



Transforming Lives Through Learning

Health Professions 4000 East 30th Ave, Eugene, OR 97405-0640 (541) 463-5617

Dental Hygiene Lewis-Clark State College Site Fall 2010 Application Information and Forms

IMPORTANT NOTICE: This application is an on-line application process with a \$50 fee. You must complete all steps to be considered.

1. PROGRAM COUNSELING & ADVISING

It is HIGHLY recommended that applicants work with a counselor/advisor in the Counseling Department to review program requirements. It is the applicant's responsibility to be aware of program entrance and degree completion requirements.

The enclosed information is intended for program entrance only and does not include information on courses required for degree completion.

Program Advisors: Health Careers Advising, Jacob Hornby Ph.D. (208) 792-2441.

Application Process: E-mail questions to DHPprogram@lanecc.edu or jmhornby@lcsc.edu.

2. APPLICATION PROCESS & DATES

2A. Selection Criteria.

Program admission *is based on a point allocation system*. The Lewis-Clark State College site is limited to 6 students. In addition, there will be one designed alternate. The alternate will be allowed to enter the program if an admitted student declines.

To be considered, an applicant must complete the entire application process as required below.

2B. Important Dates:

Program Application Review Sessions (1 required)	3-5 p.m., Feb 12, Mar 12, Apr 23, 2010
Testing Dates	Feb. 12 through April 26, 2010
Program Application & Payment submission opens	10 a.m., Mar 3, 2010
Program Application & Payment and Transcript submission closes	5 p.m., Apr 27, 2010
Spring term 2010 transcript submission deadline	5 p.m. July 10, 2010
Notification of program status may take up to	6 weeks after close date
Mandatory Orientation & Documentation Dates	will be announced in program acceptance letters

3. APPLICATION REQUIREMENTS

Application. To apply to this program, you must meet all criteria. See details in following sections.

- Be admitted to Lane Community College as a college-credit student.
- Complete the residency form by date of application. See below.
- Have HOBET testing completed **Jan. 1, 2010** or after.
- Complete prerequisites with a **letter** grade of C- or better by the end of **Spring Semester or Spring Term 2010**.
- Complete the Program On-line Application & Payment.
- Submit the Application Packet to Health Professions Application Center.
- Submit transcripts to Enrollment Service by deadline.

4. FALL 2010 ENROLLMENT REQUIREMENTS

If accepted or considered an alternate to the program, you must complete the following. Failure to do so will result in forfeiture of program eligibility.

- **Attend the Mandatory Orientation.** *Both accepted and alternate students must attend the orientation session to be eligible for the program.* - see *Important Dates* above. Location will be announced in notification of program acceptance.
 1. Notification of acceptance, alternate or non-acceptance status will be sent after the point calculations and rankings have been determined – approximately six weeks after the application deadline date.
 2. **All forms and necessary materials will be sent by e-mail or MyLane to you after you have indicated your program acceptance.** All **Fall 2010 Alternates** should prepare in the same manner as accepted students. **Fall 2010 Alternates who do not enter the program are guaranteed admission Fall 2011.**
 3. After acceptance into the program, documentation of the following will be required and must be paid by the student. *Detailed* information on these program requirements *will be included in your acceptance letter:*
 - a. CPR for Health Professionals
 - b. Physical Examination and Immunizations
 - c. Eye examination by a optometrist or ophthalmologist
 - d. Health insurance coverage (Personal, OHP or Student Health Insurance)
 - e. Immunizations including a hepatitis B series. Hepatitis vaccinations and titers are required for all students in any course requiring placement in a clinical practicum. For special circumstances please contact the program coordinator.
 - f. Attend the mandatory orientation and documentation days.
 - g. Background check may be required.

AMERICANS WITH DISABILITIES ACT

If you need support or assistance because of a disability, you may be eligible for academic accommodations through Disability Resources. For more information contact Disability Resources at (541) 463-5150, or TDD 463-3079, or stop by Building #1, Room 218.

5. TRANSCRIPT AND COURSE EQUIVALANCY REQUIREMENTS

- **Lane Community College:** transcripts from Lane DO NOT need to be submitted.
- **College Transcripts other than Lane.**
 1. Send or submit official, sealed, transcripts to **Lane Enrollment Services, Attn: HP Transcripts, 4000 East 30th Ave., Eugene, OR 97405**. Transcript(s) must be received no later than the Enrollment Services deadline listed above in the [Important Dates](#).
 2. **In addition**, submit a set of unofficial transcripts with your application documents (copies or web transcripts are acceptable).
 3. If applicable, submit [Spring Semester or Spring Term](#) transcripts to **Lane HP Application Center, Attn: LCSC –DH Application, 4000 East 30th Ave., Eugene, OR 97405**. Unofficial web transcripts are acceptable.
- **Transfer Credits.** For information regarding transfer credits, visit Lane Community College Enrollment Services website at <http://www.lanecc.edu/es/transferringcredits.html> . Use the links on this site for transfer information and to look up transferable credits. The transferable credit tool is unofficial. Make sure to consult with a program advisor or counselor.
- **Course Substitutions and/or Equivalency forms** must have required signatures and be **submitted to Enrollment Services**. Information may be found at the Enrollment Services website <http://www.lanecc.edu/es/transferringcredits.html> . Prior to accepting substitutions or equivalencies, your official, sealed transcripts must be submitted to Enrollment Services and posted in ExpressLane (or MyLane) The Course Substitution forms would need to be signed by Jacob Hornby at LCSC before submission with the application packet. Dr. Hornby will confer with LCC regarding approval of course substitutions.
In addition, a copy of the completed form(s) must be submitted with your application documents.

6. HOBET TESTING

HOBET Testing is done by appointment only and will be done at the Lewis-Clark State College Testing Office.

Contact LCSC Center for New Directions to schedule a testing date and time. Tests will be available between Feb. 12 and April 26 at 9:00 am or 1:30 pm Monday through Friday. Contact the testing center at (208) 792-2331.

7. NOTIFICATION

Notification of your status may take up to **6 weeks after the close date** and will be **by e-mail**. If available, notification may be posted in your **MyLane portal**.

VERY IMPORTANT! Set your “spam filter” system to accept mail addresses containing @lanecc.edu or your notification may be spammed! **Do this even if you are currently receiving e-mails from Lane.**

You are NOT considered an applicant to the program until you meet all application requirements.

8. APPLICATION WORKSHEET

*Use this check list to make sure you meet and do all the necessary steps in the application process.
This check list is for your records and will help you when filling out the on-line application.*

You must meet the following criteria to have a complete application process and to be considered for the program. Review the following steps carefully.

- _____ 1. **Advising.** Meet with Jacob Hornby, Ph.D. Associate Professor/Pre-health Professions Advisor at LCSC (208) 792-2441 or jmhornby@lcsc.edu.
- _____ 2. **Residency.** Priority points will be given to rural Northern Idaho; Asotin county residents; and rural Washington or Oregon residents within 150 miles of LCSC at date of application. Other applicants may apply but will not receive residency priority points.
- _____ 3. **Admission to Lane.** If you are not currently a Lane student, complete **Lane's college admission process** and obtain a student "L" number at <http://lanecc.edu/es/admissioninfo.html> .
- _____ 4. **E-mail Account.** You will need to obtain an E-mail address if you do not already have one. Lane's Enrollment Services and the Dental Hygiene Program use E-mail to send information and notifications. Please set your "spam filter" system to accept mail addresses containing @lanecc.edu .
- _____ 5. **Attend Mandatory Application Review Session.** You must attend a session to apply to program. See **Section 2** for time and days. Whittman Building, Dental Clinic. **At the review session, your presenter will sign the Mandatory Application Review Session Form which is on the last page.** You must turn in the form with your application packet.
- _____ 6. All prerequisite courses must be completed **with a letter grade of C- or better** or you must have proof of enrollment in required prerequisite courses for Spring Semester or Quarter **to apply**. See the **2009-10** catalog for course prerequisites and the LCSC equivalency chart below for program requirements. Science courses must have been completed prior Fall 2003 or later.

Lane CC Courses <small>*indicates required prerequisite</small>	LCSC equivalencies <small>*indicates required prerequisite</small>
*MTH052 or higher	*MATH108 (Intermediate Algebra) or MATH130 (Finite Mathematics)
*CH112 or CH100 level	*CHEM105 (General, Organic, and Biochemistry)
*BI112 if CH112 taken	
*BI 231	*BIOL252 (Anat. and Phys. I) and BIOL253 (Anat. and Phys. II)
*BI232	*BIOL252 (Anat. and Phys. I) and BIOL253 (Anat. and Phys. II)
BI233	*BIOL252 (Anat. and Phys. I) and BIOL253 (Anat. and Phys. II)
BI234	BIOL250 (Microbiology for Health Sciences)
*FN225	*HLTH353 (Nutrition)
*WR121	*ENGL101 (College Writing)
WR123 or 227	ENGL102 (Research Writing)
*PSY201 or 202 or 203	*PSYC101 (Introduction to Psychology)
*SOC204 or 205 or 206	*SOC101 (Introduction to Sociology)
*Speech 100, 111	*COMM101 (Principles of Speech) or COMM204 (Public Speaking)

*LCSC applicants must complete 1 year of Anatomy and Physiology for admission at a quarter or semester school

*Microbiology and English 102 may be in progress

- _____ 7. **Complete HOBET Testing Requirements:**
 - Must be **completed January 1, 2010 or later.**
 - Must have a **minimum composite final score of 50.**

- _____ **8. For additional application points: Complete Spanish Proficiency Testing** if you have not completed Spanish 102, an equivalent course, or higher course. The Spanish CLEP Test has been accepted by Lane's Dental Hygiene Program as the required test needed to establish a minimum level of Spanish proficiency. CLEP stands for College-Level Examination Program. Below are the instructions you will need to follow in order to use the results of the CLEP test toward your Dental Hygiene application.

Clep test results completed prior to **January of 2008** will not meet the requirement.

Call the U of I Testing Center and identify yourself as an applicant for the Lane Dental Hygiene program. Schedule an appointment to complete the Spanish CLEP Test.

University of Idaho Testing Center, (508) 885-6716 or come to CEB 306

Web information available at <http://www.registrar.uidaho.edu/transfer-guides/ap-credit.html>

1. Get ready – you can review information about taking a CLEP exam at <http://www.collegeboard.com/student/testing/clep/about.html>
2. The computerized test will take about 2 hours to complete. Bring:
 - a. Photo identification.
 - b. **\$65** (Visa, MC, American Express) (Check or money order made out to ETS-CLEP made out to ETS- CLEP
3. A passing score for the purpose of application is 50. Scores less than 50 will not meet the minimum requirement.
4. Results
 - a. Request the results from the College Board be sent to **Lane's Admission's office**.
 - b. Request from the UO Testing Center a **stamped, sealed** score sheet. Submit this sealed copy with your application packet.
 - c. Obtain a copy for your records.
 - d. Indicate the score on your *Petition for Points* page with the date and time of your test.
5. If you have completed the previously, but before the date indicated above, submit results of the **official, sealed** transcript with your application packet.

To order an official CLEP transcript call 1-800-257-9558, or go to <http://www.collegeboard.com/student/testing/clep/scores.html> . Allow three weeks to have the transcript sent to you. Request your transcript by **March 20** to allow enough time to receive it.
6. Include **sealed** results with your application packet.

- _____ **9. Complete the Health Occupations - Dental Hygiene On-line Application and Payment.** You will be charged a **\$50 non-refundable application fee**.

Before you begin the on-line application

- You must have a student "L" number to complete this process.
- You must have an E-mail address to complete this process.
- You must have a **Visa or MC** credit card to pay the application fee.
- You will be asked specific information about schools, grades, courses and/or testing scores.

To access the On-line Application & Payment, go to

https://exp.lanecce.edu/pls/lane/bwskalog.P_DisplLoginNon

Instruction on how to access and complete the On-line Application & Payment are on the next page.

- _____ **10. Make a Personal Copy of Application Documents** for your files. Your documents will not be returned to you.

- _____ **11. Submit sealed, official college transcripts** to Lane's Enrollment Services as described in **Section 5**.

_____ **12. Submit the Application Packet.** Packet must be received during the application period listed in [Section 2](#), and must contain in this order:

- Application Point Sheet
- Work Verification Form (if applicable)
- Proof Mandatory Application Review Session Attendance
- Sealed CLEP Test results (if applicable)
- Unofficial college transcript(s) if you attended schools other than Lane.
- Residency Form
- Submit proof of enrollment in Spring Semester or quarter courses identified as "in progress" in the Application Point Sheet.

By Mail:

Lane Health Professions
Attn: Dental Hygiene Application
4000 East 30th Ave.
Eugene, OR 97405

How to complete Online Program Application & Payment

Read and print these instructions for easy reference

Before you start your On-line Program Application & Payment session:

- a. You must have applied for admissions to Lane and received an L number.
- b. You must have a personal e-mail account (Lane does not issue students Lane e-mail accounts).
- c. You must have a credit card on which to charge the **non-refundable application** fee.
- d. Complete the program Application Information worksheet/checklist for reference.
- e. On-line application access opens at 10 a.m. See application submission date in Program Information packet.

1. Enter the website for all Lane Applications: <http://www.lanec.edu/es/admissions.html>
2. Click: **Apply Online** :
 - A. Scroll down and click **First time user account creation**
 - B. **Create a Login ID:** Enter your Lane student number (*enter including zeros*)
 - C. **Create a PIN:**
 - i. 6-digit PIN that contains only numbers 0 through 9
 - ii. It should not be the same PIN that you use to login to ExpressLane
 - iii. Verify by entering the PIN a second time.

Note: *This PIN is only for the Application process and will not change your ExpressLane PIN. Use this Application PIN to check on the status of your program application.*
3. **Select an Application Type:**
 - A. From the pull-down menu, select: **Health Careers - program name** and Idaho Site(*select program*)
 - B. Click: **Continue**.
4. **Apply for Admissions:**
 - A. Select Admission Term: **Fall 2010**
 - B. Enter your name
 - C. Click: **Fill Out Application**
5. You will see a "checklist" of application sections that must be completed. Follow the instructions provided on screen to complete each section.

High School section: Follow the directions for giving us high school information. Note: *Some Health Professions programs require high school completion.*

Previous College section: Use the "Look-up" steps for finding prior colleges. List all previously attended institutions. If you cannot find your college, then use the college name field.
6. When all sections of the application are completed, you can submit your application by clicking on the button labeled "**Application is Complete**". Note: *You do not have to complete this application in one session; you can follow the steps to finish your application at a later time. However, recorded submission time is after application is completed and payment received.*
7. **You must pay the application fee** with a credit card for your application to be submitted; follow the payment processing steps. Click on the "**Signature Page**" button.
8. The final page provides important reminders for you and does NOT require a signature. Print this information and keep for your reference. Note the time and date of your application and payment.

Click "**Return to Application Menu**" link at the bottom of the final page, to see your application is now listed under Submitted Applications.

Click **Return to Homepage** to go to the Lane CC homepage.
9. You will receive a confirmation e-mail after your application is submitted.

*The following instructions **apply only** to Dental Hygiene, Nursing, Paramedic, Physical Therapy Assistant, and Respiratory Care.*

Application Point Sheets must be submitted to The Health Professions Application Center as described in the Application Information packet.

Transcripts (from schools other than Lane) must be received at **Lane Enrollment Services** to Lane Enrollment Services as described in the Application Information packet.

Print Clearly. Name as indicated in ExpressLane.

Indicate if all coursework has been taken at Lane.

L# _____

First _____ Last _____

Address _____

City _____ ST _____ Zip _____

E-mail _____

1st Phone _____ 2nd Phone _____

Application Point Sheet

1. List colleges/universities attended. See [Section 5](#) for transcript requirements and course equivalency information.

Name of College/University. Do not abbreviate the names.	State	Quarter or Semester	From - Dates Attended - To

2. Complete the information on each Test and Course completed: Circle Test Score or Course Grade Received.

Note: CHEM 105 level or higher and BIOL 250 must be completed **Fall 2003** or later. Contact a program Advisor or Counselor for information about possible exceptions.

Entrance HOBET Test	Minimum to apply is 50	Point Value	4	5	6	7	8	9	10	11	12
Please circle your score	Composite Score Range		50-60	61-70	71-80	81-84	85-88	89-91	92-94	95-97	98-100
Lane Course	Program Courses: See Advising Sheet -located- for specific courses that are eligible. Courses must be completed or "in progress" by the application deadline. Spring term grades: If in progress indicate in progress in the term/year. Do not fill in grade/point information or total section										
	Course or "In progress"	Term/Year	School				Credits	1 point	2 points	3 point	4 points
<i>*MTH 052 or higher</i>								B or C	A		
<i>*CH 112 or CH 100 level</i>								----	C	B	A
<i>*BI 112 if CH 112 taken</i>								Write in here ____ the grade you received (grade of C- or higher)			
<i>*BI 231</i>									C	B	A
<i>*BI 232</i>									C	B	A
BI 233									C	B	A
BI 234									C	B	A
<i>*FN 225</i>								B or C	A		
<i>*WR 121</i>								B or C	A		
WR 123 or 227								B or C	A		
<i>*PSY 201 or 202 or 203</i>								B or C	A		
<i>*SOC 204 or 205 or 206</i>								B or C	A		
<i>*Speech 100 or 111</i>								B or C	A		
*Pre-requisite courses must be completed by the end of Spring Semester or Term 2010 . Submit official transcript for "in progress" courses by July 10, 2010 . Office Use Only: _____											
CIRCLE the 2 point categories that you are applying for.								ATTACH DOCUMENTATION:			
Work Experience	Attach the Dental Office Work Verification Form – one per employer						2 points: 960 or more hours				
Spanish Language Proficiency								2 points			
Residency								2 or 3 points			
Circle the option you have selected to apply for this point criteria. Include supporting transcripts or test results.								College Courses		CLEP Testing	

Maximum points possible are **53**

ESTIMATED TOTAL POINTS: _____

I understand that students will be selected based on completed course work points, enrollment in required prerequisite "in progress" courses, and other points possible from the admission chart at the time of application. In progress course work must be transcribed and sent to LCC by **July 10, 2010** or the position in the program will be forfeited.

Applicant Signature _____ Date _____

II certify that the information for this petition is true and complete, and acknowledge that incomplete packets or information are not accepted toward application.

Applicant Signature _____ Date _____

Print Clearly. Name as indicate in ExpressLane

L# _____ First _____ Last _____

Work Verification

PURPOSE:

Applicants to the Dental Hygiene program at Lane Community College can gain additional points toward their application from prior or current employment in a dental office. The application process requires verification of paid work experience in a dental office. Employers (either Supervisor or Human Resources representative) are asked to verify the applicant’s description of job duties and number of hours of patient care using this form.

INSTRUCTION:

1. Applicant completes **Part 1** before sending the form to the employer/agency. Duplicate this form for additional employers.
2. Employer/agency completes **Part 2** and returns form to applicant.

PART 1. To be filled out by Dental Hygiene Applicant (please print)

Applicant Name: _____ Prior Name if applicable: _____

Applicant Address: _____ SS#: _____

Facility Name and type: _____

Facility Current Address: _____

Length of employment (mm/dd/yy): from _____ to _____ Total Hours Paid Dental Office work: _____

Job Title: _____ Supervisor: _____

Complete a detailed description of Job Duties (any additional pages added must be signed by Dentist or HR)

I allow Lane Community College to verify this information. I acknowledge that any false information I provide is subject to disciplinary action as stated in the LCC Student Code of Conduct.

Applicant’s Signature: _____ Date: _____

Dear Employer,

Please return the completed form by _____ (date to be filled in by applicant) so the applicant may include the form with the Dental Hygiene Program Application.

PART 2. To be completed by Dentist or Human Resources representative.

Facility Name: _____ Phone: _____

Supervisor of Applicant (must be a Dentist), please print: _____

I verify the information provided by the applicant to be accurate and true to the best of my knowledge. If applicant added additional detail to description of job duties, I have signed that addendum also.

Supervisor or Human Resources Representative, please print: _____

Title: _____ Phone: _____

Signature: _____ Date: _____

All information in the shaded area is required. It is the student’s responsibility to be sure that all parts of this form are completed. Students: If you are unable to obtain the necessary information send questions to DHPProgram@lanec.edu .

Lewis Clark State College Residency Form

The Lane Community College dental hygiene program clinical site at Lewis-Clark State College has been funded by a DOLETA Community Based Job Training Grant to meet the need for dental hygiene professionals in the rural northern Idaho region. Students qualifying for in-state tuition at LCSC and from Asotin county will receive **3** preference points. Oregon and Washington applicants from rural counties within 150 miles of Lewiston will qualify for **2** preference points. All other applicants will be accepted without residency preference points in the admission process.

Preference Points:

3 points: Rural northern Idaho Counties and Asotin county in Washington

2 points: Rural community within 150 mile radius of Lewiston, Idaho

Eligible counties in Northern Idaho and Washington--3 points

Asotin	Boundary	Lewis
Bonner	Idaho	Nez Perce
Benewah	Kootenai	Shoshone
Clearwater	Latah	

Please certify you are a resident of one of the above Idaho or Washington counties and the county in which you reside. Submit this completed form with your application to the dental hygiene program.

Applicants within the 150 mile radius of Lewiston, Idaho not residing in the counties listed above will receive two points in the admission process. Certify your county of residence using the criteria below.

Applicants outside the areas qualifying for points may apply and must complete the residency form and submit with the application.

Provide Proof of Residency from the following sources:

1. Drivers License or State Identification Card
and
2. Show two pieces of mail with your name, address and date (statements from utility, cable, credit cards, etc.)
1st piece of mail must be dated prior to **May 22th, 2009**
2nd piece of mail must have a current date with your current address
and/or
3. Other official documentation identifying county of residence:
 1. tax records identifying you as a dependent of an eligible county resident
 2. tax or property records
and
4. LCSC Director of Admission/Registrar signature and college seal verifying your county of residence

Complete the following Official Certification:

Name: _____

Address: _____

Phone: _____

County of Residence: _____ State: _____

The information listed above for this applicant is true according to records at LCSC.

LCSC Director of Admission/Registrar

College Seal

Signature: _____

Date: _____

Proof Mandatory Application Review Session Attendance

IMPORTANT

You must attach this form to your application packet.

1. Print your L# and name clearly.
2. Make sure presenter signs form.
3. Include this form in your Application Packet.

**Dental Hygiene LCSC Site Fall 2010
Application Review Session**

Applicant Print Clearly. Name as indicate in ExpressLane

L# _____ First _____ Last _____

Session Date _____

To be signed by presenter: Presenter Signature _____

Submit

- Application Point Sheet
- Work Verification form (if applicable)
- Proof of Mandatory Application Review Session Attendance
- Sealed CLEP Test results (if applicable)
- Residency Form

By Mail:

**Lane Health Professions
Attn: Dental Hygiene Application
4000 East 30th Ave.
Eugene, OR 97402**