# PIERCE COLLEGE DENTAL HYGIENE: PACIFIC NORTHWEST DENTAL HYGIENE INSTITUTE

# DOCUMENTATION CHECKLIST & APPLICATION

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| **COURSE DATES & COST** | | | |
| **Course Dates** | **Course** | **Cost** | **Maximum Participants** |
| **Online:** August 1 - September 11, 2020  **On-campus:** September 1-11, 2020 | Restorative | $5100.00  Plus rental fee and books, | 10 |

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| REGISTRATION/PAYMENT/DOCUMENTATION DEADLINES |
| Once your completed application is received and validated, you will be sent instructions via email on how to Register and Pay for the Course. You must do so by the deadline in the email. We adhere to the deadlines strictly as this course is in very high demand. Full payment in the timeframe is the only way to secure your place in the course. |

## **DOCUMENTATION CHECKLIST**

* Download and complete this application, **page 2.**
* Collect numbers one to three required documents and the fourth document as applicable.
  1. Proof of Dental Hygiene Graduation from a U.S. or Canadian Accredited Dental Hygiene program.
     + Current Licensed Dental Hygienists may submit one of the following and it must be notarized:
       - Dental Hygiene degree, or
       - Dental Hygiene diploma, or
       - Official transcripts showing your Dental Hygiene degree.
     + Current Dental Hygiene students anticipating a June 2019 graduation (U.S. and Canadian) may submit the following:
       - A signed letter, on official letterhead, from the Dean/Chair/Program Director from the dental hygiene program you are attending that includes:
         * Verification of accreditation by the Commission on Dental Accreditation in the U.S. or equivalent international credentials dental hygiene or dental program.
         * Anticipated graduation date.
         * Status as a student in the program. Eg. A student in good status.
  2. Proof of vaccinations/immunizations and current within six (6) months one-step PPD test for TB.
  3. Proof of CPR card: Must be current during on-site attendance of course.
  4. Proof of Local Anesthesia Certification and/or passing of recent Local Anesthesia Board Examination – if applicable.

Note: If you are currently an international student enrolled in a U.S. or Canadian accredited dental hygiene program, we will accept you as a student in the PNWDHI based on your currently approved international student status at the other institution. Non-US Citizens. If you are not a USA citizen, please contact: Shannon Scott, International Education Admissions & Registration Specialist at (253) 964-6656 or email her at [smscott@pierce.ctc.edu](mailto:%20SMScott@pierce.ctc.edu) to be assigned an International Student ID. Include this number on the Application Form for our reference.

* Send, in ONE PACKET, your completed application and corresponding documents to the following address:

**Pierce College Dental Hygiene**

**Attn.: PNWDHI, Director M. Hospenthal**

**9401 Farwest Dr. S.W.**

**Lakewood, WA 98498**

## **APPLICATION**

Remember, you must be able to prove you are either already a licensed dental hygienist in the USA or Canada, OR anticipate graduation from a CODA dental hygiene program no later than June 2020 to be eligible for these courses.

**All Deadlines, Course Requirements, Submissions, etc. are the Sole Responsibility of the Applicant**

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| LAST NAME | | | FIRST | | | | | | | MIDDLE INITIAL | |
| PREVIOUS LAST NAME | | | BIRTHDATE | | EMAIL ADDRESS (Required) | | | | | | |
| ADDRESS | | | CITY | | | | | STATE | | | ZIP |
| CELL PHONE | | HOME PHONE | | | | WORK PHONE | | | | | |
| USA Citizen  Canadian Citizen  International Student  Country of Citizenship | | | | | | | | | | | |
| Which Proof of Dental Hygiene/Dental Graduation or Degree Are You Submitting? | | | | | | | | | | | |
| DENTAL HYGIENE LICENSE  YES  NO | | | | LETTER DH DIRECTOR  YES  NO | | | | | | | |
| TRANSCRIPT  YES  NO | | | | DIPLOMA  YES  NO | | | | | | | |
| DENTAL HYGIENE/DENTAL SCHOOL | CITY | | | | | | STATE | | GRADUATION DATE *(mm/yy)* | | |

By signing below, I verify that the information contained within this application has been provided honestly and to the best of my ability.

I understand that the materials I have provided are considered to be my documentation eligibility to which placement into the Pierce College Pacific Northwest Dental Hygiene Institute will be evaluated.

I understand that in addition to these documents, I must REGISTER and PAY to secure a spot in the course once I have been verified and sent instructions via my personal email.

I understand that failure to do so by the deadline within the emailed instructions will forfeit my opportunity for the course in the year 2019 due to the high demand of the course.

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| SIGNATURE: | DATE: |

**MAILING ADDRESS**

Pierce College Dental Hygiene

Attn: PNWDHI, Director M. Hospenthal

9401 Farwest Drive SW

Lakewood, WA 98498-1999