



School of Dental Health Science
Office of Admissions
Pacific University
222 SE 8th Avenue, Ste. 212
Hillsboro, OR 97123
www.pacificu.edu

Dental Hygiene Entry-Level Program

The mission of the Dental Hygiene Entry-Level Program is to prepare students to become dental hygienists who provide high quality patient-centered care to diverse patient populations in a variety of health care settings. Graduates will have the foundation to pursue careers in education, public health and management.

Important Dates

Early Application Deadline (postmarked)	January 15, 2010
Final Application Deadline (postmarked)	February 15, 2010
On-Campus Interviews	March 2010
Notification of Admission Decisions	April 2010

PLEASE READ ALL INSTRUCTIONS CAREFULLY

The accuracy, completeness and neatness of your application are determining factors in our admission decision. Failure to submit a complete or accurate application may result in disqualification for admission or dismissal from the program. The Admissions Committee will not evaluate an incomplete application.

APPLICATION INSTRUCTIONS

1. **Fee** – A non-refundable application fee of \$25 (US) must be submitted with the application. Please make check or money order payable to Pacific University, or contact the Office of Admissions at 1-800-933-9308 to pay by credit card.
2. **Applicant Information and Signature Form** – You must complete all information and sign the signature line.
3. **Essays** – All responses must be typed, double-spaced, 12 pt. font.
 - i. **Required** – responses to each question should be no more than 200 words in length.
 - ii. **Optional** – you may use this opportunity to provide additional information about yourself for consideration. This essay should be no longer than one (1) page in length.
 - iii. **Re-applicants only** – please note the additional essay question specifically for re-applicants to the Pacific University Dental Hygiene Entry-Level Program. Your response should be no longer than one (1) page in length.
4. **Official Prerequisite Worksheet** – Enter coursework you have completed, or plan to complete by the start of the program in August 2010. All prerequisite coursework must be completed by August 15, 2010. You must complete this worksheet, even if you already submitted an *unofficial* worksheet.

(continued on next page)

5. **GPA Calculation Form** – Quarter hours must be converted to semester hours (1 quarter hour ÷ 1.5 = 1 semester hour).
 - i. **SCIENCE GPA** – Calculate your GPA only for the required prerequisite science courses listed under the Natural Sciences section of your prerequisite worksheet. This includes: human anatomy, human physiology, microbiology and chemistry. You must include any refresher or repeated courses. All coursework must be 100-level or higher. Your GPA must be 2.5 or higher to qualify for admission.
 - ii. **LAST 45 SEMESTER HOURS GPA** – Calculate your most recent 45 semester hours/68 quarter credits of coursework. If you have less than 45 semester hours of coursework completed, this calculation should match your cumulative GPA. Your GPA must be 2.5 or higher to qualify for admission.
 - iii. **CUMULATIVE GPA** – Calculate your GPA from all coursework you have completed. Again, include all repeated coursework. Your GPA must be 2.5 or higher to qualify for admission.
6. **Essential Functions Form** – Your signature on this form verifies that you can fulfill the essential functions of the Dental Hygiene Entry-Level Program.
7. **Evaluation of Applicant** – The evaluation forms provided must be filled out by two (2) individuals who know you well and can comment objectively about your qualifications. It is **required** that one form be from a dental professional. (Evaluations from family members will not be accepted.) Provide a self-addressed stamped envelope to your evaluators. Ask them to complete the evaluation, enclose the form in the envelope you provided, sign across the seal and return the envelope to you. Place each sealed envelope in your application packet.
8. **Official Transcripts** – Submit one sealed official transcript, with all your current grades, from each college you have attended. Do Not Open Transcript. Place each sealed transcript from the college(s) in your application packet. A final official transcript of any course(s) in progress will be required, including graduation verification, if applicable, before an admitted student will be permitted to enroll in the Dental Hygiene Entry-Level Program. *For re-applicants only: official transcripts need to be submitted only from those institutions you have taken classes from since the last application period.*
9. Please make a photocopy of your application for your records.

Please note: Individuals convicted of a felony may not be eligible for dental hygiene licensure. Students are urged to contact the appropriate licensing agency for further information.

SEND COMPLETED APPLICATION PACKET TO:

**Office of Admissions
Pacific University
222 SE 8th Avenue, Ste. 212
Hillsboro, OR 97123**

You will be notified by regular mail, or email, whether your application is complete or not.

CONFIDENTIALITY – This application will be retained in the student's file, should the applicant matriculate. In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), matriculating students do have access to their permanent files, which may include this form. Pacific University does not provide access to admissions records to applicants who are denied admission, or students who decline an offer of admission. These policies may be of assistance to you as you complete the forms.

Pacific University
School of Dental Health Science
Dental Hygiene Entry-Level Program
Application for Fall 2010 Entry

Type or print clearly in black or blue ink.

NAME _____
Last First Middle Preferred Name

Names that may appear on transcripts (if different) _____

Current Address (Until date: _____) _____
Street Apartment Number

City State Zip/Postal Code Country

() () _____
Home Telephone with area code Alternate Telephone with area code E-mail

Permanent Address _____
Street Apartment Number

City State Zip/Postal Code Country

() () _____
Home Telephone with area code Alternate Telephone with area code E-mail

PERSONAL DATA

Social Security Number _____ Date of Birth (Month/Day/Year) _____

Legal State of Residence _____ Place of Birth (Country) _____

Are you a citizen of the United States? Yes No If no*, of which country are you a citizen? _____

Have you attended Pacific before? Yes No When? _____

Have you applied to the School of Dental Health Science before? Yes No When? _____

Have you ever been dismissed or suspended from any school or college? Yes No (If yes, explain on a separate sheet.)

How did you first hear of Pacific University? _____

Who or what influenced you to apply? _____

Have you applied to other dental hygiene programs? (Response is optional) Yes No

If yes, list the programs to which you have applied or intend to apply:

***NON-CITIZENS**

What type of visa do you currently hold? _____

(Students holding an immigrant/resident visa should include a copy of their visa card with the application)

Test of English as a Foreign Language (TOEFL) Date _____ Score _____

(Official TOEFL scores required - minimum paper-based test score 600, minimum computer-based test score of 250 or internet-based test score of 100.)

COLLEGE/UNIVERSITY INFORMATION

List all colleges/universities attended (even if for only one course) during and after high school. **Submit official transcripts for each college or university attended. Include official AP scores, if appropriate.** (Please note: AP scores of 4 or 5 accepted.)

From Mo/Yr	To Mo/Yr	Name of College or University (complete name - no abbreviations)	City, State/Province	Degree Earned	Date Transcript Requested

Do you have an associate's, bachelor's and/or master's degree?

Yes Date received/Institution: _____
 (Check one) ___ Associate's ___ Bachelor's ___ Master's
 Major/Minor _____

No Date completion expected/Institution: _____
 (Check one) ___ Associate's ___ Bachelor's ___ Master's _____
 Major /Minor _____

Please enter the self-calculated GPAs from your GPA worksheet:

Science GPA: _____ Last 45 semester hours GPA: _____ Cumulative GPA: _____

EVALUATORS

List the name and address of each individual from whom you have requested an evaluation. Please submit only two (2) evaluations. *One evaluation must be from a dental professional.* Evaluations from family members will not be considered.

Reference Type	Name	Complete Address	Occupation

EXPERIENCE IN DENTAL HEALTH AND OTHER HEALTH PROFESSIONS

A minimum of 30 hours of dental health experience or observation is required. 10 of these hours must be in public health settings which may include a public dental clinic, dental school clinic, dental hygiene school clinic or mobile dental van. If you currently work in the dental health field, you only need to complete the 10 hours of public dental experience or observation.

From Mo/Yr	To Mo/Yr	Name and Address of Facility	Type of Facility	Total Hours of Observation/Work

Total Hours _____

Do you currently work in a dental office or clinic? Yes No

Position: _____ How long? _____

Are you a nationally Certified Dental Assistant (CDA)? Yes No
 (If yes, please submit a copy of your current certification with the application.)

ACTIVITIES/COMMUNITY SERVICE INFORMATION

Please list any school or community activities, organizations or extracurricular activities in which you have been involved. Use a separate sheet if needed. You may also submit a current copy of your resume with your application.

Activity	Years of Participation	Approx. Hours/Week	Position Held

LIST AWARDS, HONORS, OR SCHOLARSHIPS RECEIVED

I affirm that all the information contained in this application is true and correct to the best of my knowledge. I understand that the falsification of any part of this application is grounds for my disqualification for admission or dismissal from the program. In addition, I understand that this application becomes the property of Pacific University and it not returnable. I further understand that the application is accessible to faculty, staff and members of the Admissions Committee.

Signature _____

Date _____

Office of Admissions
 Pacific University
 222 SE 8th Avenue, Ste. 212
 Hillsboro, OR 97123

Pacific University
School of Dental Health Science
Dental Hygiene Entry-Level Program
Application for Fall 2010 Entry
GPA Calculation Form

Name: _____

READ THE DIRECTIONS CAREFULLY – Only completed forms will be considered for admission.

- Complete transcripts from each college and university attended must be used in calculating GPAs.
- All graded courses from all transcripts (including all repeated courses and refresher courses) must be used in calculating GPAs.
- Pass/fail courses are not used in this calculation.
- The GPAs must be computed on a semester credit basis. Convert all quarter hours to semester hours.
 Credit conversion directions: ***1 quarter hour ÷ 1.5 = 1 semester hour***
 Example: 3 quarter hours ÷ 1.5 = 2 semester hours 4 quarter hours ÷ 1.5 = 2.67 semester hours
- If your institution uses a different grading system, complete the tables below to the best of your ability and attach an explanation of your work and calculations.
- All GPA calculations must be 2.5 or higher to qualify for admission into the Dental Hygiene Entry-Level Program.

SCIENCE GPA

Calculate your GPA only for the required prerequisite science courses listed under the Natural Sciences section of your prerequisite worksheet.

LAST 45 HOURS GPA

Calculate your most recent 45 semester hours (68 quarter hours) of coursework. If you have less than 45 hours of coursework completed, this calculation should match your Cumulative GPA.

CUMULATIVE GPA

Calculate your GPA from all coursework you have completed. Include all repeated coursework.

You must transfer your GPAs to the application form and submit this completed form with the application. Miscalculation or misrepresentation of the GPAs will result in the disqualification of your application.

SCIENCE GPA				LAST 45 HOURS GPA				CUMULATIVE GPA			
GRADE	HOURS	X	= POINTS	GRADE	HOURS	X	= POINTS	GRADE	HOURS	X	= POINTS
A		x 4.0		A		x 4.0		A		x 4.0	
A-		x 3.7		A-		x 3.7		A-		x 3.7	
B+		x 3.3		B+		x 3.3		B+		x 3.3	
B		x 3.0		B		x 3.0		B		x 3.0	
B-		x 2.7		B-		x 2.7		B-		x 2.7	
C+		x 2.3		C+		x 2.3		C+		x 2.3	
C		x 2.0		C		x 2.0		C		x 2.0	
C-		x 1.7		C-		x 1.7		C-		x 1.7	
D+		x 1.3		D+		x 1.3		D+		x 1.3	
D		x 1.0		D		x 1.0		D		x 1.0	
D-		x 0.7		D-		x 0.7		D-		x 0.7	
F		x 0		F		x 0		F		x 0	
Total Hours=		Total Points=		Total Hours=		Total Points=		Total Hours=		Total Points=	
Total Points ÷ Total Hours = _____ GPA GPA must be 2.5 or higher.				Total Points ÷ Total Hours = _____ GPA GPA must be 2.5 or higher.				Total Points ÷ Total Hours = _____ GPA GPA must be 2.5 or higher.			

STATISTICS: 3 semester hours (Quarter Hours ÷ 1.5 = Semester Hours)

Note: It is recommended that this be taken from a department of psychology, sociology, statistics or mathematics.

Must include:

- Statistics – 1 course

Dept. & No.	Course Title	Semester Hours	Grade	R	Date Completed	To Be Completed	Institution

ART: 3 semester hours (Quarter Hours ÷ 1.5 = Semester Hours)Must include:

- Art, Music **OR** Theater – 1 course

Dept. & No.	Course Title	Semester Hours	Grade	R	Date Completed	To Be Completed	Institution

NUTRITION: 2 semester hours (Quarter Hours ÷ 1.5 = Semester Hours)

Dept. & No.	Course Title	Semester Hours	Grade	R	Date Completed	To Be Completed	Institution

SPANISH: 3 semester or quarter hours

Dept. & No.	Course Title	Semester Hours	Grade	R	Date Completed	To Be Completed	Institution

MEDICAL TERMINOLOGY: 1 course

Dept. & No.	Course Title	Semester Hours	Grade	R	Date Completed	To Be Completed	Institution

HUMANITIES: 9 semester hours (Quarter Hours ÷ 1.5 = Semester Hours)Must include:

- Ethics, History, Language, Literature, Media Arts, Philosophy **AND/OR** Religion – Approximately 5 courses

Dept. & No.	Course Title	Semester Hours	Grade	R	Date Completed	To Be Completed	Institution

Please Note: You must have completed a minimum total of 48 semester hours prior to starting the Dental Hygiene Entry-Level program:

- For credits to be counted, the course must be 100-level or higher.
- All prerequisite coursework must be completed by August 15, 2010.
- You must complete this worksheet even if you have already turned in an unofficial worksheet.

**Pacific University
School of Dental Health Science
Dental Hygiene Entry-Level Program
Application for Fall 2010 Entry
Essay Questions**

All responses must be:

- typed
- 12 pt. font
- double-spaced

Required: Respond to each question separately. Responses should be no more than 200 words in length.

1. Discuss why you have chosen Dental Hygiene as a profession and how your previous experience supports this goal.
2. What do you see as your future contribution to the oral health of the public?

Optional: Response should be no more than one (1) page in length.

1. State any additional pertinent information (academic or personal) that you think we should know before evaluating your application for admission.

Re-applicants only: Response should be no more than one (1) page in length.

1. If you have applied to the Dental Hygiene Entry-Level Program in the past, please indicate what steps you have taken to better prepare yourself for the program.

**Pacific University
School of Dental Health Science
Dental Hygiene Entry-Level Program
Application for Fall 2010 Entry
Essential Functions Form**

Essential functions include the physical, cognitive and behavioral abilities which are needed for a particular occupation or career. Students admitted to the Dental Hygiene Entry-Level Program must be able to perform the following essential functions in order to satisfactorily complete the requirements for this program.

1. **Physical Skills** – Sit, stand, bend and reach while performing clinical procedures. Function in a structured environment for several hours. Move freely from place to place and maneuver in small spaces. Demonstrate hand/eye coordination, manual dexterity and tactile sensitivity necessary to manipulate a variety of instruments, materials and equipment. Perform cardiopulmonary resuscitation and assist in emergency situations.
2. **Sensory Skills** – Read charts, records, small print, typed and handwritten notes. See with measurable depth perception and in low-light conditions. Distinguish color variations and discern shades of black and white. Hear and understand verbal directions. Discern sounds related to patient assessment and treatment. Distinguish smells of various drugs, solutions and materials used in health care settings. Feel subtle differences in surface textures. Recognize changes in patient status.
3. **Cognitive Skills** – Comprehend, analyze and synthesize complex science and clinical content. Apply prior learning to new situations. Concentrate on task at hand amidst a variety of environmental distractions. Interpret patient findings, recognize anomalies and make decisions which affect patient care. Use personal computers to complete assignments. Complete standardized tests within established time limits.
4. **Communication Skills** – Speak and write English clearly. Provide patients with clear instructions appropriate for their level of understanding. Write clear and legible notations on patient charts. Organize thoughts and ideas into written essays and research papers.
5. **Interpersonal Skills** – Interact with individuals, small groups and large audiences. Establish sufficient rapport and maintain appropriate boundaries in order to effectively relate to patients, colleagues, faculty and staff. Demonstrate concern and empathy for a diverse variety of patients.
6. **Professional Skills** – Present a professional appearance and maintain personal health. Maintain composure during stressful situations. Work both independently and as a team member. Organize tasks, set priorities and manage multiple projects. Maintain accuracy and confidentiality of patient records. Comply with established policies and procedures. Provide care to all patients regardless of age, race, ethnic origin, physical or mental status or other condition.

I have read and understand the Essential Functions for the Dental Hygiene Entry-Level Program. I am able to perform all of the skills needed to satisfactorily complete the requirements for this program.

Student Name (Print)

Student Signature

Date

**Pacific University
School of Dental Health Science
Dental Hygiene Entry-Level Program
Application for Fall 2010 Entry
Evaluation of Applicant**

Name of Applicant _____
Last
First
Middle

To the evaluator: The person named above is applying to the School of Dental Health Science at Pacific University and has requested that your evaluation be included as part of the information on which we will base our admission decision. You can assist us by responding frankly and completely to the questions listed. Also, to comply with the U.S. Family Education Rights and Privacy Act of 1974 (FERPA) and to ensure a candid response from you, the evaluation forms/letters will be removed from the files of all successful applicants prior to the student entering Pacific University. Thus, your comments will not reach the student. Thank you for your assistance.

Duration, nature and extent of your association with this applicant (Please note that evaluations from family members will not be accepted):

I. Please check the appropriate box based upon previous experience with applicant:

<i>Specific Characteristics</i>	Below Average Lower 50%	Fair Top 50%	Good Top 25%	Very Good Top 10%	Exceptional Top 5%	Unable to Judge
Past academic achievement						
Future academic potential						
Motivation for dental hygiene as a career						
Oral communication skills						
Written communication skills						
Critical thinking skills						
Ethical values/integrity						
Professionalism						

~~OVER~~

II. Check any and all items that apply to this applicant:

Pleasant	Serious	Practical	Dedicated	Civic minded
Personable	Timid	Rigid	Self-confident	Punctual
Polite	Articulate	Genuine	Over-confident	Dependable
Cheerful	Redundant	Aggressive	Energetic	Tardy
Ill-mannered	Verbose	Arrogant	Immature	Neat
Disrespectful	Positive attitude	Honest	Naturally curious	Well-groomed
Argumentative	Professional	Ethical	Attentive	Casual
Outgoing	Charismatic	Open-minded	Observant	Motivated
Shy	Nervous	Conscientious	Indifferent	Sincere
Flexible	Enthusiastic	Trustworthy	Diligent	Logical
Insincere	Critical thinker	Perceptive	Rational	Average
Upbeat	Goal oriented	Realistic	Leader	Follower
Mature	Inconsistent	Approachable	Learner	Courteous

III. Please respond (circle response):

Confidence of Evaluator to complete this form:

[high] [sufficient] [low]

On the basis of this evaluation, the candidate is:

[highest possible recommendation] [strongly recommended] [recommended]

[recommended with reservation] [not recommended]

IV. If our Admissions Committee has further questions regarding this applicant, may we call or email you?

Yes No

Name (print) _____

Signature of Evaluator _____ Date _____

Occupational Title _____ Employer _____

Complete Address _____ Phone _____

E-mail _____

Thank you.

Please return the completed evaluation in a sealed/signed envelope to the applicant.

The applicant is responsible for including the evaluation in the completed application packet sent to Pacific University.

**Pacific University
School of Dental Health Science
Dental Hygiene Entry-Level Program
Application for Fall 2010 Entry
Evaluation of Applicant**

Name of Applicant _____
Last
First
Middle

To the evaluator: The person named above is applying to the School of Dental Health Science at Pacific University and has requested that your evaluation be included as part of the information on which we will base our admission decision. You can assist us by responding frankly and completely to the questions listed. Also, to comply with the U.S. Family Education Rights and Privacy Act of 1974 (FERPA) and to ensure a candid response from you, the evaluation forms/letters will be removed from the files of all successful applicants prior to the student entering Pacific University. Thus, your comments will not reach the student. Thank you for your assistance.

Duration, nature and extent of your association with this applicant (Please note that evaluations from family members will not be accepted):

I. Please check the appropriate box based upon previous experience with applicant:

<i>Specific Characteristics</i>	Below Average Lower 50%	Fair Top 50%	Good Top 25%	Very Good Top 10%	Exceptional Top 5%	Unable to Judge
Past academic achievement						
Future academic potential						
Motivation for dental hygiene as a career						
Oral communication skills						
Written communication skills						
Critical thinking skills						
Ethical values/integrity						
Professionalism						

~~OVER~~

II. Check any and all items that apply to this applicant:

Pleasant	Serious	Practical	Dedicated	Civic minded
Personable	Timid	Rigid	Self-confident	Punctual
Polite	Articulate	Genuine	Over-confident	Dependable
Cheerful	Redundant	Aggressive	Energetic	Tardy
Ill-mannered	Verbose	Arrogant	Immature	Neat
Disrespectful	Positive attitude	Honest	Naturally curious	Well-groomed
Argumentative	Professional	Ethical	Attentive	Casual
Outgoing	Charismatic	Open-minded	Observant	Motivated
Shy	Nervous	Conscientious	Indifferent	Sincere
Flexible	Enthusiastic	Trustworthy	Diligent	Logical
Insincere	Critical thinker	Perceptive	Rational	Average
Upbeat	Goal oriented	Realistic	Leader	Follower
Mature	Inconsistent	Approachable	Learner	Courteous

III. Please respond (circle response):

Confidence of Evaluator to complete this form:

[high] [sufficient] [low]

On the basis of this evaluation, the candidate is:

[highest possible recommendation] [strongly recommended] [recommended]

[recommended with reservation] [not recommended]

IV. If our Admissions Committee has further questions regarding this applicant, may we call or email you?

Yes No

Name (print) _____

Signature of Evaluator _____ Date _____

Occupational Title _____ Employer _____

Complete Address _____ Phone _____

E-mail _____

Thank you.

Please return the completed evaluation in a sealed/signed envelope to the applicant.

The applicant is responsible for including the evaluation in the completed application packet sent to Pacific University.

Pacific University
School of Dental Health Science
Dental Hygiene Entry-Level Program
Application for Fall 2010 Entry

Items below do not have any bearing on the admission decision and
are for statistical purposes only.

NAME _____

GENDER Male Female

MARITAL/RELATIONSHIP STATUS Single Married/Partnered Other

ETHNICITY

Are you Hispanic/Latino? Yes No

Check all that characterize your race.

(Note: Regardless of your answer to the previous question, please mark one or more races to indicate what you consider yourself to be.)

- White (non-Hispanic)
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other _____