transportation/lodging to externship field experience sites. If needed, students should begin planning early for financial aid to meet their educational needs. Approximate expenses (subject to change) for the program's five semesters are: <a href="http://catalog.gfcmsu.edu/academic-programs/dental-hygiene/#estimatedcosttext">http://catalog.gfcmsu.edu/academic-programs/dental-hygiene/#estimatedcosttext</a>.

#### **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 applying online at: https://admissions.gfcmsu.edu/applynow.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 cones of Figinal documents.

#### Eligibility for Admission into the Dental Hygiene Program

All eligibility forms and documents are enclosed in the Dehad Hogiene Program Information and Application Packet.

To be eligible to apply for admission into the Land Hyriene Program, you must show you have been admitted to Great Falls College MSU.

- A calculated GPA of 2.5 or high the required pre-requisite courses (or their equivalents) is required to apply to the Dental Hygiene Program.
- Applicants must have contact dall prorequisite course work with a minimum grade of "C" in each course (**C does not qualify** in the member, a C grade is only a 2.0 so considerably higher grades will be needed in this very competitive process.
- Pre-requisite conservation and taken at other institutions, but it is the **applicant's responsibility** to conservators are equivalent to the program's pre-requisites and are transferable to this institution—you have questions about your pre-requisite coursework, please call GFC MSU Advising Center and they will assist you. Their number is (406) 771-5100.
- In addition, <u>documentation of the appropriate immunizations (see attached immunization form)</u>, as well as documentation of applicable degrees or dental office experience is <u>required</u> if using them for selection. <u>Please only submit forms included in the application</u>. For more information, please review section, "Dental Profession Risk Factors."
- Clinical/practicum/internship sites may require other documentation/proof of vaccination besides those required by the college or this Program.

#### **Program Admissions Process:**

• The Registrar's Office reviews program application packets and uses established admissions criteria to rank applicants for admission to the Dental Hygiene Program. The Applicant Evaluation form used is enclosed. Criteria for selection emphasize academic performance in prerequisite course work, previous educational attainment and healthcare experience. The dental hygiene program cannot and will not open these packets prior to the review by the

#### Registrar's Office.

- The number of students accepted into the program is 25, with the majority of the students being residents of Montana.
- Applicants will be notified of the Dental Hygiene Program status by approximately July 8, 2024, by email. Students will receive two emails: one containing the acceptance letter and important information, and the other will require you to sign documents online accepting the offer.
- For those applicants admitted into the Dental Hygiene Program, a deposit of \$300.00 along with your acceptance of the position is required by the date stated in the acceptance letter. 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.

#### **Equal Opportunity Policy:**

Great Falls College MSU is committed to the provision of equal opportuni for education. employment, and participation in all College programs an activities we nout regard to race, color, religion, national origin, creed, service in the uniform es (as fined in state and federal fam. law), veteran status, gender, age, political ideas, p rital d tatus, physical or mental disability, genetic information, gender identity, ge der pression, or sexual orientation. ecua e Director of Student Services, 2100 16th The College's Equal Opportunity Officer is the Ave South, Great Falls, MT 59405. Telephone 6)74300.

#### **Disability Services:**

The Americans with Disabilities Let (2.24) is a federal anti-discrimination statute that provides comprehensive civil rights protection or persons with disabilities. Among other things, this legislation requires that a students with disabilities be guaranteed a learning environment that provides for reasonable accounts latten of their disabilities. Instructors must receive an official letter from the Academic Success and Accessibility Office in order to provide accommodations. If you believe you have a disability requiring accommodation, please contact the Director of Academic Success and Accessibility or call 406-771-4311 to schedule an appointment. http://students.gfcmsu.edu/disabilityservices/index.html

#### **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:**

#### **Patient Care:**

Provide challenging clinical experiences that encompass dental hygiene care for the child, adolescent, adult, geriatric, and patients with special needs so students can demonstrate clinical care that is safe, effective and ethical.

#### **Instruction:**

Provide a comprehensive curriculum in dental hygiene that reflects current practice and incorporates a variety of health care settings.

#### Research:

Incorporate evidence-based research into presentations for dental hygienists that require students to analyze and assess emerging technology and treatment modalities hygienist can integrate into their clinical practices.

#### **Service:**

Promote participation in professional organization and community service projects.

#### Dental Hygiene Competencies/Outcomes When students graduate, they will be prepared to:

- 1. Apply a professional code of ethics in all endeavors. This should include assuming responsibility for professional actions and care based on current standard of care. This standard of care should incorporate scientific theories and research. (DENT 10.1)
- 2. Adhere to state and federal laws, recommendations, and regulations at the provision of oral health care. (DENT 205)
- 3. Use critical thinking skills, comprehensive problem solving and reflective judgement to identify oral health care strategies that promote patient health call we hass a well as they should be able to determine a dental hygiene diagnosis. These strategies should can der predisposing and etiologic risk factors to prevent disease. In addition, these strategies should recognize how systemic diseases, meds, and oral health conditions into access attent care. (DENT 260)
- 4. Use of evidence-based decision making to evaluate emerging technology and treatment modalities as well as accepted scientific to ries and esearch to provide not only quality, cost effective care but also educational, preven trive and therapeutic oral health services. (DENT 130)
- 5. Continuously perform self-ass ssin. For Nelong learning and professional growth that may include pursuing career opportunities with health care, industry, education, research, and other roles as they evolve in dental hygicine. They should understand how to access professional and social networks to pursue professional goal (DF) 181.
- 6. Communicate effectively with diverse individuals and groups, serving them without discrimination by acknowlding and appreciating diversity. (DENT 250)
- 7. Promote the values of the dental hygiene profession as well as positive values of overall health and wellness to the public and organization through service-based activities, positive community affiliations and active involvement in local organizations within and outside the profession. (DENT 232)
- 8. Apply quality assurance mechanisms to ensure continuous commitment to accepted standards of care that include methods that ensure the health and safety of the patient and clinician in the delivery of care. (DENT 151, DENT 122 & DENT 281)
- 9. Initiate a collaborative approach with all patients to develop an individualized care plan that may include collaboration with and consultation from other health care providers to formulate a comprehensive dental hygiene care plan that is patient centered. Demonstration of professional judgement and current science-based evidence practices with considerations of the unique needs of each patient including cultural sensitivity and possible referrals. These referrals may include

physiological, psychological or social problems. Plans will adhere to disease prevention and maintenance strategies. Finally obtain and document patients informed consent based on through presentation of case. (DENT 160, DENT 251, DENT 252, & DENT 281)

- 10. Systematically collect, analyze, and record diagnostic data on the general, oral, and psychosocial health status of a variety of patients. Record accurate, consistent and complete documentation of oral health services provided. (DENT 251 & DENT 281)
- 11. Identify patients at risk for medical emergency, and manage patient care to prevent emergency. Manage a medical emergency by using professional judgment that may include providing life support and CPR as well as specialized training and knowledge. (DENT 151, DENT 251, & DENT 252)
- 12. Provide specialized treatment that includes educational, preventative, and therapeutic services designed to achieve and maintain health that includes determining outcomes of dental hygiene interventions using appropriate techniques. Also, evaluate the effect teness of this treatment, as well as compare actual outcomes of dental hygiene interventions with expected outcomes and adjusted as needed to provide optimal care. (DENT 252 or DEN 281)
- 13. Identify population risk factors as well as oral health needs in the companity and develop/implement strategies that promote health-related guality of life, nich may include determining availability of resources to meet the health-rare needs of his population or community in addition advocate for effective oral health care, of underserved sopulations. (DENT 232)
- 14. Evaluate reimbursement mechanisms and their water on the patient's access to oral health care. (DENT 205)

#### Health Sciences Division Policy: Stude Rack, round Checks:

- To promote patient safety and decrease instructional liability, most clinical agencies require students to have cleared a back, and on the k and/or drug screening before they will permit the students in the clinical setting. To meet these requirements, the Great Falls College MSU Dental Hygiene Program requirements that the check/screening be done prior to placement in any clinical agency.
- Background checks/ screenings will be done at the student's expense and is typically done during the spring semester of that year. Students with background checks that reveal a finding may not be allowed to complete clinical experiences required by the Program. Please be aware if you cannot complete program requirements you will be dismissed from the program. State licensure also requires a background check for this respective degree program.
- If concerned about your background check, please reach out to your college advisor prior to applying to the Program.

#### **Dental Profession Risk Factors:**

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 Dental Hygiene 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 considered high risk for 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, dental assistants 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).

It is required for admission into Great Fall College MSU that all students have 2 series of the MMR vaccine. It is required that Great Falls College MSU Dental Hygiene Students be vaccinated against hepatitis B. Students are also required to provide documentation of Tines or TBPS (Tuberculosis) test results. Please, have your medical professional complete and sign the attached immunization forms. This must include all vaccine/titer/test dates for each series. All required vaccine series (including all series for Hep B) must be completed by deadline for acceptance into the Great Falls College MSU Dental Hygiene Program. Students, who wish to sign an immunization exemption form must contact the dental hygiene program director.

#### **Human Subject Consent:**

Due to the hands-on nature of this program, accepted sturents will be a faired to act as both patient and clinician, including but not limited to providing personal ealth histories, receiving and providing dental care and education.

#### **Student Health Insurance:**

Program students entering the clinic settings are trongly advised to carry their own medical health insurance. Students will be financially responsible in 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 by a more redits 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 Moranna. This dan provides coverage for injuries and illnesses on or off campus, and is subject to charge. Please contact Student Central 406-771-4324 for more information. Please see http://stu.ents.gfcmsu.edu/insurance.html for more information.

#### Pre-requisite coursework for the Great Falls College MSU Dental Hygiene Program:

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.

Course Number	Course Title	Credits
BIOM 250*	Microbiology for Health Sciences with Lab	4
BIOH 201*	Human Anatomy and Physiology I with Lab	4
BIOH 211*	Human Anatomy and Physiology II with Lab	4
CHEM 121* <b>OR</b>	Intro to General Chemistry with Lab <b>OR</b>	4
BOTH	ВОТН	-
CHEM 141* AND	College Chemistry I with Lab AND College	8
CHEM 143*	Chemistry II with Lab	
WRIT 101	College Writing	3
M 121	College Algebra <b>OR</b>	3
	Any math course in the MUS Core	-
		4
Total Pre-requisite C	Credits	22-27

\*Science courses must be completed within 5 years of applying for the Dental Hygiene Program and must have a lab component. Other general education classes must be completed within 15 years of application.

**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: <a href="https://prodmyinfo.montana.edu/pls/gfagent/hwzkxfer.p\_selstate">https://prodmyinfo.montana.edu/pls/gfagent/hwzkxfer.p\_selstate</a>

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. All transfer work has to be from an <u>appropriately-accredited</u> institution.

Registrar's Office 2100 16<sup>th</sup> Avenue South Great Falls, MT, 59405 (406) 771-5128

#### **Quarter to Semester Credit Conversion:**

If a student has taken courses at an institution using quarter credits on pits of er than semester credits, Great Falls College MSU will convert the quarter credits/units to emester credits.

#### **Program Course Work:**

The courses that are required in the program of st. by for the Associate of Applied Science in Dental Hygiene can be found at: <a href="http://catalog.gfcmsu.ed">http://catalog.gfcmsu.ed</a> cade programs/dental-hygiene/

#### **Application Scoring:**

• Points and GPAs will be calculated by the Registrar's Office and grade points will be calculated using the current stalog siteria which includes +/- weighing. Plus, or minus is equivalent to the following:

A =		B-=	2.7
A-=	<b>3</b> .7	C+ =	2.3
B+=	3.3	C =	2
B =	3		

- 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 point 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.
- Transfer work must be from an appropriately-accredited institution.

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, 2024** to be eligible for admission into the Dental Hygiene Program for the **Fall 2024** semester.

Only **complete** application packets will be processed. Hand delivered applications will not be accepted nor will GFC MSU verify receipt of application.

<u>DO NOT CALL US REGARDING RECEIPT OF YOUR APPLICATION.</u> If you call, we do not have access to received applications and will not be able to look for you. If you are concerned about receipt and would like verification of delivery, please send your application either **certified mail** through the United States Postal Service or ship it to us through UPS FedEx and use their tracking services. Please address your application to:

Great Falls College MSU

Dental Hygiene Program Admissions Committee Attention: Det Clinic Manager
2100 16th Avenue South Great Falls, MT 59405

Please send all Program application items as a completed paget. Items sent separately and at random are easily lost or misfiled.

- We are not responsible for any Malosi, or misfiled information.
- Please only send require documentation as other supplemental items will be discarded.
- It is recommended at the copies of original documents be used so original documents are retained for possible at the needs.
- Newly awarded grade or degrees must be posted publicly before they can be included in the wica ion.
- It is the applicant's esponsibility to ensure all requirements are met by the established decime. 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



#### **Application Packet Cover & Check-Off Sheet**

Name		GFC MSU Student ID #
Address_		
City		StateZip Code
Telephone	e (C	ell)(EMAIL)
		Completed Admissions File
		A completed admissions file to the College includes:
		☐ Completed GFC MSU General Admissions Application
		☐ Copies of high school/GED/ HiSET transcripts diploma
		☐ Proof of 2 MMRs
		☐ Official Transcripts for all completed post-secondary concation pre-requisite courses completed at another institution (Send 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 admisted to the program. Students are encouraged to check with the Admissions Office to cork to the their admissions file is complete.
		In Good Academic Standi
		All students must be in good cade as standing which means they are not on academic probation/warning (or sademic probation/warning continued, OR academic suspension. Good academic standing was sperified 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 Registrars or Admissions Office to confirm that they are in good academic standing.
		Application Evalue on Criteria (pages 13-15)
		*Documentation and Verification of Paid Health Occupational Employment Hours (page 16)
		*Documentation and Verification of Paid Dental Occupational Employment Hours (page 17)
		Documentation of 8 Observation Hours in a Dental Office of Dental Hygienist (only necessary if applicant does not have <i>at least 8 hrs</i> of <i>paid dental</i> occupation employment hours) (page 18)
	(*i	ndicates not required for admission, unless claiming Employment Hours for points)
	Imr	nunization form completed and signed by a medical professional (pages 19-22)

Application Evaluation (	Criteria						
<b>Great Falls College MSU</b>	Dental Hyg	giene Program					
Submission Date:/	/20 MT	resident (Y/N): C	ity:		State: _		
Prerequisite Course Wor	k Record						
Please summarize your pre completed within 5 years of general education courses *Please include if class occurre	of applying for must be com	or the dental hygiene pro apleted within 15 years o	gram and must f applying to pi	include rogram.	a lab con	nponent.	Other
online. Information on the delive your application.							
Great Falls College MSU Course	Course #	Institution where course completed	onlii hybi	elivery – ne, rid or e-to-face	Credits	Grade	Year
For ex) Microbiology for Health Science with Lab	BIOM 250	Great Falls College MS		<b>&gt;</b>	4	A	2009
Microbiology for Health Science with Lab							
Human Anatomy and Physiology I with Lab							
Human Anatomy and Physiology II with Lab							
ntro to General Chemistry vith Lab <b>OR</b> College Chemistry I & II with Labs		M.					
College Writing I							
College Algebra OR any MUS Core Math							
<ul> <li>Minimum of a 2.5 cur</li> <li>Proof of immunizatio</li> <li>Proof of dental hygier</li> <li>Proof of paid dental o</li> </ul>	U, admission anding rse complete mulative prer on form attache observation fo	ns file completed  ed with a minimum grade requisite GPA	of C (not C-) of cable)		- - - - - - -		

**Incomplete Applications will NOT be processed.** 

#### **Admission Criteria and Scores**

A. Performance in Science Pre-requisites (Maximum of 80 points possible)

Course #	Course Title	Grade x Emphasis = Points		ints
		Grade	Emphasis	Points
BIOM 250	Microbiology for Health Science with Lab		4	
OR	Microbiology for Health Science Lecture		3	
AND	Microbiology for Health Science Lab		1	
BIOH 201	Human Anatomy & Physiology I with Lab		4	
OR	Human Anatomy & Physiology I Lecture		3	
AND	Human Anatomy & Physiology I Lab		1	
BIOH 211	Human Anatomy & Physiology II with Lab		4	
OR	Human Anatomy & Physiology II Lecture		3	
AND	Human Anatomy & Physiology II Lab		1	
CHMY 121	Intro to General Chemistry with Lab or		4	
	average grade for both Chemistry below			
OR CHMY	College Chemistry I with lab or average		4	
141	grade for both			
AND CHMY	College Chemistry II with Lab			
143				
	A.	Total Sci	Ace Score	
WRIT 101	College Writing I		2	
MATH	Core Level Math, List Below:		2	
	. < )			
	B.	Total Fou	indation Score	

C. Previous Educational Attainment (a ximu a of points possible award points for one degree only)

	Lt. Whe Where Degree Obtained	Year	
Master's Degree			5
Bachelor's Degree	<b>X</b> '		4
Associate's Degree			3
1-year Certificate in Accredit			2
Allied Health Program	•		
(including CDA)			
Certificate of Technical Studies			1
(College Degree less than 1 year)			
	C. Educational Attainmen	t Score	

Documentation for previous degree must be on an official transcript on file with the Registrar's Office

#### D. Paid Dental Occupational Employment (Maximum of 3 points possible)

	. /
More than 4160 hours of paid work experience in a dental office	3
2080-4159 hours of paid work experience in a dental office	2
240-2079 hours of paid work experience in a dental office	1
Total Paid Dental Occupational Employment Experience Score	

Must include a completed **Verification of Paid Dental Occupational Employment Form** for each work experience.

### E. <u>Paid Health Occupational Employment other than dental, indirect patientcare.</u> (Maximum of 3 points possible)

More than 4160 hours of paid work experience in a Health Occupation with direct patient care and current certificate or licensing.	3
More than 4160 hours of paid work experience in a Health	2
Occupation with direct patientcare.	
240-4160 hours of paid work experience in a Health	1
Occupation with direct patient care.	
Total Paid Health Occupational 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 <u>91</u> 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.
- 3) Should a tie still remain, higher points in Second B will be taken into account.



Dental Hygiene Program
2100 16<sup>th</sup> Ave S
Great Falls, MT 59405
(406) 771-4364
gfcdentalclinic@gfcmsu.edu
www.gfcmsu.edu

#### 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. 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.

#### 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: Applicant Add Facility Name and type: Facility Current Address: Length of employment (mm/dd/yyyy): from\_\_\_\_ Total Hours Paid Health Occup. w/ direct patient care: Position:\_\_\_ Supervisor: Complete a detailed description of Job Duties: Applicant Signature\_\_\_\_\_ Date Section II Phone: \_\_\_\_\_ Facility Name: 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. Mailing Address \_\_\_\_\_ (Street Address, PO Box)

(City)

(State/ Zip Code)



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#### **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. 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.

#### **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 applies le:
Applicant Address:	_
Facility Name and type:	
Facility Current Address:	
Length of employment (mm/dd/yyyy): fromto	
Total Hours Paid Dental Office work:	<i>(</i> ) <b>(</b>
Position:	S rvisor:
Complete a detailed description of Job Duties	
	•
I understand the submission of false material of as Applica	tion Packet will be grounds for non-admission or, if discovered
after admission, grounds for expassion. Permit ion has been	n granted for Great Falls College MSU to verify the above
information.	
Applicant Signature	Date
Section II	
Facility Name:	Phone:
Supervisor of Applicant places prints	
Supervisor of Applicant, please print:	
Iverify the information provided by the applicant to be accurate an detail to description of job duties, I have signed that addendum	
aetan to description of job auties, I have signed that addendum	uso.
Signature of Supervisor	Date
Mailing Address (Street Address, P.O Box)	
City	State/Zip Code



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#### **VERIFICATION OF 8 hours JOB SHADOW OBSERVATION of DENTAL HYGIENIST**

Applicants to the Dental Hygiene Program at Great Falls College MSU, who do not have paid dental occupation employment hours, need to complete Dental Hygienist observation hours in a dental office. Dental hygienists are asked to verify the applicant's number of hours and types of patient care observed using this form. 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.

#### **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 o	bserved draing the job sectowing experience.	
I understand the submission of ferent texts if discovered after admission, grounds or ex	l in this Application Packet will be grounds for non-admission	ı or,
Permission has been granted for Carralls Carrall		
Applicant's Signature:	Date	_
Section II		
I verify the information provided by the applicant to be	accurate and true to the best of my knowledge.	
Signature of Dental Hygienist	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 observed at more than one site.



# Dental Hygiene Program 4-Page Immunization Form MUST BE COMPLETED BY YOUR HEALTH CARE PROVIDER Page 1 of 4

Dental Hygiene Program 2100 16<sup>th</sup> Ave S Great Falls, MT 59405 (406) 771-4364 www.gfcmsu.edu

Students who wish to sign an immunization exemption must contact the Dental Hygiene Program Director. Please note that this exemption does not cover the Tuberculosis screening on this form (page 3); which must be completed regardless.

Applicant Last Name:	Applicant First Name:		Middle Initial:	
DOB:	Street Address:	<b>&gt;</b>		
Cell Phone:	City, State, Zip			

#### MUST BE COMPLETED BY YOUR HEAL Y CARE PROVIDER

I certify that to the best of my knowledge, this applicant has requived the following immunizations or has proof of immunity or sevening as noted below.

Health Care Provider's Signature:		Date:
Health Care Provider's		CAMPUS USE ONLY
Printed Name:		
Health Care Provider's		
Printed Title:		
Address:		
City, State, Zip		
Work Phone	( ) - Ext:	
Fax:	( ) -	

## Dental Hygiene Program 4-Page Immunization Form MUST BE COMPLETED BY YOUR HEALTH CARE PROVIDER

Name:		Date of Birth:						
(Last, First, Mido	lle Initial)	(mm/dd/yyyy)						
REQUIRED Hepatitis B Vaco	<mark>cination</mark> :							
• Three (3) doses of	Engerix-B, Recombivax or Twinrix or 2 doses of Heplisav-B followed by a QUANTITATIVE Hepatitis B Surface							
Antibody (titer) preferably drawn 4-8 weeks after the last dose.								
<ul> <li>If negative titer (&lt;10 IU/ml) complete a second Hepatitis B series followed by a repeat titer.</li> </ul>								
• If Hepatitis B series Surface Antibody titer is negative after a secondary series, additional testing including Hepatitis B Surface Antigen								
should be performed.								
• See: <a href="https://www.cdc.gov/mmwr/pdf/rr/rr6210.pdf">https://www.cdc.gov/mmwr/pdf/rr/rr6210.pdf</a> for more information.								
<ul> <li>Documentation of</li> </ul>	of Chronic Active Hepatitis B is for rotation assignmer	nts only.						
Primary	3-dose vaccines (Engerix-B, Recombivax, Twinrix)	3 dose series	2 dose series					
Hepatitis B Series	or 2-dose vaccine (Heplisav-B)							
Heplisav-B only requires	Hepatitis B Vaccine Dose #1							
two doses of vaccine	Haratitis B.Vansina Bass II2							
followed by antibody	Hepatitis B Vaccine Dose #2							
testing	Hepatitis B Vaccine Dose #3							
		V						
	Quantitative Hep B Surface Antibody	·	IU/ml					
Secondary		dose ries	2 dose series					
Hepatitis B Series								
Only if no response to	Hepatitis B Vaccine Dose #4							
primary series								
Heplisav-B only requires	Quantitative Hep B Surface Antibody	Y						
two doses of vaccine	(30 days after dose #4)	IU/ml						
followed by antibody	If negative Serology							
testing	Hepatitis B Vaccine D. se #5							
	Hepatitis vaceine Dose 6							
	Quantit ive of B St lace Antibody	IU/ml						
Hamatitia D.Vansina Nan			T					
Hepatitis B Vaccine Non- responder	Honatitic P Surface Anticon	Docitive	□ Nogative					
(If Hepatitis B Surface	Hepatitis B Surface Antigen	☐ Positive	□ Negative					
Antibody Negative after								
Primary and Secondary	Hepatitis B Core Antibody	☐ Positive	☐ Negative					
Series)	Tiepatitis b Core Alliabody	- Positive	ivegative					
Chronic Active Hepatitis	Hepatitis B Surface Antigen							
B	-							
_	Hepatitis B Viral Load		copies/ml					
Additional Comments:								

## Dental Hygiene Program 4-Page Immunization Form MUST BE COMPLETED BY YOUR HEALTH CARE PROVIDER

Name	Name: Date of Birth:									
(Last, First, Middle Initial)				(mm/dd/yyyy)						
REQU	JIRED: Tuberculosis So	reening and Test	ting CDC Rec	ommendation:	<mark>s:</mark>					
Prepla	Preplacement (baseline) TUBERCULOSIS SCREENING AND TESTING of all health care personnel/ trainees consists of a TB symptom evaluation, a									
TB te	st (IGRA or TST), and a	n individual TB ri	sk assessmer	nt.						
You o	nly need to complete	ONE section bel	ow: A or B o	r C. Must be c	<mark>ompleted within</mark>	the la	st year of ap	plica	tion deadline 06/15/2023.	
Section	on A: If you do not have	e a history of TB	disease or L	TBI (Latent Tub	erculosis Infectio	on), the	e results of a	2-ste	ep TST (Tuberculosis Skin Test),	
or TB	IGRA (Interferon Gam	ma Release Assa	y) blood test	are required,	regardless of you	ır prior	BCG status.			
Section	on B: If you have a hist	ory of a positive	TST (PPD)>1	0mm or a posi	tive IGRA, please	supply	information	rega	ording further medical	
evalu	ation and treatment b	elow.								
Section	on C: History of active	tuberculosis, dia								
	T		-	Tuberculosis S	creening History					
	Section A		Date	Date Read	Result			Int	erpretation	
			placed							
	No history of prior	TST Step #1			mm	[ P	os 🗆 N	eg	□ equiv	
	TB disease or LTBI	TST Step #2			mm	□ Po		ğ	□ equiv	
	Dates of last 2-			Date	Results		V			
	step TST or TB	QuantiFERON	TB Gold or			ive		امما	-t	
	IGRA blood test	T-Spo	ot		Nes		☐ Indeterminate			
ete only ONE TB Section Based on Your History.	are required*	QuantiFERON	TB Gold or				_			
		T-Spot			Negative		☐ Indeterminate		eterminate	
Ę		Individual TB	Symptom				□ Positive			
You		Assessment		<b>~</b> 1	□ ✓ Nega	□ Negative		Medial follow-up needed		
o		Individual TB Risk		No.		□ Positive				
ased		Assessm	nent (		☐ Negative		Increased risk TB infection			
n Ba	Section B		Da e				<u> </u>			
ctio			Place	Date Kead	Result					
B Se	Please attach	Positive _st								
ĒT	proof from			Date						
ő	physician	QuantiFeron	TB Goldor		☐ Positive		Negative		☐ Indeterminate	
only	demonstrating	T-s			Positive		ivegative			
treatment  Treated for latent TB?  If treated for latent TB, list medications taken:										
If treated for <b>latent</b> TB, list medications										
leas		taken:  Total Duration of treatment latent TB  Date of Last Annual TB Symptoms								
۵				Months						
Questionnaire										
	Section C						Date			
	History of Active	Date of Diagnosis								
	Tuberculosis	Date of Treatment Completed			leted					
		Date of Last Annual TB Symptom Questionnaire								

Date of Last Chest X-ray

\*(IGRAs include QuantiFERON TB Gold Test, QuantiFERON TB Gold in-tube test, or T-spot TB Test)

## Dental Hygiene Program 4-Page Immunization Form MUST BE COMPLETED BY YOUR HEALTH CARE PROVIDER

Name:			Date of Birth:					
(Last, First, Mido	dle Initial)	(mm/dd/yyyy)						
REQUIRED: 2 Doses MMR	(Measles (Rubeola), Mumps, Rubella) <b>Choo</b>	se only one	option below.					
	MMR vaccine <b>OR</b> two (2) doses of Measles of immunity for Measles (Rubeola), Mumps			imps and two	(2) dose of Rubella; <b>OR</b>			
<ul> <li>Note: a 3rd dose received in childl</li> </ul>	of MMR vaccine may be advised during reg hood	ional outbre	eaks of measles or	mumps if origi	nal MMR vaccination was			
Option 1	Vaccine	DATE						
MMR	MMR dose #1							
2 doses of MMR vaccine	MMR dose #2							
Option 2	Vaccine or test	DATE						
Measles	Dose #1		Serolog Resi	kesults				
2 doses of vaccine or	Dose #2		qua' ative	Positive	☐ Negative			
positive serology	Serologic Immunity (IgG antibody titer)		quantitiv		IU/ml			
Mumps	Dose #1		Serology h	Ψ				
2 doses of vaccine or	Dose #2		qualitative	□ Positive	☐ Negative			
oositive serology	Serologic Immunity (IgG antibody titer)		antita" e		_IU/ml			
Rubella	Dose #1		Serc gy Resi					
2 doses of vaccine or	Dose #2		qualitative	☐ Positive	□ Negative			
positive serology	Serologic Immunity (IgG antibody tite		quantitative		IU/ml			
Recommended: Proof of (	COVID Vaccine - not read by program by	ut document	ration of vaccine re	quired for som	ne clinical rotations			
	ries such as Pfizer or Morerna state (1)							
	eeds to be up to date with \$200sters reco							

may not be ab to participate in some clinical rotations.

Date

Date

Date

Notes

Notes

Notes

Page 4

Option 1

**BOOSTERS** 

COVID booster

COVID 1 dose series

COVID
2 dose series
Option 2

If not vaccinated, the stude

Vaccine

Vaccine- Type

Vaccine- Type