APPLICATION INFORMATION and INSTRUCTIONS

- **APPLICATION PERIOD:** September 15 – January 15

- **COLLEGE ADDRESS:** Howard Community College  
  Attn: Nursing & Allied Health  
  Office of Admissions and Advising, RCF-Room 242  
  10901 Little Patuxent Parkway  
  Columbia, MD 21044

- **QUESTIONS?** Telephone: 443-518-4230  
  Fax: 443-518-4589  
  Email: alliedhealth@howardcc.edu  
  Admissions Webpage: www.howardcc.edu/dentaladmissions

- **ADMISSIONS REQUIREMENTS:** Supplemental applications, along with additional admissions requirements, may be submitted in person at the Office of Admissions & Advising (RCF-242) or mailed to the address listed above.

  - HCC General Admissions Application ($25 fee) with Dental Hygiene (#280) declared as area of study  
  - Dental Hygiene Supplemental Application  
  - $25 application fee; checks and money orders should be made payable to HCC  
    (fee waived for veterans and active military personnel)  
  - Two documents submitted for proof of residency (Howard County residents only – see chart below)  
  - Official academic transcripts from each college/university submitted for prior learning credit (if applicable)  
  - Transcript Evaluation Request Form submitted for prior learning credit (if applicable)  
  - Clinical Observation Documentation Form with a minimum of 16 documented hours  
  - Science courses must be completed with a grade of ‘C’ or higher  
  - Math and Science GPA of 2.0 or higher  
  - Overall HCC GPA of 2.25 or higher  
  - Priority in the lottery will be given to Howard County residents with all pre- and co-requisite courses completed at the time of admission deadline

- **PROOF OF RESIDENCY:** Applicants who reside in Howard County for a minimum of 90 days prior to the application deadline will be given priority in the selection process. Howard County applicants must submit one of the following documents from each of the lists below for a total of two. The College reserves the right to request additional information and documentation as necessary.

<table>
<thead>
<tr>
<th>Select One From This List:</th>
<th>Select One From This List:*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid Maryland driver’s license</td>
<td>Utility bill: gas, electric, phone, cable, water</td>
</tr>
<tr>
<td>MVA issued change of address card</td>
<td>Howard county tax bill</td>
</tr>
<tr>
<td>Valid state issued ID</td>
<td>Statement from bank, credit card or insurance company</td>
</tr>
<tr>
<td>Voter’s registration card</td>
<td>Pay stub with current address</td>
</tr>
<tr>
<td>Rental agreement/deed/lease</td>
<td>*Must be dated within three months of submitting application</td>
</tr>
</tbody>
</table>

- **CORRESPONDENCE:** All correspondence will be sent to your HCC email account. Please check this account on a regular basis as it will be the official form of communication, including receipt of application, notification of missing documents and admissions decision. Applicants who need assistance accessing their HCC email account should contact the Help Desk at 443-518-4444.

- **INTERNATIONAL (F1) STUDENTS:** Clinical courses cannot be guaranteed, therefore, international (F1) students may not enroll in the Dental Hygiene area of study.
APPLICATION INFORMATION and INSTRUCTIONS – Continued

- **PRIOR LEARNING CREDIT:** If you expect to transfer credit, all academic coursework taken outside of HCC from an accredited college/university should be evaluated by submitting official transcripts in sealed envelopes from each institution along with a *Transcript Evaluation Request Form* (available in the Office of Admissions & Advising or at [www.howardcc.edu/transcriptevaluation](http://www.howardcc.edu/transcriptevaluation)). Academic coursework completed outside of the United States must first be evaluated, course-by-course, for transfer by a nationally accredited transcript evaluation service accepted by HCC (list available in the Office of Admissions & Advising) and then sent to Howard Community College, Office of Admissions & Advising.

- **CLINICAL OBSERVATION DOCUMENTATION:** Applicants to the Dental Hygiene Program are required to complete a minimum of 16 hours shadowing a dental hygienist. Please complete the *Clinical Observation Documentation Form*. If more than one clinical site is used to complete this requirement, please use a separate form for each site.

- **ADMISSION SELECTION:** Qualified applicants will be selected through a lottery process. *Priority in the lottery is given to those applicants with pre- and co-requisites completed by the application deadline.* Once all seats in the class have been assigned, the remaining eligible applicants will be placed on a waitlist. If an accepted student declines his/her offer of admission or fails to meet the provisions of their acceptance, as outlined in their letter of acceptance, the next eligible student on the waitlist will be notified for placement in the class. For those waitlisted students who do not receive a seat, a new supplemental application must be submitted for the next application cycle.

- **NON-REFUNDABLE $300 DEPOSIT:** If admitted, a *non-refundable $300 deposit* will be required from accepted students to hold their seat in the class and will be applied to their Fall 2019 tuition. Once students have been admitted and have paid their deposit, all other active nursing and allied health applications will be withdrawn.

- **REQUIRED DOCUMENTATION FOR ADMITTED STUDENTS ONLY:** In order to ensure the safety of patients in the clinical setting, newly admitted students to the clinical program will be required to attend a mandatory *Dental Hygiene New Student Orientation*. During the orientation, the clinical coordinators will discuss and give a time-sensitive deadline for required *Health Forms*, including immunization and titer certifications, *Healthcare Provider CPR Certification, Criminal Background Check and Drug Screening* to be obtained. Students who do not comply with the drug screening and criminal background check are ineligible for placement in clinical agencies and therefore are not able to progress in the clinical nursing/allied health program. Students with a criminal background may be unable to progress in the clinical nursing/allied health program. It is the students’ responsibility to know whether they are eligible for licensure. If students have a criminal background, it is the students’ responsibility to explore whether the background will prohibit them from being licensed and employed in the health care industry. HCC faculty and staff are NOT able to provide legal advice. If you have any questions about your existing criminal background, you may wish to discuss this with legal counsel.

Applications must be completed in their entirety. Incomplete applications will not be considered.

**ACREDITATION:** The Dental Hygiene Program is accredited by the Commission on Dental Accreditation (and has been granted the accreditation status of “approval without reporting requirements”). The Commission is a specialized accrediting body recognized by the U.S. Department of Education. The Commission on Dental Accreditation can be contacted at (312)440-4653 or at 211 East Chicago Avenue, Chicago, IL 60611. The Commission’s web address is: ada.org/en/coda.

9/5/2018
**DENTAL HYGIENE PROGRAM PERFORMANCE STANDARDS:** Successful participation and completion of the Dental Hygiene Program requires that an applicant be able to meet the demands of the program. The dental hygiene student MUST be able to perform academically in a safe, reliable and efficient manner in the classroom, laboratory and clinical skills exam area. The dental hygiene student MUST demonstrate the behaviors, skills and abilities necessary to be in compliance with legal and ethical standards as set forth by the American Dental Hygienists’ Association Code of Ethics.

<table>
<thead>
<tr>
<th>STANDARD</th>
<th>GENERAL PERFORMANCE</th>
<th>ESSENTIAL FUNCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor Skills</td>
<td>• High degree of manual dexterity and motor movements required to provide general treatment and emergency care to patient volunteers/clients • Adequate strength and ability to perform lifting and patient transfers into a dental chair • Ability to maneuver with functional coordination and mobility in small places, as well as able to be sedentary for several hours at a time</td>
<td>• Provide patient safety • Provide chair side clinical skills • Administer emergency care procedures/CPR certification • Manual dexterity to manipulate and control small motor driven equipment • Utilize dental hygiene instrumentation with hand as well as ultrasonic instruments</td>
</tr>
<tr>
<td>Visual Skills</td>
<td>• Demonstrate visual activity and perception sufficient for observation and assessment of needs to insure safe and effective clinic performance</td>
<td>• Observe lecture and laboratory demonstrations • Normal color vision sufficient to recognize subtle changes in oral tissues • Demonstrate differences between normal and abnormal conditions • Observe patient’s responses</td>
</tr>
<tr>
<td>Tactile</td>
<td>• Demonstrate tactile abilities and sufficient sensitivity with all digits of both hands to gather dental assessment information</td>
<td>• Detect calculus and evaluate debridement procedures indirectly through instrumentation • Use direct palpation to examine the intra-oral and extra-oral soft tissues • Use tactility to detect a patient’s pulse</td>
</tr>
<tr>
<td>Hearing</td>
<td>• Functional use of hearing to acquire and mentally process information that is heard, and to better monitor and assess health needs of an individual</td>
<td>• Hear and obtain course information • Listen actively • Acquire accurate medical history and data collection verbally from patient volunteers • Audibly recognizes if an individual is experiencing a medical emergency</td>
</tr>
<tr>
<td>Communication</td>
<td>• Ability to communicate clearly with patient volunteers, physicians, other health professionals, faculty, family members, caregivers and colleagues • Verbal and nonverbal expression, reading, writing, computation, and computer skills</td>
<td></td>
</tr>
</tbody>
</table>
DENTAL HYGIENE CORE COMPETENCIES: The dental hygienist is an important member of the health care team whose primary role is to assist patients in achieving and maintaining optimal oral health. Dental hygienist may provide educational, clinical, and consulting services to a diverse population of patients. The following are the Competencies for Entry into the Profession of Dental Hygiene (as approved by the 2003 House of Delegates) are important for in the role of Registered Dental Hygienist.

I. Ethics and Professionalism:
   1. Students will adhere to the American Dental Hygienists Association (ADHA) Code of Ethics.
   2. Adhere to all state and federal laws, recommendations, and regulations in the provision of dental hygiene care.
   3. Provide dental hygiene care to promote patient health and wellness using critical thinking and problem solving in the provision of evidence-based practice.
   4. Use evidence-based decision making to evaluate and incorporate emerging treatment modalities.
   5. Assume responsibility for dental hygiene actions and care based on accepted scientific theories and research as well as the accepted standard of care.
   7. Promote the profession through service activities and affiliations with professional organizations.
   8. Provide quality assurance mechanisms for health services
   9. Communicate effectively with individuals and groups from diverse populations both verbally and in writing.
   10. Provide accurate, consistent, and complete documentation for assessment, diagnosis, planning, implementation, and evaluation of dental hygiene services.
   11. Provide care to all patients using an individualized approach that is humane, empathetic, and caring.

II. Health Promotion and Disease Prevention:
   1. Promote the values of oral and general health and wellness to the public and organizations within and outside of the profession.
   2. Respect the goals, values, beliefs, and preferences of the patient while promoting optimal oral and general health.
   3. Refer patients who may have a physiologic, psychological, and/or social problem for comprehensive patient evaluation.
   4. Identify individual and population risk factors and develop strategies that promote health related quality of life.
   5. Evaluate factors that can be used to promote patient adherence to disease prevention and/or health maintenance strategies.
   6. Evaluate and utilize methods to ensure the health and safety of the patient and the dental hygienist in the delivery of dental hygiene.

III. Community Involvement:
   1. Assess the oral health needs of the community and the quality and availability of resources and services.
   2. Provide screening, referral, and educational services that allow patients to access the resources of the health care system.
   3. Provide community oral health services in a variety of settings.
   4. Facilitate patient access to oral health services by influencing individuals and/or organizations for the provision of oral health care.
   5. Evaluate reimbursement mechanisms and their impact on the patients’ access to oral health care.
   6. Evaluate the outcomes of community-based programs and plan for future activities.

IV. Patient Care:
   Assessment:
   Systematically collect, analyze, and record data on the general, oral, and psychosocial health status of a variety of patients using methods consistent with medico-legal principles.

   This Competency Includes:
   a. Select, obtain, and interpret diagnostic information recognizing its advantages and limitations.
   b. Recognize predisposing and etiologic risk factors that require intervention to prevent disease.
   c. Obtain, review, and update a complete medical, family, social, and dental history.
   d. Recognize health conditions and medications that impact overall patient care.
e. Identify patients at risk for a medical emergency and manage the patient care in a manner that prevents an emergency.
f. Perform a comprehensive examination using clinical, radiographic, periodontal, dental charting and other data collection procedures to assess the patient’s needs.

**Diagnosis:**
Use critical thinking making skills to reach conclusions about the patient’s dental hygiene needs based on all available assessment data.

**This Competency Includes:**
- Determine a dental hygiene diagnosis.
- Identify patient needs and significant findings that impact the delivery of dental hygiene services.
- Obtain consultations as indicated.

**Planning:**
Collaborate with the patient and/or other health professionals, to formulate a comprehensive dental hygiene care plan that is patient-centered and based on current scientific evidence.

**This Competency Includes:**
- Prioritize the care plan based on the health status and the actual and potential problems of the individual to facilitate optimal oral health.
- Establish a planned sequence of care (educational, clinical, and evaluation) based on the dental hygiene diagnosis; identified oral conditions; potential problems; etiologic and risk factors; and available treatment modalities.
- Establish a collaborative relationship with the patient in the planned care to include etiology, prognosis, and treatment alternatives.
- Make referrals to other health care professionals.
- Obtain the patient’s informed consent based on a thorough case presentation.

**Implementation:**
To provide specialized treatment that includes preventive and therapeutic services designed to achieve and maintain oral health. Assist in achieving oral health goals formulated in collaboration with the patient.

**This Competency Includes:**
- Perform dental hygiene interventions to eliminate and/or control local etiologic factors to prevent and control caries, periodontal disease, and other oral conditions.
- Control pain and anxiety during treatment through the use of accepted clinical and behavioral techniques.
- Provide life support measures to manage medical emergencies in the patient care environment.

**Evaluation:**
Evaluate the effectiveness of the implemented clinical, preventive, and educational services and modify as needed.

**This Competency Includes:**
- Determine the outcomes of dental hygiene interventions using indices, instruments, examination techniques, and patient self-report.
- Evaluate the patient’s satisfaction with the oral health care received and the oral health status achieved.
- Provide subsequent treatment or referrals based on evaluation findings.
- Develop and maintain a health maintenance program.

**V. Professional Growth and Development:**
1. Identify career options within health care, industry, education, and research and evaluate the feasibility of pursuing dental hygiene opportunities.
2. Develop practice management and marketing strategies to be used in the delivery of oral health care.
3. Access professional and social networks to pursue professional goals.

*Journal of Dental Education Volume 68, Number 7*
**APPLICANT INFORMATION—PLEASE PRINT NEATLY AND COMPLETE FORM IN ITS ENTIRETY**

**HCC Student ID Number:** ____________________________  **HCC Email:** ____________________________

**Applicant’s Full Name:** ____________________________________________________________________________________________________

__________  __________  __________
first            middle            last

**Address:** ______________________________________________________________________________________________________

street address  city  state  zip code  County

**Telephone:** ____________________________________________  **Howard County Resident:**  □ Yes  □ No

**Are you a U.S. Citizen?**  □ Yes  □ No  **If no, please indicate Immigration/Visa Status:** __________________________

**Are you a Veteran or Active Duty United States Military?**  □ Veteran  □ Active Duty  □ Active Military Spouse
If active military or an active military spouse, please provide a copy of your PCS order. If a veteran, provide a copy of your DD214.

**Were you enrolled in the HCPSS ARL?**  □ Yes  □ No  **If yes, please indicate the program:** __________________________

**Please indicate if you have a prior degree:**  □ Associate  □ Bachelor  □ Masters  □ Doctorate  □ Medical Doctor

### REQUIRED COURSEWORK

<table>
<thead>
<tr>
<th>PREREQUISITE COURSES</th>
<th>ACADEMIC INSTITUTIONS</th>
<th>YEAR COMPLETED/WILL BE COMPLETING</th>
</tr>
</thead>
<tbody>
<tr>
<td>MICROBIOLOGY (BIOL-107 or BIOL-200) 4 credits with lab (completed with a ‘C’ or higher)</td>
<td></td>
<td>[5 year time limit]</td>
</tr>
<tr>
<td>ENGLISH COMPOSITION I (ENGL-121) 3 credits (completed with a ‘C’ or higher)</td>
<td></td>
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<tr>
<td>STATISTICS (MATH-138) 4 credits</td>
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</tbody>
</table>

The following courses may be taken as co-requisites. Preference in the admissions lottery is given to those applicants who have completed all pre- and co-requisites by the application deadline.

<table>
<thead>
<tr>
<th>PREREQUISITE COURSES</th>
<th>ACADEMIC INSTITUTIONS</th>
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</tr>
</thead>
<tbody>
<tr>
<td>ANATOMY &amp; PHYSIOLOGY (BIOL-106 or BIOL-203 and BIOL-204) 4 credits with lab / 8 credits with lab (completed with a ‘C’ or higher)</td>
<td></td>
<td>[5 year time limit]</td>
</tr>
<tr>
<td>GENERAL CHEMISTRY (CHEM-101 or CHEM-103) 4 credits with lab (completed with a ‘C’ or higher)</td>
<td></td>
<td>[5 year time limit]</td>
</tr>
<tr>
<td>NUTRITION (NUTR-211) 3 credits</td>
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<tr>
<td>GENERAL PSYCHOLOGY (PSYC-101) 3 credits</td>
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<tr>
<td>INTRODUCTION TO SOCIOLOGY (SOCI-101) 3 credits</td>
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</tr>
<tr>
<td>SPEECH REQUIREMENT (SPCH-101 or SPCH-105 or SPCH-110) 3 credits</td>
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</tr>
</tbody>
</table>
Carefully review and initial each item listed below and then please sign and date.

I understand that I may submit supplemental applications for admission to more than one of the nursing and allied health programs. However, once I submit a $300 deposit to hold my seat in a program, all other active nursing and allied health applications will be withdrawn.

If not already declared, I authorize the Office of Admissions and Advising to add #280 to my active area of study.

I understand that if admitted:

- I will be required to submit a non-refundable $300 deposit along with my Admission Acceptance Form by the given deadline. The deposit will hold a seat in the class and be applied to my Fall 2019 tuition. If I do not submit the deposit and form by the given deadline, my admission may be revoked.

- I will be required to abide by college policy as outlined in HCC's Catalog, Student Handbook, including the Student Code of Conduct, and the Dental Hygiene Student Handbook.

- I will be required to attend a mandatory Dental Hygiene New Student Orientation (date and time TBD). During the student orientation, the clinical coordinators will discuss and give a time sensitive deadline for required Student Health Forms, including immunization and titer certifications, Healthcare Provider CPR Certification, Criminal Background Check and Drug Screening to be obtained. These requirements must be submitted prior to enrollment in any clinical course in order to ensure the safety of patients in the clinical setting. Failure to submit these requirements by the stated deadline may result in my admission being revoked.

- I understand that I am responsible for recruitment of my own patient volunteers.

- I will be assigned and expected to participate in clinical experiences and will be responsible for my own transportation and parking fees. Sites may be located in or around the state of Maryland.

- The Office of Admissions and Advising will register me for my clinical coursework each term.

My signature confirms that the information I have provided on this application is truthful, that I have read all instructions carefully and that I agree with all stipulations as outlined in the application and admission process. In addition, I acknowledge that I have been given the opportunity to obtain the necessary information about the Dental Hygiene Program including the admissions requirements, academic standards and essential functions.

X ____________________________

Applicant Signature          Date

Howard Community College is committed to providing equal opportunity through its educational programs, admissions and the many services it offers to the community. It is the policy of the college to abide by all applicable requirements of state and federal law so that no person shall be discriminated against or otherwise harassed on the basis of race, religion, disability, color, gender, national origin, age, political opinion, sexual orientation, veteran status, genetic information or marital status.

The College reserves the right to change unilaterally, without notification, any requirement, fee or program if it is deemed necessary.
CLINICAL OBSERVATION DOCUMENTATION
DENTAL HYGIENE

APPLICANT
Applicant should fill out this top portion of the form and forward to the dental hygienist or office manager to complete and submit.

Applicant’s Full Name: ________________________________________________________________

first                                                               middle                                                               last

Address: ____________________________________________________________________________

street                                                                                                               city

state                                                                                                               zip code

Telephone: ______________________________ Email: ______________________________________________

Applicant Signature: __________________________________________ Date: ____________________________

DENTAL HYGIENIST or OFFICE MANAGER
Dental Hygiene applicants must complete a minimum of 16 documented hours shadowing a dental hygienist in a dental office setting. We appreciate your assistance by completing this form which will become part of the applicant’s admissions package. Please contact Mary O’Rourke, Director of Admissions for Nursing & Allied Health, with questions at 443-518-4778.

Documentation must be received by the Office of Admissions and Advising no later than January 15, 2019 in order to be considered:

Howard Community College
Office of Admissions and Advising (RCF-242)
10901 Little Patuxent Parkway
Columbia, MD 21044

DENTAL HYGIENIST or OFFICE MANAGER—PLEASE COMPLETE, SIGN and SUBMIT in SEALED ENVELOPE

Facility Name: ____________________________________________ Telephone: ______________________________

Facility Address: ____________________________________________________________________________

street                                                                                                               city

state                                                                                                               zip code

Dates of Experience: __________________________________________ Number of Hours Spent in Clinic: ______________

Brief Description of Duties Observed:

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

Supervisor’s Name: __________________________________________ Title: ______________________________

Supervisor’s Signature: __________________________________________ Date: ____________________________