



DENTAL HYGIENE
LEWIS-CLARK STATE COLLEGE FALL 2011
Application Information and Forms

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.

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

2B. Important Dates:

Program Application Review Sessions (1 required)

.....Mar 31, April 8, April 14. April 21, 2011

HOBET Testing October 1, 2010 or later

Application opens: On-line App & Payment, forms and documents submission opensMar 30, 2011*

Application closes: On-line App & Payment and forms and documents submission closes Apr 26, 2011*

Application notification: Program status announcedMay 13, 2011

Mandatory Orientation & Documentation Dateswill be announced in program acceptance letters

*Program On-line Application and Payment admission system opens approximately 12:15 a.m. and closes approximately 11:45 p.m. each day. You must submit the Program On-line Application and Payment before the system closes.

3. APPLICATION REQUIREMENTS

To apply to this program, you must complete and submit the following by the close date listed above. Details of requirements are provided in the following sections.

- Be admitted to Lane Community College and have an assigned L number,
- Meet residency requirements,
- Have HOBET testing completed as required,
- In order to apply, you must complete prerequisites with a **letter** grade of C- or better by the end of **Spring Semester or Spring Term 2011**,
- Complete the Program On-line Application & Payment,
- Submit the Application Packet to Health Professions Application Center,

Submit transcripts, if needed, to Enrollment Service by deadline.

4. 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. 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> .
- _____ **3. E-mail Account.** You will need to obtain an E-mail address if you do not already have one. Lane's Enrollment Services and Health Professions Application Center use E-mail to send information.

It is your responsibility to set your "spam filter" system to accept mail addresses containing @lanecc.edu . Do this even if you are currently receiving E-mails from Lane. **We cannot be responsible for notices which are not received due to spam or junk mail handling.**

- _____ **4. 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 forms.
- _____ **5. Submit Transcripts (if required)** to Enrollment Services. All courses used for points must be recorded on your transcript.

- **Sealed, official, transcripts** must be received by application close date. Transcripts may be submitted prior to application open date. Send to:
Lane Enrollment Services, ATTN: HP Transcript
4000 East 30th Ave., Eugene, OR 97405
- **In addition, submit UNOFFICIAL transcripts** (web or photocopy) with your application forms.
- **If applicable, submit Spring Semester or Spring Term transcripts** to
Lane Enrollment Services, ATTN: HP Transcript
4000 East 30th Ave., Eugene, OR 97405

6. **Complete HOBET Testing Requirements:**

- Testing is done by appointment only and will be done at the Lewis-Clark State College Testing Office.
- Must be completed **October 1, 2010**, or later.
- Must have a minimum composite final score of 50.

Contact LCSC Center for New Directions to schedule a testing date and time. Phone (208) 792-2331.

7. **Complete LCSC Residency Form.** 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. Submit Residency form with your application forms, this form must be **signed by the LCSC Registrar**.

8. **Complete DH Point Sheet.** 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 **2010-11** catalog for course prerequisites and the LCSC equivalency chart below for program requirements. Science courses must have been completed prior **Fall 2004** or later.

IMPORTANT: Health Careers Advisor, Jacob M. Hornby Ph.D., must sign-off on the Point Sheet.

Lane CC Courses *indicates required prerequisite	LCSC equivalencies *indicates required prerequisite
*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

9. Request Course Equivalency Evaluation (if needed).

Courses taken at other colleges may be eligible for use in the application process. Use the following steps and make sure to consult with a program advisor/counselor.

DO NOT DELAY. It is your responsibility to initiate the process early and make sure it has been completed by the application deadline.

IMPORTANT. Equivalencies must meet both Core Program and AAS degree requirements. See program advisor for program requirements.

1. For colleges other than Lane, submit an official, sealed transcript to Enrollment Services. College transcripts received by Lane's Enrollment Services may be verified in **myLane**.
2. **Go to the Enrollment Services website** <http://www.lanecc.edu/es/transferringcredits.html> .
3. Review "**General Information for Transferring Credits.**"
4. **Select "Look up Transferable Credits"** to check on transferrable classes. **If your course(s) are listed with a Lane subject, course number and title, no further action is needed.**
5. **If the college/course is not listed:**
 - Contact the Lane department or division which teaches the course and request a course equivalency evaluation.
 - Submit a syllabus of the course completed with your request for course equivalency.
 - Inform the department of the application deadline.
 - **Make sure the department/division E-mails a copy of the approval to you.**

Course equivalencies must be approved and received by the correct department or division and forwarded to Enrollment Services by the application deadline to be eligible for points.

Course Substitution forms 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.

10. Addition DH Application Points

- Spanish Proficiency** as documented by
 - a) Spanish 102, or an equivalent course, or higher course with a grade of Pass or C- or better and must be completed and transcribed, **or**
 - b) Completion of the Spanish CLEP Test with a score of 50 or higher, January 2009 or later.
 - b1) Submit a **stamped, sealed** score sheet with your application packet, **or**
 - b2) Order an official CLEP transcript from <http://www.collegeboard.com/student/testing/clep/scores.html> . The transcript must be **stamped and sealed and received at Lane's Enrollment Service by the application close date.**

To Schedule an appointment for CLEP testing, contact the University of Idaho Testing Center at (508) 885-6716 or go to CEB 306.
- Work experience** as documented by completion of the **Work Verification Form**. This form must be submitted with your application packet.

11. Make a Personal Copy of Application Documents for your files. Your documents will not be returned to you.

_____ **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)
- Residency Form
- Submit proof of enrollment in Spring Semester or quarter courses identified as “in progress” in the Application Point Sheet.

Mail To:

Lane Health Professions

Attn: Dental Hygiene Application

4000 East 30th Ave.

Eugene, OR 97405

_____ **13. Complete the DH Program On-line Application and Payment.** You will be charged a **\$50 non-refundable application fee.**

Before you begin the Program On-line Application and Payment

- 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.

Instruction on how to access and complete the Program On-line Application & Payment follows.

5. FALL 2011 ENROLLMENT REQUIREMENTS

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

- **Attend the Mandatory Orientation.** *Accepted students must attend the orientation session to be eligible for the program.* – see **Section 2B**. Location will be announced in notification of program acceptance.
- **Documentation of program and/or clinical requirements (to be paid by student) which will include the following. In addition, accepted applicants must attend the Documentation Day** (date to be announced in letter of acceptance).

CPR for Health Professionals

Physical Examination and Immunizations

Eye examination by a optometrist or ophthalmologist

Health insurance coverage (Personal, OHP or Student Health Insurance)

Immunizations including a hepatitis B series. Hepatitis vaccinations and titers are required for clinical practicum. For special circumstances please contact the program coordinator.

Background check may be required.

Specifics will be included in program notification and discussed at the Mandatory Orientation.

All forms and necessary materials will be sent by e-mail or **myLane** to you after you have indicated your program acceptance.

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.

6. NOTIFICATION

Notification of your status will be by **E-mail and/or an announcement through myLane portal** by the date listed in Section 2B.

2011-12 Health Professions Online Program Application & Payment

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

- a. You must have applied for credit admissions to Lane and have a student 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 Worksheet.

Go to:..... <http://www.lanec.edu/es/admissions.html> Lane's Admission and Program Application website.

Apply Online:..... Click on this link

First time user account creation Click on this link at bottom of page.

Create a Login ID: Enter your L#. (If you have applied for admissions and have not yet received your L#, have the system to generate a G# for you. **Make sure to keep** your G number for reference!)

Create a new PIN:..... Follow instructions on the web page.

- Do not use the same PIN you use to log into myLane, myLane, or Moodle.
- This PIN is only for the Application process and will not change your myLane PIN.
- Use this Application PIN to check on the status of your program application. Write it down!

Login:..... Click this button located at bottom of page.

Continue:..... Click this button located at bottom of page.

Application Type: Select the correct program application type from pull down menu. Make sure of your selection.

Continue:..... Click this button at bottom of page.

Apply for Admissions..... By entering the correct information.

Admission Term:..... **Fall 2011**. Enter from drop down menu.

Enter Name: Make sure your name matches the name you used in your *myLane* portal.

Fill Out Application Click this button at bottom of page.

Application Checklist..... Click this link and complete each required section of the application.

- Follow the instructions provided on each screen.
- **High School Section.** *Some Health Professions programs require high school completion.*
- **Previous College Section:** List all previously attended institutions.

Application is Complete..... Click this button only when all sections have been completed.

or Finish Later..... Click this button to save your information.

Complete Payment You must pay the Program On-line Application fee with a Visa or MasterCard.

Signature Page Click the button and read agreement information.

- Your Program On-line Application is dated and timed after submission of the Signature Page.
- This is an acknowledgement page and **does not require a signature**.

Return to Application Menu Click this link at the bottom of the page. Your application is now listed as "submitted."

Lane Community College Admission Confirmation. An E-mail will be sent to you confirming your Program On-line Application and Payment and time. Retain this page for your reference.

In addition to your Program On-line Application and Payment, the following programs require additional form(s) and documentation. Details are in the Program Application Information & Forms.

*Dental Assisting
Dental Hygiene
EMT Paramedic
Health Records Technology*

*Medical Office Assistant
Nursing
Physical Therapy Assistant
Respiratory Care*

Print Clearly. Name as indicated in **myLane**.

L# _____ First _____ Last _____
 Address _____ City _____ ST _____ Zip _____
 County _____ E-mail _____ 1st Phone _____ 2nd Phone _____

Dental Hygiene LCSC Application Point Sheet

1. List colleges/universities attended. See Section 4 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 or higher and BIOL 250 must be completed **Fall 2004** or later. Contact a program Advisor or Counselor for information about possible exceptions.

Entrance HOBET Test	Min. to apply is 50	Point Value	4	5	6	7	8	9	10	11	12
Please circle your score	Composite Score		50-60	61-70	71-80	81-84	85-88	89-91	92-94	95-97	98-100
Program Courses: See Advising Sheet -located- for specific courses that are eligible.											
Lane Course #	Equivalent Course	Term/Year	School	Credits	1 point	2 points	3 point	4 points			
*MTH 052 or higher					B or C	A					
*CH 112 or CH 100 level					---	C	B	A			
*BI 112 if CH 112 taken					Indicate grade received _____ (grade of C- or higher)						
*BI 231						C	B	A			
*BI 232						C	B	A			
BI 233						C	B	A			
BI 234						C	B	A			
*FN 225						B or C	A				
*WR 121					B or C	A					
WR 123 or 227					B or C	A					
*PSY 201 or 202 or 203					B or C	A					
*SOC 204 or 205 or 206					B or C	A					
*Speech 100 or 111					B or C	A					
*Pre-requisite courses must be completed by the end of spring Semester or Term 2011. Submit official transcript for "in progress" courses by July 8, 2011. 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 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 _____

Jacob M. Hornby, Ph.D., Signature _____ Date _____

Print Clearly. Name as indicate in **myLane**

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.

INSTRUCTIONS:

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 others 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 Bonner Benewah Clearwater	Boundary Idaho Kootenai Latah	Lewis Nez Perce Shoshone
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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 22, 2010**
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 2011 Application Review Session

Applicant Print Clearly. Name as indicate in “myLane”

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 97405**