



# DENTAL HYGIENE PROGRAM APPLICATION

**DEADLINE FOR APPLYING: JUNE 15.** Applications received after June 15 will be considered on a space available basis.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

S. S. # \_\_\_\_\_

\_\_\_\_\_

Birth Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Person to Notify in Emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Personal Physician: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_

Previous Education: (high school and/or college)

<u>School</u>	<u>City/State</u>	<u>Diploma or Degree</u>	<u>Date</u>
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Which general education courses required for the Dental Hygiene program have you completed?

Your answers to the following two questions have no bearing on your acceptance into the program.

What interested you in dental hygiene?

How did you hear about our program?

If you are applying to other allied health or nursing programs, please list your order of preference for admission:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

\_\_\_\_\_  
Student Signature

**Mail completed application to:**  
Wallace State Community College  
Dental Hygiene Program Director  
P. O. Box 2000  
Hanceville, AL 35077-2000

For official use only:  
Date Received: \_\_\_\_\_ Complete: Yes No  
Official Initials:  
Additional Documentation Required:

# **WALLACE STATE COMMUNITY COLLEGE DENTAL PROGRAMS**

## **POLICY ON INFECTIOUS DISEASES**

Wallace State Community College is ethically obligated to protect the privacy and confidentiality of any faculty member, student, or staff member who has tested positive for an infectious disease. Dental personnel who pose a risk of transmitting an infectious disease must consult with appropriate health-care professionals to determine whether continuing to provide professional services represents a material risk to the patient and/or self. If a dental faculty, student, or staff member learns that continuing to provide professional services represents a material risk to patients, that person should so inform the dental hygiene/dental assisting program director. If so informed, the program director will take steps consistent with the advice of appropriate health-care professionals and with current federal, state, and/or local guidelines and will review matters on a case-by-case basis to decide what actions, if any, need to be taken to protect against direct threat of harm to others.

Qualified individuals will not be denied admission to the dental hygiene/dental assisting programs or employment as a faculty or staff member solely on the basis of HIV status. A dental program student, faculty, or staff member in direct patient contact, who believes he/she to be at risk has an ethical responsibility to know his/her HIV antibody status. The testing decision will be voluntary, but due to the nature of the disease, the student, faculty, or staff member in direct patient contact is encouraged to be tested.

All dental hygiene/dental assisting students and faculty are professionally and ethically obligated to provide patient care with compassion and respect for human dignity. No dental program student or faculty may refuse to treat a patient solely because the patient is high risk for contracting, or is HIV positive, or has hepatitis, or any other infectious disease.

### **ADAPTED FROM AMERICAN ASSOCIATION OF DENTAL SCHOOLS POLICY STATEMENT III (DELIVERY OF CARE) 2/93**

I have read the Wallace State Community College Dental Program's Policies on Infectious Diseases.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

revised 1/12/07

**ACKNOWLEDGMENT OF RECEIPT OF DRUG AND ALCOHOL TESTING POLICY**

I certify that I have received a copy of Wallace State Community College’s Drug Testing Policy and Guidelines. I have read and understand the requirements of the policy and guidelines.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Student Number

\_\_\_\_\_  
Student’s Name Printed

\_\_\_\_\_  
Parent’s/Legal Guardian’s Signature  
(If student is a minor)

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**CONSENT TO ALCOHOL AND DRUG TESTING**

I understand that by enrolling in a health professional program, I will be required to submit to mandatory drug testing. I agree to submit to breathe analysis for alcohol use and urine specimen collection for analysis for drug use. I further agree and consent to the disclosure of the records and test results relating to this analysis and their release to the program director and appropriate clinical representative(s) in order that my eligibility to participate in the required clinical activities can be determined.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Student Number

\_\_\_\_\_  
Student’s Name Printed

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
Parent’s/Legal Guardian’s Signature  
(If student is a minor)

\_\_\_\_\_  
Program

**WALLACE STATE COMMUNITY COLLEGE  
DENTAL HYGIENE  
Program Application Checklist**

**Prior to APPLICATION to the program, the following must be complete:**

Submit to the WSCC Admissions Office:

- \_\_\_\_\_ WSCC application declaring DHY as major
- \_\_\_\_\_ Official transcripts from all colleges attended
- \_\_\_\_\_ Proof of high school graduation (transcripts) or GED certificate
- \_\_\_\_\_ ACT score of 18 or higher

Submit a complete program application to the DHY Program Director:

- \_\_\_\_\_ DHY program application
- \_\_\_\_\_ An unofficial copy of transcripts from all colleges attended and ACT score to the Dental Programs Director.
- \_\_\_\_\_ Upon acceptance into any health program at WSC-Hanceville, students will be required to submit to drug testing. Drug Policy and Guidelines for Drug Testing of health profession students are available for viewing online at wallacestatehanceville.edu. If you need a copy mailed to you, please call 256/352-8348. **The signed acknowledgment form below must be returned with your program application.**

All information must be included for your application to be complete. Any piece of missing documentation will result in the application not being considered for admission. Information will not be accepted via FAX, it must be delivered in person or via mail by the deadline date. Please notify us of any change of address as soon as possible.

**NOTE:** It is the responsibility of each applicant to insure that the application is complete and that all information is on file.

**YOU SHOULD RETAIN COPIES OF THE APPLICATION YOU SUBMIT.** If you reapply in the future, information will not be released from any previous application packet.

You will be notified by mail if you are accepted into the program. As no information regarding an individual's admission status will be given via telephone, please do not call the Admissions or DHY departments to obtain your status. Letters will also be sent to individuals who are not accepted into the program.

The Wallace State College Dental Hygiene program is in compliance with OSHA bloodborne pathogens and infectious disease standards. A copy of the OSHA manual is available for review in the office of the program director.

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