# PIERCE COLLEGE PACIFIC NORTHWEST DENTAL HYGIENE INSTITUTE

# *APPLICATION | INSRUCTIONS | DOCUMENTATION CHECKLIST2023*

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| **COURSE OFFERRINGS & COST (Not all courses offered each year, confirm on website.)** | | | | |
| **Course** | **Course Sessions** [as available]:   1. Pre-study: Self-Study, Online Study (asynchronous) 2. On-campus Lab & Clinic Study | **Days On-site** | **Estimated\*\* Costs 2023**  \*\*Anticipate 10% tuition increase/yrly [excludes books, instruments, rental fees] | **Maximum Participants** |
| **Restorative** | Sumer Session | 9 - 10 | $7000.00 | 10 |
| **Local Anesthesia** | Spring Session Sumer Session | 4 - 5 | $3500.00 | 16 |
| **Nitrous-Oxide Oxygen Sedation** | Spring Session Sumer Session | 1 | $500.00 | 20 |

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| REQUESTED YEAR OF ATTENDANCE: | | | 2023 2024 2025 2026 |
| REQUESTED COURSES:  (Check all that apply) | | Restorative Local Anesthesia Nitrous-Oxide/Oxygen Sedation | |
| Disclaimer | The PNWDHI does NOT guarantee these courses will be offered each year. Course offerings are dependent on adequate enrollment to sustain course costs and the ability of the Pierce College Dental Hygiene Program to offer the course in any given year. | | |

## **APPLICATION CHECKLIST**

* **DOWNLOAD** and **COMPLETE** this application (2 pages).
* **SUBMIT** **DOCUMENTATION**
* Proof of Graduation from an accredited U.S. or Canadian Dental Hygiene program.

**OPTION 1:** **If you are currently licensed** in another US state or Canadian Province, please **provide ONE** of the following:

1. A **notarized copy** of your Dental Hygiene degree/diploma, OR
2. An official transcript showing courses taken and the awarding of a Dental Hygiene degree, sent directly from your school. ***Unofficial copies will not be accepted***.

**OPTION 2:** **If you have graduated** from an accredited U.S. or Canadian Dental Hygiene program however **do NOT currently hold an active license** in another US state or Canadian Province, please complete OPTION 1 (a or b).

**OPTION 3:** **If you are currently a Dental Hygiene Student** (in the U.S. or Canada)**,** and anticipate graduating in the same year as ATTENDING the PNWDHI, please **provide ONE** of the following:

1. A signed letter from the Program Director/Chair/Dean (on official letterhead with school seal) of the dental hygiene program you are currently attending. This letter must attest to:
   1. Verification of accreditation of the dental hygiene or dental program by the Commission on Dental Accreditation in the U.S. (CODA), or equivalent international credentials;
   2. Anticipated date of graduation NO LATER THAN JUNE 30th; and
   3. Expectation this applicant will complete their education program in *good standing and on schedule*.  
      **Note**: any fees paid as part of this application may not be refunded if the student applicant fails to graduate as expected.
   4. If you are currently an **International Student** enrolled in a U.S. or Canadian accredited dental hygiene program, you may apply based on your currently approved international student status at your home 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.

* Proof of Vaccinations/Immunizations (current within six (6) months, one-step PPD (TB) test).

Includes COVID vaccine and Influenza\* immunization. \*If there is a medically documented reason to not receive an Influenza immunization, please provide documentation. There are currently no exemptions for the COVID vaccine or TB testing.

* Current CPR Certification (provide copy of card). *Must be current for dates on-site*. Online courses accepted.
* *If applicable* - Copy of current Local Anesthesia Certification (license, endorsement, certificate, etc.), or verification of passing a recent CDCA-WREB-CITA or CRDTS Local Anesthesia Board Examination.

**All Deadlines, Course Requirements, Submissions, etc. are Solely the 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 | | | | | | | | | | | |
| **Indicate the type of *Proof* of Dental Hygiene/Dental Graduation or Degree Are You Submitting** | | | | | | | | | | | |
| CURRENT DENTAL HYGIENE LICENSE  YES  NO | | | | DH PROGRAM LETTER  YES  NO | | | | | | | |
| OFFICIAL TRANSCRIPT  YES  NO | | | | DIPLOMA  YES  NO | | | | | | | |
| DENTAL HYGIENE/DENTAL SCHOOL | CITY | | | | | | STATE | | GRADUATION DATE *(mm/yy)* | | |

**My signature** below verifies that all information contained in this application has been provided honestly and to the best of my ability to be accurate. I understand that the materials I provide are considered legal documentation for eligibility on which admission into the Pierce College Pacific Northwest Dental Hygiene Institute will be evaluated.

I understand that once notified of accepted into a course session, and in addition to these documents submitted, I must REGISTER and PAY all fees requested by the date due to confirm my seat in the course session. I understand that verification and further instructions will be sent via my personal email provide with this application, and payment is expected a full six weeks prior to the start of any online segments for each course session I am enrolled in. I understand that failure to do so by this deadline provided in the emailed instructions will forfeit my seat for the course due to the high demand of these courses.

In the event that we cancel any course session, you will be contacted no later than four weeks before the start of the online portion of the course and will be fully refunded any fees paid to date. If you withdraw from the course after the six-week deadline prior to your course session, you forfeit the full payment.

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| SIGNATURE: | DATE: |

* Send your application and all documentation in **ONE PACKET** to the following address:

**MAILING ADDRESS**

Pierce College Dental Hygiene

**Attn**: PNWDHI, Director Tammy Sanderson, MSDH, RDH

9401 Farwest Drive SW

Lakewood, WA 98498-1999

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| REGISTRATION/PAYMENT/DOCUMENTATION DEADLINES |
| Once your completed application is received and verified, you will be notified if you are accepted for the course(s) you have selected. If accepted, you will receive further instructions via email on how to Register and Pay Course fees, and access Pre-study course materials. Please be prepared to Register by the deadline provide as we do strictly adhere to set deadlines due to the very high demand for courses. Full payment is due six weeks before the first day of pre-study segments for each course. Additional equipment and materials fees apply for the restorative and local anesthesia courses. Please see our website for current fees. |