

DENTAL HYGIENE APPLICATION
(2-YR A.A.S. Degree Program for RDH Licensure)

APPLICATION PERIOD:
JANUARY 15 through MARCH 1st

Please print or type (preferred) all information clearly and be sure to double check all of your responses and email to Enrollment Services at DentalHygieneApplicants@tncc.edu (include your resume, Chairside Assisting Form if applicable, and other supporting documentation). DO NOT submit application until confirmation of eligibility to apply is received from Enrollment Services.

Student ID Number: _____ **Date:** _____

Name _____
 LAST Name FIRST Name Middle Initial Former Name

Current Mailing Address _____

City _____ **State** _____ **Zip Code** _____

Date of Birth: Month ___ / Day ___ / Year ___ **Sex:** M ___ F ___

Please indicate your ethnic status (*Optional: for statistical purposes only*):
 ___ Native American Indian ___ Asian, Pacific Islander ___ Black, not Hispanic ___ Other
 ___ Hispanic ___ White, not Hispanic ___ Multiracial ___ Middle Eastern

Cell Phone (____) ____ - ____ **Work Phone** (____) ____ - ____ **Home Phone** (____) ____ - ____

TNCC E-Mail Address _____
 (Please print legibly so you can be contacted if necessary)

High School Graduate: Yes ___ No ___ Year _____ **GED:** Yes ___ No ___ Year _____

Type of Student: New _____ Continuing _____ Transfer From Another College _____

Last School Attended _____ **City** _____ **State** _____

Highest Degree/Certificate Awarded: ___ H.S ___ Associate ___ Bachelors ___ Masters

Certified Dental Assistant (CDA): Yes ___ No ___

Year of Certification: _____

Have You Ever Applied to the TNCC Dental Hygiene Program Before? Yes ___ No ___ If Yes:
 Date _____

Have You Ever Been Enrolled in a Dental Hygiene Program? Yes ___ No ___ If Yes: Date: _____
Name of Dental Hygiene School Attended:

Honors awarded at Collegiate level: _____

Other Awards/Honors: _____

Community Service activities: _____

Leadership Roles: _____

For Office Use Only:

Jurisdiction _____

Curricular (must be 2.5 or higher) GPA _____ Science GPA _____ Cumulative GPA _____

Curriculum Progress Sheet Attached _____

Official High School Transcript/GED in File (copy attached) Yes _____ No _____

Official College Transcript: Yes ___ No ___ CPR Certification _____ Radiology Safety Certification: _____

If Applicable, List Developmental College Courses That Have Met High School Prerequisites: MTH (modules 1-5) _____ CHM 1 _____

College Prerequisites "C" or Higher: BIO141/or BIO 145 _____ ENG 111 _____ SDV 100 _____ CST 100 _____ CHM
101 _____ BIO 150 _____

Two professional references attached: Yes _____ No _____

Accredited Certified Dental Assistant-Verification Documentation Attached: Yes ___ No _____

Documentation of Chairside Dental Assisting attached: Yes _____ No _____

Dental assisting experience: More than 1 yr. _____ Less than 1 yr. _____ Full-time/On-the-job training _____ None _____

Resumé Attached: Yes ___ No ___

Please check this box if a transfer credit evaluation request is pending.

Please print legibly in a short paragraph your reason(s) for applying to the Thomas Nelson Dental Hygiene Program.
Your response must fit in the box provided and must be legible.

Please compose a brief (approximately 300-500 words) description of how you became interested in the profession of dental hygiene. Include in those aspects of the field which you find most interesting and highlight the people or person who most influences your career choice. What are your educational goals? Describe your 5 and 10-year plan to obtain your professional goals.

Reference Letter (Form is available on Thomas Nelson website --) and Resume

- One reference from a Biology or Health faculty member (full-time or adjunct) from any higher education institution is **preferred** with application to the dental hygiene program. A professional reference is also required for a total of **two references**. If you are not able to obtain a reference from a Biology or Health faculty member, two professional references will satisfy the requirement. The reference letters must be submitted by the **referees to the following email address by March 1: DentalHygieneApplicants@tncc.edu**
- Current resume of your work experience is required to apply.
- All applicants must send resume with application to DentalHygieneApplicants@tncc.edu

Name of Reference: _____ BIO Faculty/ HLT Faculty (full-time or adjunct) (Circle One)/Professional Reference

Name of Reference: _____ Professional Reference

ADMITTANCE EXAM

ADTH Exam

- Scores reported to dental hygiene program
- Taken within the last year

TEAS Exam (Please complete one of the following); No longer accepted after 2022 application cycle

1. Date Scheduled for TEAS Exam _____ **OR**

2. Date of previous TEAS exam _____

- Exam taken at TNCC
- Percentile ranking for program 45th or above
- Taken within the last year
- Copy of transcript attached

Attendance at a virtual Information Session is **highly recommended** to ensure all requirements are met for successful application. **Note: virtual sessions may not occur and are not required. Certificates of Attendance are no longer required.**

- Review Power Point slides for the Information Session on (Date)_____.
- Attend virtual Information Session on (Date) if applicable _____.

I understand the requirements for admission to the Thomas Nelson Community College Dental Hygiene Program as explained in the College Catalog and the dental hygiene brochure. I have received the DNH Program Information Packet. All information provided on this application is true and correct to the best of my knowledge.

Student Signature

Date

Thomas Nelson Enrollment Services Representative

Date