Higher Education Center
880 National City Boulevard, National City, California 91950 Telephone: (619) 216-6665 Extension 4862
www.swccd.edu/dentalhygiene

DENTAL HYGIENE PROGRAM APPLICATION FOR ADMISSION

This is a two-year program of classroom instruction and clinical experience. The program prepares students to perform the education, clinical, and laboratory responsibilities of a dental hygienist. The program is accredited by the American Dental Association Commission on Dental Accreditation. The Commission can be contacted at
(312) 440-4653 or at 211 East Chicago Avenue, Chicago, IL 60611.

PROCESS FOR ADMISSION

The following is required in addition to general admission policies for Southwestern College (SWC). See college catalog for general admission policies:

Minimum Admission Requirements For All SWC Dental Hygiene Program Applicants
All applicants will be considered without regard to race, creed, national origin, age, or gender. Qualified disabled persons who are capable of meeting the academic and functional requirements essential to participation in the program will receive equal consideration.
Must have completed high school or substitute program such as GED.
Must meet SWC general college entrance requirements.
Must have successfully completed all prerequisite courses.
Must have a GPA of 2.70 or higher (on a 4.0 scale) for required science prerequisite courses and meet five year recency.
Must submit a completed SWC Dental Hygiene Program Application for Admission and required supporting documentation.
Must have fulfilled a minimum of 8 hours of dental office observation, which includes observing the roles of the dentist, the dental hygienist, dental assistant, and receptionist. ***Submit observation form (included in this packet) upon acceptance into the program.***

HOW TO SUBMIT YOUR APPLICATION:

1. If you have never been a **SWC** student, **you must complete an application to become a student and obtain a Student I.D. number**. Apply online at www.swccd.edu. You will receive a confirmation from Admission and Records (within 2-3 business days) with your Student I.D. number.

2. Complete the Dental Hygiene Program Application for Admission. Include your Student I.D. number on the application.

3. Once you have a Student ID number for **SWC**, request all transcripts to be sent from your respective college(s)**.** Transcripts must be ***official*** and ***mailed directly from your respective college(s) to:***

   Southwestern College
   Admissions and Records
   900 Otay Lakes Road
   Chula Vista, CA 91910

   Hand carried transcripts or transcripts issued to students are not acceptable. Do not send transcripts to the Dental Hygiene Program. Current or former **SWC** students will only requests transcript(s) from other college(s) attended other than **SWC**.

   Important!
   Applications will not be considered if transcripts are not on file with the office of Admissions and Records by the application deadline.

4. If prerequisite course work is from a college outside of San Diego County, you must include course descriptions with the application (course descriptions can be obtained from your respective school(s) catalog, usually found online). Be certain to obtain the course descriptions from the appropriate catalog year that your course was taken.
5. Complete Application Checklist.

6. Submit application and all supporting documents *via email only* to: swcdentalhygiene@swccd.edu.

Higher Education Center
880 National City Boulevard, National City, California 91950 Telephone: (619) 216-6665 Extension 4862
www.swccd.edu/dentalhygiene

Student ID #: _____

PLEASE PRINT (Type):

1. Name: _____
   Last First Middle Maiden

2. Address: _____
   No. & Street Apt# City State Zip Code

3. Phone # (____) _____-_____ Cell/Work Ph.# (____) _____-_____ Email: _____

   Social Security Number: _____-_____-_____ Birthdate: ___/___/____ Age: _____

4. Are you fluent in any language(s) other than English? Yes ☐ No ☐
   If yes, please list: _____

5. Do you have a verified learning disability that will require academic accommodations? Yes ☐ No ☐
   (Southwestern College's Disability Support Services provides academic accommodations and resources for students with disabilities to achieve academic success.)

6. Previous/current dental or health care background/licensure? Yes ☐ No ☐

   If yes, check appropriate box below. Provide a copy of current license/certificate with application **and** complete Certification of Dental Work Experience form attached.

   D.D.S. ☐ R.D.A. ☐ D.A. ☐ Dent.Tech. ☐ Other, specify: _____

7. Do you have an Associate or Bachelor Degree? Yes ☐ No ☐ If yes, complete the following:

   A.A./A.S ☐ B.A./B.S ☐ M.A. ☐ Other _____

   Name of School _____

   City and State _____

   Dates of Enrollment ___/_____ To ___/_____ Date Graduated: _____
   Month/Year Month/Year

8. Check box if ***<u>any/all</u>*** prerequisite coursework was completed at Southwestern College.

   ☐ Yes, I have SWC coursework.

PLEASE READ and SIGN:

I verify that I have received, read, and understand the entire application packet (p.1-7) and that the information submitted in this application packet is complete and accurate. I understand that falsification of any information on this application may be cause for non-selection or dismissal from the program.

_____ _____/_____/_____
Applicant's Signature Date of Application

Higher Education Center
880 National City Boulevard, National City, California 91950 Telephone: (619) 216-6665 Extension 4862
www.swccd.edu/dentalhygiene

CONTACT INFORMATION:

1. Email – The Dental Hygiene Program relies on email as the primary source of communication. It is imperative that the email address provided is reliable. It is the applicant's responsibility to monitor their "junk mail" as is some instances college email communication is recognized as "spam" or "junk mail". ***Be certain to frequently review email.***

2. Address - This should be a permanent address. Formal acceptance letters are sent via U.S. Mail and will require a response.

3. If there is a change of address, name, email and/or phone number from that listed on the application, please notify the Dental Hygiene Program at swcdentalhygiene@swccd.edu as soon as possible. **It is the applicant's responsibility to ensure contact information is accurate and up to date.**

If the program needs to clarify information or materials sent in by the applicant, current contact information is required. The Dental Hygiene Program will make every attempt to contact the applicant should the need arise, however, ***if the program is unable to contact the applicant, consideration for admission will be lost. NO EXCEPTIONS.***

All application materials must be complete and accurate.
False or incomplete applications are cause for disqualification.

Applications will be accepted by email only and will NOT be accepted in person.

Please do not contact the Dental Hygiene Department for application status.
You will be notified by email or U.S mail.

Higher Education Center
880 National City Boulevard, National City, California 91950 Telephone: (619) 216-6665 Extension 4862
www.swccd.edu/dentalhygiene

WORKSHEET FOR DENTAL HYGIENE PROGRAM PREREQUISITES

Directions: This form is to be completed by the applicant. Enter the course number, course title, college where the course was taken, the date (semester) the course was completed. The shaded area is completed through the verification process by SWC staff.

The following courses must be completed *prior to applying* to the Dental Hygiene Program:

SWC Course (prerequisite)	***Course #*** example: BIO140 or CHEM130L	***Course Name***	***College*** (Where course taken)	***Units*** Indicate if semester or quarter units using s/q	***Semester/Year Completed***	**Course Grade**	**office use only**
EXAMPLE	***ENGL 115***	***Reading and Composition***	**SWC**	***4 s***	***FA/2013***	**A**	
ENGL 115							
COMM 103 (or Comm 174 or 176)							
PSYC 101							
SOC 101 or 110							
HLTH 204							
Science Courses (5 year recency)							
BIOL 260							
BIOL 261							
BIOL 265							
CHEM 100							
CHEM 110							
MATH Proficiency	Enter course or requirement						
Math 60 or Higher Intermediate Algebra							
READING Proficiency	Enter course or requirement						
ENG 115 or Reading 158							

APPLICANT'S CERTIFICATION

I hereby certify that I have personally read and completed the above worksheet. All information provided can be verified by transcripts.
I accept complete responsibility for requesting all required official documents.

Signature of Applicant **Date of Application**

Higher Education Center
880 National City Boulevard, National City, California 91950 Telephone: (619) 216-6665 Extension 4862
www.swccd.edu/dentalhygiene

APPLICATION CHECKLIST

Date: _____

Applicant's Last Name: _____ First Name: _____

1. ☐ Obtained SWC Student ID with Enrollment Application (completed online)
   ☐ ***Former/Current SWC student*** ***(only check if applicable)***

   Student I.D.# _____

2. ☐ Dental Hygiene Program Application form completed.

3. ☐ Official transcripts (***ordered from your college(s)*** showing completion of prerequisites.

4. ☐ Included course descriptions with application.
   ☐ Not applicable, all coursework completed at college(s) in San Diego County.

5. ☐ Dental Employment Experience Verification form(s).
   ☐ Applicable/Form Included

   ☐ Applicable/Form Forthcoming

   - *I understand that I may send this form separate from the application without it affecting original date of submittal; however, the Dental Hygiene Program must receive this form by the application deadline of February 13, 2014.*

   Initial here: _____

   ☐ Not Applicable

6. ☐ Dental Office Observation Form
   - *I understand that this form is to be submitted upon acceptance into the program.*

   Initial here: _____

Submit application and all supporting documents to the
Southwestern College Dental Hygiene Program
via email only **to: swcdentalhygiene@swccd.edu**

VKW/sbr: 1/2014