

Shasta College Dental Hygiene Program

Important Applicant Information

RETAIN THIS PAGE FOR YOUR RECORDS

Application Submission

Application packets must be submitted in a **sealed envelope** during the application period. 9 x 12 size is preferred. Do **not** put Post-It notes or flags on your application as these will be removed prior to processing. If you need to identify or explain a document, you may write on the document itself.

If you mail your application, the envelope postmark will be considered the “received” date. It is **highly** recommended that you pay for tracking or certified mailing to ensure delivery.

Courses Required Before Starting the 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.

Recency for Anatomy & Physiology

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

- Even if you are a previously continually qualified applicant, the recency requirement still applies. You may need to (if courses are in jeopardy of expiration) submit any transcript(s) showing that you completed these classes within the last 7 years.

Official Records & Transcripts

- OFFICIAL RECORDS/TRANSCRIPTS are those that have been issued by another educational institution.
 - Physical transcripts must **submitted in your sealed application packet**. DO NOT SUBMIT PHYSICAL TRANSCRIPTS TO ADMISSIONS & RECORDS.
 - Transcripts must be in a sealed envelope and remain unopened in order to be considered official. **DO NOT OPEN**. If an envelope has been opened (seal broken) prior to putting it in your application packet, 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** in 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.
- Unless you were a previously **continually qualified** applicant*, all other College and/or high school records that may already be on file with the Shasta College Admissions & Records (A&R) Office cannot be used for this application packet and 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 A&R Office.

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.**

**SHASTA COLLEGE HEALTH SCIENCES AND UNIVERSITY PROGRAMS
DENTAL HYGIENE PROGRAM 2026 APPLICATION PACKET**

PLEASE PRINT IN INK

APPLICATION DEADLINE: 4 P.M. Friday, February 20, 2026

According to the categories listed on www.shastacollege.edu/hsup_dhpoints, I have calculated my points to be:

Category	Maximum Points Possible	Points
1: Cumulative GPA in all prerequisite courses	30	
2: GPA in core Science prerequisite courses	30	
3: Work experience (if any)	10	
4: Alternate for Previous Class (if applicable)	10	
5: Special Considerations (if any)	10	
6: Documented Residency (if any)	10	
TOTAL POINTS	100	

Applicant Statement:

I hereby certify that all materials presented and all statements made are true and correct. I authorize investigation of all records submitted and am prepared to provide original documentation when requested. I understand that any misrepresentation of material facts may be cause for immediate disqualification.

Furthermore, I understand and acknowledge that failure to meet requirements or omission of required documentation will result in disqualification of my application packet.

Signature of Applicant: _____ Date: _____

SHASTA COLLEGE HEALTH SCIENCES AND UNIVERSITY PROGRAMS DENTAL HYGIENE PROGRAM 2026 APPLICATION PACKET

PLEASE PRINT IN INK

APPLICATION DEADLINE: 4 P.M. Friday, February 20, 2026

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

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? *Please explain type of training?* _____

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 or another California Community College, include course descriptions from college(s) attended.

If applicant has a B.A./B.S. or higher degree, applicant is exempt from A.S. GE requirements. Skip to item D.

Are you exempt? YES (*skip to item D*) NO (*complete items A-D*)

A.S. GENERAL EDUCATION REQUIREMENTS <small>(Minimum 3 semester units or 4 quarter units)</small>	NAME OF COURSE	COLLEGE	COMPLETED Term & Year	GRADE
A. Humanities course				
B. Ethnic Studies *				
C. Math course				
D. PREREQUISITE COURSES				
Anatomy with lab**				
Physiology with lab**				
Microbiology with lab**				
CHEM 2A – Intro to Chemistry with lab**				
CHEM 2B – Intro to Organic & Biochemistry with lab**				
ENGL C1000 (formerly Engl 1A)				
SOC 1				
PSYC C1000 (formerly Psych 1A – General Psychology)				
NUTR 25 (FSS 25 accepted if completed Spr. 2016 or prior)				
COMM 54 (formerly CMST 54) or COMM C1000 (formerly CMST 60 Public Speaking) <small>(CMST 10 accepted if completed Spr. 2014 or prior.)</small>				

*Students who retain their catalog rights with Shasta College should consult with a counselor.

**Course must include an in-person lab. Online labs are not accepted, unless taken between Spring of 2020 and Fall of 2021 under the COVID-19 waiver.

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 boosters 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:

Name _____

Student ID # _____

Indicate program of application:

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

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

- I am a previously **continually** qualified applicant and wish to use the immunization/titer documents from my last application.
- I am **not** a previously continually 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 (reference range), 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 or ACIF titers.
 - Applicants must obtain proof of the Hepatitis B Surface AB (antibody), NOT the AG (antigen) or Core 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 _____

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

In order to receive credit for any category below, you will need to fill in the applicable information and to submit the respective required documentation.

Work Experience Verification

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.

① Credit for work experience will only be granted for paid, human-related employment – volunteer work or veterinary experience does not apply.

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.

Registered Dental Assistant (RDA) with no work experience within the last 2 years - documentation of current RDA license required.

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.

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.

This verifies that _____ is/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.

Proficiency in Languages Other Than English Verification

Applicant must be fluent in all aspects of language (reading, writing, and speaking) to qualify.

Language: _____

College level coursework in languages other than English:

School: _____

Term: _____ Course: _____ Grade: _____

Letter of certification by educator or clergy – *a copy of the letter must be included*

Submission of evaluated transcript from foreign college or high school

3 or more units of additional work in non-prerequisite sciences

School: _____

Term: _____ Course: _____