

## General Education Worksheet

Name: \_\_\_\_\_ Student # A Program Applying: Dental Hygiene

GPA points are awarded when the course and grade has been **highlighted** on applicant's transcript. If currently enrolled in a general education course Spring Semester, do not circle a grade/point as it is not complete. All unofficial transcripts must be uploaded and **highlighted** to be complete and considered. This is the responsibility of the applicant.

**All light grey shaded areas must be complete to be considered. Answer each row, add columns and calculate totals.**

**CLEP or AP Credit:** A copy of official score report **must be attached**. CLEP will be awarded letter grade of "B".

1. Course Name and Number <small>*BIO 201, BIO 220, &amp; MTH 100/higher must be complete prior to application for consideration.</small>	Circle Gen Ed Points	For office use: Course/grade Verified / highlighted	
*BIO 201 Human Anatomy & Physiology I _____	A=6 B=4 C=2	4	
*BIO 220 General Microbiology _____	A=6 B=4 C=2	4	
*Math Elective: MTH 100, MTH 110, MTH 112, MTH 113, MTH 120, MTH 125, MTH 126, MTH 227, MTH 237, MTH 238, MTH 265	Course you are declaring best MTH grade in: Course: MTH _____	A=6 B=4 C=2	<b>3</b>
<b>2. Point for each course completed below.</b> <b>A=.75      B=.50      C=.25</b>	0		
*Higher MTH no points award for MTH 100    Grade _____			
BIO 202 Human Anatomy & Physiology II    Grade _____			
CHM 104 Introduction to Inorganic Chemistry    Grade _____			
ENG 101 English Composition    Grade _____			
HUM Elective: (Circle course below) HUM, ART, MUS, PHL, IDS, REL, THR, LIT    Grade _____			
PSY 200 General Psychology    Grade _____			
Speech Elective: (Circle course below) SPH 106, SPH 107, SPH 116    Grade _____			
SOC 200 Introduction to Sociology    Grade _____			
<b>3. ACT composite score:</b> _____ <i>Minimum composite score of 18 required.</i>  <b>4. DAT Assisting points awarded for completion at CODA accredited institution based DAT GPA.</b> <b>Points Awarded 4.00 – 3.5= 3    3.49-3.00= 2    3.00-2.5= 1</b> School: _____ <b>5. Never enrolled or registered position in a WSCC DHY Class: 1 point</b> <b>6. 8 hours of Observation: 1 point</b> (Must have signed WSCC form for credit)	1. _____ Pre-reqs Total 2. _____ GEN ED Total 3. _____ ACT Total 4. _____ DAT Total 5. _____ 6. _____		

### Do Not Round Numbers.

Meeting Minimal Requirements  
Does Not Guarantee Acceptance

1. Insert Total from Section 1.	_____ (max 18)
2. Insert Total from Section 2.	_____ (max 6)
3. Insert ACT composite score	_____ (max 36)
4. Add DAT Assisting points (if applicable)	_____ (max 3)
5. Add line 1,2, 3, 4 , 5, 6 for Total	_____ (max 65)
Insert Overall Cumulative GPA _____	



# Dental Hygiene Program Clinical Observation Documentation Form

Name of Applicant \_\_\_\_\_ Facility Name: \_\_\_\_\_  
 WSCC Student #: \_\_\_\_\_ Facility Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Phone: \_\_\_\_\_

The DHY program recommends that applicants complete a minimum of 8 quality observation hours with a dental hygienist. However, this is not a requirement at this time one bonus (1) point will be added to improve the application score. Quality hours are defined as actual time spent observing dental hygiene patient care, not time spent observing department "down time". Credit should not be given for anything outside of dental hygiene patient care activities (i.e., lunch, secretarial duties, videos, time spent with dental assistant, etc.). Hours of observation must be performed under a licensed Dental Hygienist.

	DATE	STARTING TIME		ENDING TIME		# of Hours (Rounded to nearest quarter hour). Full days that do not show a lunch break will be deducted 1 hour.
		HR	MIN	AM/PM	HR	
1.	/ /	:	:	:	:	
2.	/ /	:	:	:	:	
3.	/ /	:	:	:	:	
4.	/ /	:	:	:	:	
5.	/ /	:	:	:	:	
6.	/ /	:	:	:	:	
7.	/ /	:	:	:	:	
8.	/ /	:	:	:	:	
9.	/ /	:	:	:	:	
10.	/ /	:	:	:	:	
11.	/ /	:	:	:	:	
12.	/ /	:	:	:	:	
13.	/ /	:	:	:	:	
14.	/ /	:	:	:	:	

I certify that the hours listed above were observed by me in dental hygiene. I also certify that these are dental hygiene (not dental assisting) hours and are not being duplicated for any other WSCC health program application. I understand that these hours may be verified for authenticity and realize that falsification of this document will result in my application to the DHY Program being withdrawn from consideration.

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

\_\_\_\_\_  
Date

I certify that the hours listed above were spent under my supervision or the supervision of one of my licensed Dental Hygienist coworkers and involve the direct observation of dental hygiene patient care. **If this sheet is not completely filled in, I have placed my initials on the line beside the final hour(s) completed.**

\_\_\_\_\_  
Supervising Dental Hygienist Signature

\_\_\_\_\_  
License #

\_\_\_\_\_  
Date