

Shasta College Dental Hygiene Program

Important Applicant Information

RETAIN THIS PAGE FOR YOUR RECORDS

Courses Required Before Starting the Program

Due to the demanding nature of the Shasta College Dental Hygiene Program, all Associate of Science (A.S.) degree requirements must be met prior to application to the program. Any degree requirements that are missing at the time of application to the program will result in disqualification of the applicant. *No in-progress course work will be accepted.* Courses must be completed for each of the following A.S. degree categories: **Humanities, Multicultural, and Math Competency.**

① If you need to take additional courses or are unsure if you have already fulfilled these requirements, please meet with a counselor. Counseling appointments can be made by calling the Health Sciences Division office at (530) 339-3600 or by going online to www.shastacollege.edu/counseling. Phone and ZOOM appointments are available.

Official Records & Transcripts

- OFFICIAL RECORDS/TRANSCRIPTS are those that have been received from another educational institution.
 - Physical transcripts must be in a sealed envelope and remain unopened. **DO NOT OPEN.** If an envelope has been opened (seal broken), prior to arriving at Shasta College, it cannot be accepted for the purpose of application to the DH Program.
 - Electronic transcripts must be sent to admissions@shastacollege.edu, and you must include a copy of the receipt from your transcript request transaction with your application packet.
- It is not necessary to submit an official Shasta College transcript; a transcript of your Shasta College courses will be obtained from the Admissions & Records Office and made an official part of your application packet.
- All other College and/or high school records that may already be on file with the Shasta College Admissions & Records Office cannot be used for this application packet unless you were a previously qualified applicant*. You must resubmit all college and/or high school records with each new application packet.
 - * If you were a previously ***continually qualified*** applicant, you may elect to use your previously submitted college and/or high school records that are on file with the Shasta College Admissions & Records (A&R) Office. It is highly recommended that you contact the A&R office to confirm that all of your records are still on file as external records, such as transcripts from other schools, are purged over time. There may be a possibility that you may need to resubmit all or some of your college and/or high school records.

Online Laboratory Classes

Per California Code of Regulations, 16 CCR § 1105, the prerequisite Anatomy, Physiology, Chemistry, Biochemistry, and Microbiology courses must have included an in-person laboratory component. Online labs are **not** accepted, **unless taken between Spring of 2020 and Fall of 2021 under the COVID-19 waiver.**

Work Experience

Credit for work experience will only be granted for paid employment – volunteer work does not apply. Work experience credit will only be granted for human-related work experience. Veterinary experience does not apply.

Recency for Anatomy & Physiology **beginning 2023**

Beginning in 2023, there will be a seven (7) year recency requirement for the Anatomy and Physiology science prerequisites.

**SHASTA COLLEGE HEALTH SCIENCES AND UNIVERSITY PROGRAMS
DENTAL HYGIENE PROGRAM 2022 APPLICATION PACKET**

PLEASE PRINT IN INK

APPLICATION DEADLINE: 4 P.M. Friday, February 25, 2022

SHASTA COLLEGE ID NUMBER:	EMAIL ADDRESS (REQUIRED FOR ALL APPLICANTS):	BIRTHDATE:
NAME (Last, First, M.I.):		TELEPHONE:
ALL OTHER NAMES UNDER WHICH YOU HAVE BEEN KNOWN:		ALT. PHONE:
CURRENT ADDRESS:		
Street	City	State Zip
NAME AND LOCATION OF HIGH SCHOOL LAST ATTENDED: _____		
HIGH SCHOOL GRADUATE: () YES () NO; EQUIVALENT: () G.E.D. () HIGH SCHOOL PROFICIENCY; COLLEGE: () AA/AS () BA/BS () MASTERS/PhD		
HAVE YOU TAKEN ANY COLLEGE LEVEL COURSES IN SECONDARY LANGUAGE: () YES () NO		
If yes, Course(s): _____ Institution: _____		
ARE YOU A PREVIOUSLY CONTINUALLY QUALIFIED APPLICANT? () YES () NO If so, in what year(s) did you apply? _____		
IF YES: WILL YOU BE SUBMITTING AN UPDATED TRANSCRIPT? () YES () NO, PLEASE USE MY PREVIOUSLY SUBMITTED TRANSCRIPT(S)		
WERE YOU AN ALTERNATE CANDIDATE DURING THE LAST APPLICATION PERIOD FOR THE DENTAL HYGIENE PROGRAM AT SHASTA COLLEGE? () YES () NO		
ARE YOU A VETERAN? () Y () N If yes, did you receive medical/dental training while in the service? <i>Please explain type of training?</i> _____		

LIST ALL COLLEGES AND UNIVERSITIES ATTENDED, INCLUDING SHASTA COLLEGE (Use additional sheet if needed):

NAME OF COLLEGE	LOCATION	UNITS COMPLETED <small>(indicate Quarter or Semester)</small>	Dates Attended FROM/TO	DEGREE
		<input type="checkbox"/> Q <input type="checkbox"/> S		
		<input type="checkbox"/> Q <input type="checkbox"/> S		
		<input type="checkbox"/> Q <input type="checkbox"/> S		

*All courses listed in Sections A through D must be completed prior to applying to the Dental Hygiene Program.
If courses were not taken at Shasta College, include course syllabi from college(s) attended.*

A.S. REQUIREMENTS <small>(Minimum 3 semester units or 4 quarter units)</small>	NAME OF COURSE	COLLEGE	COMPLETED Term & Year	GRADE
A. Humanities course				
B. Multicultural course				
C. Math course				
D. PRE-REQUISITE COURSES				
Anatomy with lab				
Physiology with lab				
Microbiology with lab				
CHEM 2A – Introduction to Chemistry with lab				
CHEM 2B – Introduction to Organic & Biochemistry with lab				
ENGL 1A – College Composition				
SOC 1 – Introduction to Sociology				
PSYC 1A – General Psychology				
NUTR 25 - Nutrition <small>(FSS 25 accepted if completed Spring 2016 or prior)</small>				
CMST 54 – Small Group Communication 54 or CMST 60 – Public Speaking <small>(CMST 10 accepted if completed Spring 2014 or prior.)</small>				

Science Laboratory Certification: Per California Code of Regulations, **16 CCR § 1105**, the aforementioned Anatomy, Physiology, Chemistry, Biochemistry, and Microbiology courses must include an in-person laboratory component. Online labs are **not** accepted, **unless taken between Spring of 2020 and Fall of 2021 under the COVID-19 waiver.**

Name _____

Student ID # _____

Indicate program of application:

-
- Associate Degree Nursing (ADN)
-
- Dental Hygiene
-
- Physical Therapist Assistant
-
- Vocational Nursing

 For ADN and Dental Hygiene students **only**, mark one of the boxes below:

-
- I am a previously
- qualified**
- applicant and wish to use the immunization/titer documents from my last application.
-
-
- I am
- not**
- a previously qualified applicant and understand that I must follow the directions below.

Directions: Complete all the sections below and **attach copies of your official immunization & titer documentation**. Immunity to infections may be documented by either vaccine administration or a positive, *quantitative* titer. Vaccines and titers offer the most objective documentation and protection for the student and institution.

Titer Requirements

- **Titers must show positive immunity.** Titers showing negative/equivocal/gray-zone results do not meet program requirements.
- **Quantitative** titer results are required. All titers must show patient name/information, lab/doctor's information, date of collection, name of test, the numerical values used in interpreting the results, and the results. Titer results don't expire.
- **Qualitative** titers will not be accepted and will result in disqualification of application. Qualitative titers simply indicate "immune vs. non-immune" (with no numerical value).
- Applicants need IgG titers. Do NOT get labs for IgM titers.
- Applicants must obtain proof of the Hepatitis B Surface AB (antibody), NOT the AG (antigen) titer.
- If your results come back negative, see the "**Options" section for that requirement to determine what steps to take next.
- ① For applicants deemed "non-converters" by their primary healthcare provider, provide proof of ALL vaccination & titer records as well as a letter from the provider confirming non-converter status.

Tetanus, Diphtheria, Pertussis (Tdap) - must show documentation of either A or B:
A. One time dose of Tdap (includes pertussis) as an adult **within** the last 10 years

Date _____

B. Proof of Tdap older than 10 years **AND** proof of Td booster within the last 10 years

Tdap date _____ Td date _____

Varicella - must show documentation of either A or B:

 Note: A previous diagnosis of chickenpox is **NOT** accepted as proof of Varicella immunity. Must submit documentation of either A or B as outlined below.

A. Two (2) doses of Varicella vaccine administered at least 4-8 weeks apart

Date #1 _____ Date #2 _____

B. Proof of *quantitative* IgG titer showing **positive/immune**

Titer date _____ Numerical Results _____

 *If titer results show as **negative OR equivocal immunity**, see Option 1 or 2.

***Options for addressing negative or equivocal titer**

You must provide either:

- 1)**
- Proof of your original 2-dose vaccination series and having received one (1) booster after your negative titer

Original Series: Date #1 _____ Date #2 _____ Booster date: _____

OR

- 2)**
- if you have no previous records, proof of obtaining the 2-dose series after your negative titer

Series given: Date #1 _____ Date #2 _____

Measles, Mumps, Rubella (MMR) - must show documentation of either A *or* B:

A. Two (2) doses of MMR vaccine administered at least 4-weeks apart

Date #1 _____ Date #2 _____

B. Proof of *quantitative* IgG titer showing **positive/immune** to Measles, Mumps, and Rubella

Titer date(s) _____

Numerical value - Measles (Rubeola): _____

Numerical value - Mumps: _____

Numerical value - Rubella: _____

If titer results show as **negative OR equivocal immunity, see Option 1 or 2.

**Options for addressing negative or equivocal titer*

You must provide either:

- 1)** Proof of your original 2-dose vaccination series and having received one (1) booster after your negative titer

Original Series: Date #1 _____ Date #2 _____ Booster date: _____

OR

- 2)** if you have no previous records, proof of obtaining the 2-dose series after your negative titer

Series given: Date #1 _____ Date #2 _____

Hepatitis B: Must submit proof of *quantitative*, IgG surface antibody titer showing **positive/immune**

Titer Date: _____

Numerical Value: _____

If you have a titer drawn and the numerical value for titer falls in the "grayzone"/borderline/equivocal range or non-reactive/negative range, you will need to:

- 1)** Receive **at least** one (1) booster of the vaccine. Discuss with your healthcare provider if your titer results indicate that you may need multiple booster or to repeat the entire series. **PLEASE START THIS IMMEDIATELY.**
Note: If three dose vaccine series is needed, the CDC standard recommendations are for the series to be given at 0, 1, and 6 months. CDC minimum requirements allow for the series to be given at 0, 1, and 4 months.
- 2)** Obtain a new titer for Hepatitis B [surface antibody IgG] at least 4 weeks after the final booster/dose and **submit the results showing positive/immune.**

For Health Sciences Division Use Only:

Date Received:

Immunization official documentation verified by:

Notes:

This form is OPTIONAL and does not need to be submitted as part of your application packet if it is not applicable.

**Shasta College Dental Hygiene Program
Work Experience Verification Form**

In order to receive work experience credit, applicants must submit verification of work experience and appropriate certification with this form. In order to use work experience hours accumulated from more than one employer, a separate form must be submitted from each employer.

In order to ensure the applicant's work experience can be appropriately evaluated, please provide **complete information**.

Work Experience Type	
<ul style="list-style-type: none">• Active Registered Dental Assistant (RDA) - Current RDA license with >500 hours of paid work experience. Experience may be full or part-time but must have been completed/documented within the last two years prior to application submission deadline.	<input type="checkbox"/>
<ul style="list-style-type: none">• Registered Dental Assistant (RDA) with no work experience within the last 2 years - documentation of current RDA license required	<input type="checkbox"/>
<ul style="list-style-type: none">• Non-licensed Dental Assistant with > 500 hours documented work experience. Experience may be full or part-time but must have been completed/documented within the last two years prior to application submission deadline.	<input type="checkbox"/>
<ul style="list-style-type: none">• Licensed/Certified Healthcare Professional with >500 hours of paid work experience. Experience may be full or part-time but must have been completed/documented within the last two years prior to application submission deadline.	<input type="checkbox"/>

Note: 500 hours is considered 6 months of full-time or 1 year of part-time employment

This verifies that _____ was an employee of _____
(Name of employee) *(Name of firm, agency, etc.)*

(Address of firm, agency, etc.) *(Phone number)*

From _____ to _____ for a total of more than 500 hours.
(Date) *(Date)*

Employer/Supervisor's Signature: _____ Date: _____

Additional Documentation

In order to receive credit towards work experience as an RDA or other licensed/certified healthcare professional, proof of the license/certification must be submitted along with this completed form. A photocopy of the license/certification is acceptable.