



# APPLICATION FOR ADMISSION DENTAL HYGIENE PROGRAM

Lamar Institute of Technology  
A member of the Texas State University System

### Personal Contact Information

Date:	_____	Social Security Number:	_____
Name:	_____	e-mail address:	_____
Phone No:	_____	Date of Birth:	_____

### Address

Street: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip: \_\_\_\_\_

### Permanent Mailing Address

Street: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip: \_\_\_\_\_

### Academic History

College(s) Attended:	1.	_____	College Grade Point Average (GPA):	_____
	2.	_____		_____
	3.	_____	SAT or ACT Score:	_____

### Answer the following questions. Check only one response.

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 Have you ever been convicted of a crime other than a traffic violation (misdemeanor or felony)?<br>If yes, explain.<br>_____    |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 Do you have any medical condition which may limit you in performing the duties of a dental hygienist? If yes, explain.<br>_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Do you have any dental assisting experience? If yes, state the employer and dates of employment:<br>_____                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 Have you attended any other dental hygiene program? If yes, identify the program.<br>_____                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 Have you previously applied to the LIT Dental Hygiene programs? If yes, identify the year.<br>_____                             |

### Ethnicity (Optional)

Select one of the following choices that best describes your ethnic origin (optional).

- American Indian/Alaskan Native
- Asian or Pacific Islander
- Black, not of Hispanic origin
- Hispanic Americans
- International / Non-resident
- White, not of Hispanic origin

### References

List the names and addresses of three persons that have agreed to serve as a reference.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_

### Certification of Authenticity

I certify that the above information is true and correct.

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

Write a brief essay in which you explain the duties of a dental hygienist. Include the factors that influenced you to choose dental hygiene and your career goals. You may use this box to write your essay within or attach one additional page with your typed essay.

## APPLICATION PROCEDURE

- 1 **Complete procedures for admission** to Lamar Institute of Technology as described in the Lamar Institute of Technology Catalog.
- 2 **Complete the "Application for Admission"** by December 20th the year before you wish to begin the program.
- 3 **SEND THE FOLLOWING INFORMATION TO THE DENTAL HYGIENE ADMISSION COMMITTEE:**
  - a. Official college transcripts (unopened)
  - b. SAT or ACT scores (optional)
  - c. TSI scores
  - d. Application for Admission to the Dental Hygiene Program
  - e. **All requested information must be mailed or delivered.**

Mailing Address:

**Dental Hygiene Admissions Committee  
Lamar Institute of Technology  
PO Box 10061  
Beaumont, TX 77710**

Personal Delivery Address:

**Dental Hygiene Admissions Committee  
Lamar Institute of Technology  
Multipurpose Building, Room 218**

- 4 All applications received will be reviewed for admission into the Dental Hygiene Program. Applicants will be notified in writing concerning the disposition of their application on or before April 15th.
- 5 Students who are not accepted into the program must repeat the application process the following year.
- 6 **Record Check.** The program highly recommends the applicant contact the Dental Hygiene Program to complete a review of their application. Applicants may complete the record check by telephone. Call 880-8846.

## SELECTION PROCESS

Applicants must meet the Conditions of Enrollment before enrolling in the Dental Hygiene Program. The Conditions of Enrollment require that each applicant demonstrate a 2.3 GPA, completion of BIOL 2401 and BIOL 2402, and **passing scores on all sections of the TSI Test.**

Once the applicant has fulfilled the Conditions of Enrollment, the application will be processed. A point system is utilized to rank the applicants. Students will be awarded points for each criteria listed below. The highest ranking students will receive full acceptance.

- 1 **Required Academic Courses.** The grade point equivalent for each of the required general education courses which are completed with a grade of 'C' or better (A = 4, B = 3, etc.) will be added to the student rank score. Science support courses (BIOL 2401, 2402, 2420, CHEM 1406) will receive the following: A=8, B=6, C=2 point(s) for each grade. In instances when support courses or general education courses have been repeated, an average of same course grades will be used during the ranking process.
- 2 **Grade Point Average.** Overall College GPA is added to the applicant's rank score. A minimum GPA of 2.3 is required for admission to the program.
- 3 **Dental Assisting Experience.** One point will be awarded for 1 year or more of dental assisting experience within 5 years prior to application to the dental hygiene program.
- 4 **Dental Hygiene Observation.** The applicant will earn .5 points for 20 hours of dental hygiene observation within 2 years prior to application. Verification in writing from the supervising dental hygienist is required. Verification should include the name and telephone number of the dental hygienist.
- 5 **References.** Identify three individuals who have agreed to serve as references, if needed, during the selection process.

## GENERAL INFORMATION

- 1 **Curriculum.** The Dental Hygiene Program is 24 months in length. All dental hygiene courses must be taken in the sequence presented in the degree plan.
- 2 **Cost.** Dental hygiene students pay tuition at the rates published in the Lamar Institute of Technology catalog. Students should, however, be aware of additional costs beyond the typical college student. Dental hygiene students are required to purchase instruments (approximately \$1000.), uniforms (approximately \$250.), gloves, masks, and miscellaneous supplies (approximately \$100) used during the educational program.
- 3 **Dental Hygiene Services.** Dental hygiene students utilize knowledge and skills they learn in the Dental Hygiene Clinic. All students provide dental hygiene services (patient education, oral exam, dental exam, scaling, root planing, radiographs, topical chemotherapeutic agents, and preventive agents) to selected patients in the Dental Hygiene Clinic located in the Multipurpose Center.
- 4 **Employment Opportunities.** Graduates of the Dental Hygiene Program should expect employment in their field of study. Employment opportunities in the area include private practice, prison system, and educational systems. Employment rates are favorable, however, not as favorable as areas where significant need have been identified.
- 5 **Health Status.** An individual's health status will be considered only as it relates to the individual's ability to safely carry out the normal assignments associated with the program of study and the individual's long term health. An individual's health status will not determine the individual's opportunity for association with the program.
- 6 **Hepatitis B Vaccination.** Dental hygiene students must complete a hepatitis B vaccine series before providing direct patient care. In other words, students must begin the hepatitis B vaccine series no later than March 1 prior to the first semester in the program.
- 7 **Immunizations.** Dental hygiene students must provide records of the following immunizations before providing direct patient care. If records are not available, immunity can be confirmed by serologic testing.
  - Dental hygiene students must document a history of varicella or receive a varicella immunization.
  - Dental hygiene students must have a current Tuberculin skin test that tests negative for Tuberculosis.
  - Dental hygiene students must have two doses of measles-containing vaccine administered since January 1, 1968, preferably the MMR vaccine.
- 8 **Criminal Background Screenings.** Dental hygiene students must submit to and pass a criminal background screening. LIT Dental Hygiene uses CertifiedBackground.com as an approved source for background checks.
- 9 **Technical Qualifications.** In addition to the academic admission requirements for students entering the Dental Hygiene Program, the following mental and physical functions are also expected of all students with or without accommodations:
  - Critical thinking ability
  - Effective oral and written communication skills
  - Gross & fine motor skills sufficient to provide safe and effective dental hygiene care
  - Effective interpersonal skills
  - Physical mobility, range of motion, manual dexterity, eye-hand coordination
  - Visual and perceptual abilities sufficient for patient assessment
  - Auditory ability and other sensory skills sufficient to monitor and assess oral health needs
  - Tactile sensitivity sufficient for detection and control with light pressure using small instruments
  - Professional attitudes and behaviors
  - Ability to use reasonable judgment under stressful conditions
  - Ability to work independently while maintaining the highest standards of care
  - Effective time management and patient management
  - Ability to present a professional appearance, maintain personal health
  - Emotional stability

***Lamar Institute of Technology is an equal opportunity/affirmative action educational institution and employer. Students, faculty and staff members are selected without regard to their race, color, creed, sex, age, handicap or national origin, consistent with the Assurance of compliance with Title IX of the Education Amendments of 1972, as amended; Section 504 of the Rehabilitation Act of 1973. Inquiries concerning application of these regulations may be referred to the Director of Human Resources.***