

January 13, 2021

Dear Dental Hygiene Program Applicant

NOTICE: Beginning with 2021 applications, ALL program pre-requisites must be completed by December of the prior year. No in-progress pre-requisites will be accepted.

We appreciate your interest in the Taft College Dental Hygiene Program. Taft College accepts 20 qualified students into the Dental Hygiene Program each fall semester. The program is accredited by the Commission on Dental Accrediation (CODA) and there are minimum admission requirements all students must meet in order to be considered for acceptance. Included is the selection criteria which explains the process along with estimated program costs.

A complete application and all supporting documents <u>must be received in the Taft College</u> <u>Admissions Office by 3:00 p.m. on Wednesday February 24, 2021</u>. Postmarked dates are not acceptable. It is the applicants responsibility to make sure the application and supporting documents (including transcripts) are received in the same envelope by the deadline. Applicants who have applied in previous years <u>must</u> resubmit a completed application along with all documentation, including transcripts. Failure to meet all application requirements/procedures will result in an incomplete application and will not be considered for selection.

The application must have proof of the following

- \circ Taft College Student ID # (<u>apply to be a student</u>, if not already attending TC)
- Completion of all prerequisite courses with a minimum grade point average of 2.0;
- A minimum cumulative grade point average of 2.50 in all college level coursework; and,
- Fall 2021 program applicants must have completed all science prerequisites (anatomy, physiology, microbiology, organic and biochemistry within five (5) years (2015 or later)

Applicants who do not meet the minimum program admission requirements specified above will not be eligible for selection. After the selection process is complete, you will be notified as to your status by April 1st, 2021.

Sincerely,

Vickie Kimbrough, PhD. MBA, RDH Director of Dental Hygiene

PREREQUISITES AND SELECTION CRITERIA FOR FALL 2021 PROGRAM APPLICANTS

Taft College accepts 20 qualified students into its Dental Hygiene Program each fall semester. There are minimum admission requirements that all applicants must meet in order to be considered for acceptance into the program.

The application period for the Fall 2021 class is January 13, 2021 through February 24, 2021.

1. Applicants must earn a minimum grade of "C" in each of the following **prerequisite** courses:

Please Note: Applicants must earn a minimum GPA of 2.0 in the prerequisite courses.

Human Anatomy	- 5 units
Organic Chemistry and Lab	- 4 units
General Microbiology	- 5 units
Human Physiology and Lab	- 5 units
English Composition and Reading	- 3 units
Mathematics	- 3 units
General Psychology	- 3 units
Cultural Diversity	- 3 units
Introduction to Sociology	- 3 units
Speech – Group Discussion/Public Speaking	- 3 units
or	
Any CSU GE Area A.1 Course	

All completed prerequisite science courses must be completed by 2015 or later in order to meet the five (5) year recency requirement.

A two-semester combination Anatomy and Physiology course <u>may</u> be subsituted for the Anatomy and Physiology requirement. A one-semester survey course is <u>not</u> acceptable.

2. Applicants must hold a minimum cumulative GPA of 2.50 in <u>all</u> college coursework.

SELECTION CRITERIA

The selection criteria will be applied to those applicants who have met minimum program requirements.

There is a cumulative total of 200 points possible in the following categories:

- GPA in prerequisite coursework (50 points)
- Cumulative GPA in all college coursework (45 points)
- Number of units completed at Taft College (40 points)
- Progress towards the completion of general education requirements for the Associate Degree (20 points)
- Attainment of a degree (20 points)
- Related work experience (25 points)

Contact the Counseling Center at (661)763-7748 for additional information.

Program requirements and selection criteria are subject to change. Students applying to the Dental Hygiene program must meet catalog and program requirements in effect <u>at the time of application to the program</u>. Contact the Taft College Dental Hygiene Department for current information at 661-763-7885.

TAFT COLLEGE DENTAL HYGIENE PROGRAM <u>ESTIMATED</u> PROGRAM COST

Note: Program costs are only an estimate and each student's cost will vary.

First Year	Fall	Spring	Second Year	Fall	Sprin g
Units @ \$46	16.5	13	Units @ \$46	16	12.5
Enrollment fees	\$828	\$667	Enrollment fees	\$644	\$575
Books	\$800	\$725	Books	\$375	\$375
Program expenses	\$300	\$300	Program expenses	\$300	\$300
Parking	-0-		Instruments and supplies	\$200	\$200
ASB card (optional)	\$30		Parking	-0-	
Instruments and supplies	\$5,000		ASB card (optional)	\$30	
Uniforms	\$220		TCDH Student Club Dues (TBD)		
Name tag	\$20		Malpractice insurance	\$22	
Professional Dues (CDHA) TCDH Student Club Dues (TBD)	\$50 for 2 yrs		Miscellaneous expenses	\$150	\$125
Malpractice insurance	\$22				
Loupes (Eyewear)		\$1,500	See below for additional		
Miscellaneous expenses	\$200	\$125	board exam expenses		
First Year Totals	\$7,470	\$3,317	Second Year Totals	\$1,721	\$1,575

Ultrasonic scaler may be purchased in the 2 or by 3rd semester \$1200-1500

TOTAL ESTIMATED COST \$15,283

Second Year Students Only (Estimated Costs)

•	OPTIONAL: National Board Review (four days)	\$425
	Plus hotel and food expense	
•	National Board Exam (paid in January)	\$410
	Plus hotel and food expense	
•	WREB Exam* <u>www.wreb.org</u>	\$1,200
	Plus hotel, food, and patient expenses	
٠	CRDTS Exam* <u>www.crdts.org</u>	\$1,200
	Plus hotel, food, and patient expenses	

PROGRAM EXPENSES AND ENROLLMENT FEES SUBJECT TO CHANGE

*For rules and regulations regarding licensure in the state of California, please refer to the Dental Hygiene Board of California website: <u>http://www.dhcc.ca.gov/</u>

FEDERAL FINANCIAL AID PROGRAM

In order to be eligible for federal aid, students are required to enroll in a course of study leading to a degree or a certificate and maintain satisfactory academic progress. Financial aid applications and the Taft College Satisfactory Academic Progress Policy is available in the Financial Aid Office located in the Counseling Center. Contact the Financial Aid Office at (661)763-7762 if you have questions regarding your eligibility.

Please submit application and ALL required documents in ONE envelope.

APPLICATION CHECKLIST

- **Obtain a Taft College Student ID number** (<u>apply to be a student</u> if not already attending Taft College)
- Requested and submitted **official** transcripts from <u>all</u> colleges and universities previously attended except Taft College (including any other Dental Hygiene program(s) attended).
- Submitted an **unofficial** Taft College transcript, if applicable, available online for free via Cougar Tracks at: <u>https://ct-prod-ssb.taftcollege.edu:9021/ctprod/twbkwbis.P_WWWLogin</u> (*An official Taft College transcript is not required*)
- Requested official transcript from *last high school* attended or a copy of a GED certificate
- Completed Taft College Dental Hygiene Program application

Please forward the above documents, IN <u>ONE ENVELOPE</u>, to:

Taft College Admissions Office 29 Cougar Court Taft, CA 93268

All documents must be received in the Taft College Admissions Office no later than 3:00 p.m. on Wednesday, February 24, 2021 (postmarked dates are not acceptable). It is the applicants responsibility to make sure the application and supporting documents (including transcripts) are received by the deadline.

Previous applicants to the program must submit a new application and supporting documents each application period.

FALL 2021 APPLICATION

I. Full Name:			·····
Last	First	М	liddle
3. Current Mailing Address:	Num	ber & Street	
City State			Zi
. Email Address:			
Telephone Number: Cell Home			
• List <u>ALL</u> previous colleges and universite certificates earned. List any additional colle	eges attended on		
College or University	Dates of Attendance	Degree or Certificate earned	Date Awarded
6. Have you previously attended a Dental	Hugiana program	2 VES NO	
If , Yes, which program			
 Are you fluent in any language(s) other than En If yes, please list:	с <u> </u>	YESNo	
8. Do you have a verified learning disability that a (Taft College's Disability Support Services provides academic	will require academ	nic accommodations? rrces for students with disabilities to	p achieve academic success.)
9. Previous/current dental or health care backgrou	ind/licensure? Yes	s 🗌 🗌 No	
If yes, check appropriate box below. Proceeding of the complete Certification of Dental Work E			with application and
$\Box D.D.S. \Box R.D.A. \Box D.A.$	Dent.Tech	n. Other, specif	у:
0. Check box if <u>any/all</u> prerequisite coursework	was completed at 7	faft College.	
Yes, I have TC coursework. DENTAL HYGIENE ASSOCIAT	E DEGREE REĢ PROGRAM AI	•	ECKLIST

Program Prerequisites: All prerequisites to the program must be completed with a minimum grade of "C". In addition, all science courses (Anatomy, Organic Chemistry, Microbiology, and Physiology) must be completed within the past five (5) years in order to meet the recency requirement.

The following courses, or their equivalents, are prerequisites to the Dental Hygiene Program. A minimum grade of "C" is required for each course. All science prerequisites (anatomy, microbiology, organic chemistry, and physiology) must be completed by 2015 or later in order to meet the five-year program recency requirement.

Prerequisite	Equivalent Course	College Where Taken	Semester/ Quarter of Completion or	Semester/ Quarter Units	Course Grade or
Examples:					
Human Anatomy Cultural Diversity	BIOL 205 SOC 2110	Cuesta College Taft College	Fall 2017	4 units 3 units	B+
Human Anatomy					
Organic Chemistry/Lab					
General Microbiology					
Human Physiology/Lab					
English Composition & Reading					
Mathematics - Intermediate Algebra or higher level; or placement in transfer level mathematics on the basis of placement testing					
General Psychology					
Cultural Diversity					
Introduction to Sociology					
Speech - Group Discussion/Public Speaking or Any CSU GE Area C.1 Course					

Please indicate the semester units and grade received for each completed general education requirement below. General education requirements can be completed before or after you are accepted into the Dental Hygiene program. If the course was completed at another institution, please write the course name in the space provided. Students who complete the Dental Hygiene Program at Taft College are also required to complete the general education requirements for an Associate Degree. This applies even if you have previously earned an associate or higher level degree. Check with your counselor/advisor to determine if coursework taken at another college or university is equivalent to Taft College coursework.

Additional Associate Degree/General Education Requirements

<u>Units</u>	<u>Grade</u>	Cou Na	Equivalent Course	
		Health Education <i>(3 units required)</i>	HLED 1510	
		Information Competency (1 unit required)	INCO 1548	
		Humanities (3 units required)	Any course listed in the Taft College catalog under Humanities in the General Education Requirements	
		American History & Institutions (3 units required)	HIST 2231, 2232, or POSC 1501	

CERTIFICATION OF DENTAL WORK EXPERIENCE

PRINT THIS FORM: Submit this form with your application <u>prior to the application deadline of</u> <u>February 24, 2021</u>

If applicable, this form **MUST** be signed by the verifying dentist. This form may also be photocopied if more than one is needed.

I, _____am applying for admittance to the Dental Hygiene Program at Taft College. authorize release of the requested information on this form.

Signature of Applicant:______Date:______

Dear Dental Professional:

Please complete this form for the person name above. This information is for use of the Taft College Dental Hygiene Program only. Thank you for your time.

This person was employed (circle one): FULL TIME or PART TIME or VOLUNTEERED with: DDS/DMD

from	through	
(day, month, year)	(day, month, year)	
Total FULL TIME months worked and	l hours per week	
	(months)	(hours)
Total PART TIME months worked and		
	(months)	(hours)
Total VOLUNTEERED months /hours		
	(months)	(hours)
cortify that the above statements	are true to the best of my knowledge and v	varification
of employee records are held in th		enneation
Signature of Dental Professional	l submitting the above information Date	

Printed Name of Dental Professional submitting above information