



Questions regarding this application can be directed to Mallory Edmondson MSDH, LDH at mledmond@iusb.edu or 574-520-4518.

Timeline

February 1

All application materials are due by 5pm EST to Ann Freeze, IUSB, Vera Z. Dwyer College of Health Sciences, Education and Arts 1250, 1002 S Esther St, South Bend, IN 46634-7111. All materials must be submitted together.

February 2-March 15

The Program Director in collaboration with the Admission, Progression, and Graduation (APG) Committee conducts a comprehensive review of each eligible application.

April 1

Application provisional decisions are sent out.

April 15

Admission acceptance intents are due.

August 1

All clinical site requirements are due (a list will be provided along with admission acceptance letters).
Registration must be completed for all required courses (a list will be provided).

Individual Coursework

Requirements:

- _____ A grade of C or better in all program prerequisite courses by the second attempt.
 - _____ A maximum of 3 repeated courses is allowable, but no more than 2 can be science courses.
 - _____ All program prerequisite science courses taken within 7 years of your program start date.
 - _____ A letter grade of C or better in all courses required for degree
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Checklist

All of the following documents must be printed and submitted together in one envelope. Partial applications will not be accepted.

- _____ Admission application (all pages of this current document)
- _____ Unofficial transcripts from the institutions where you completed the program prerequisites courses (official transcripts to be sent to the IUSB Office of Admissions)
- _____ A copy of your valid medical insurance card
- _____ Criminal background history check completed on-line at: <https://consumer.backgroundchecks.com/affiliates/indianauniversity.html> This may take up to two weeks for a report to generate. Once available; it will be listed under reports on the website.

Print the 1 page PDF certificate when available and return to the address above.

Applicant Information

First Name	Middle Initial	Last Name
IUSB Student # (if applicable)		This is my 1st program application: Yes No
Mailing Address (Street Address, City, State and Zip/Postal Code)		
Phone Number	E-mail Address	

Education

(List all post high school institutions that you have attended in chronological order with current institution listed first)

Institution Name	Institution Mailing Address		
Dates of Attendance	Major (if applicable) <input type="text"/>	Degree Awarded	Graduation Date <input type="text"/>
<hr/>			
Institution Name	Institution Mailing Address		
Dates of Attendance	Major (if applicable) <input type="text"/>	Degree Awarded	Graduation Date <input type="text"/>
<hr/>			
Institution Name	Institution Mailing Address		
Dates of Attendance	Institution Name	Degree Awarded	Graduation Date <input type="text"/>
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Have you ever been in admitted into any clinical program before and not completed it?

No Yes

If yes, please explain.

Licenses and Certifications

(List all health care licenses and certifications you have had or currently hold)

License Type	Date Received	Expiration Date	Status of License
	<input type="text"/>	<input type="text"/>	

If revoked or denied, please explain.

License Type	Date Received	Expiration Date	Status of License
	<input type="text"/>	<input type="text"/>	

If revoked or denied, please explain.

License Type	Date Received	Expiration Date	Status of License
	<input type="text"/>	<input type="text"/>	

If revoked or denied, please explain.

To be eligible for dental hygiene testing and licensure you MUST have or be eligible for a U.S. Social Security Number. By checking this box, you are stating you are eligible or have a social security number. Applications will still be considered without a social security number, but applicants are advised they may not be eligible for licensure in the United States.

*SOCIAL SECURITY NUMBER POLICY In accordance with the Privacy Act of 1974 and Indiana PL 22 of 1977, students and applicants are advised that the requested disclosure of their Social Security Number to designated offices is voluntary. The student has the right to refuse disclosure of this number or request its removal from the record without penalty. A special ten digit student identification number will be assigned for use throughout the duration of the student's involvement with University. The student identification number will be used to identify the student's records, such as permanent transcripts, registration, grade reports, transcript requests, to certify school attendance, and to report student status. The student's Social Security Number is not disclosed to individuals or agencies outside Indiana University, except in accordance with the Indiana University policy on release of student information.

To be eligible for a State licensure you MUST be absent of most felony and some misdemeanor charges. By checking this box, you are stating you are aware of this requirement.

Personal Essay

Describe "What does becoming a dental hygienist mean to me."

IUSB Student # (if applicable)

1000-2000 Character Limit.

Essential Abilities Statement

The Division of Dental Education faculty has specified essential abilities (technical standards) critical to the success of students in any dental hygiene program. Students must demonstrate these essential abilities to succeed in their program of study. Qualified applicants are expected to meet all admission criteria and matriculating students are expected to meet all progression criteria, as well as these essential abilities (technical standards) with or without reasonable accommodations. The attendance requirements and stamina demands on the dental hygiene student require students to be in good physical and mental health. Applicants to the program must possess the following general qualities as outlined in detail in IUSB-CHS-DE Policy No. 006 Essential Abilities Policy:

- Communication-speech, reading, writing
- Visual and Perception Skills
- Hearing and Auditory Abilities
- Motor Skills- physical ability, coordination, dexterity
- Emotional Stability and Personal Temperament
- Intellectual and Critical Thinking Skills

This agreement states they have read and understand that they will be expected to meet the essential abilities. Students questioning their ability to meet these essential abilities criteria will be encouraged to address their inquiries to Student Services. Faculty has the responsibility to determine whether a student has demonstrated these essential abilities. Faculty has the right to request consultation from recognized experts as deemed appropriate. Students failing to meet these essential abilities, as determined by faculty, at any point in their academic program may have their progress interrupted until they have demonstrated their ability to meet these essential abilities within negotiated time frames. Students will be dismissed from their program of study if faculty determines that they are unable to meet these essential abilities even if reasonable accommodations are made. Students failing to demonstrate these essential abilities criteria, as determined by the faculty, may appeal this adverse determination in accordance with Indiana University's appeal procedures.

Program Requirements and Professional Risks

The Programs in Dental Education try to minimize the risk of exposure by following The Programs in Dental Education Exposure Control Plan, which comply with the Occupational Safety and Health Act (OSHA) Standards. These standards include universal precautions, which students are taught prior to beginning patient care. Even though the program makes extensive efforts to protect students enrolled in the healthcare programs from various hazards involved in working with patients, including exposure to body fluids contaminated with blood-borne pathogens such as HIV and Hepatitis, total protection from all potential hazards is not possible.

As health professionals, dental hygienists, and other dental team members are exposed to contagious diseases and are therefore at risk of becoming infected. The National Health Institute, the Centers for Disease Control and the Department of Health and Human Services all strongly recommend that health professionals at high risk have prescribed vaccinations. Dentists, their assistants and hygienists, are near the top of the list of those persons more likely to contract certain diseases than others of the health professions. The guidelines for immunizations are established in compliance with the Centers for Disease Control (CDC) and Occupational Safety and Health Act (OSHA). Therefore, it is recommended that dental health students be vaccinated against mumps, measles, rubella and hepatitis B. Students are required to provide documentation of Tine or IPPD (tuberculin) tests and must present evidence of having the Hepatitis B vaccine, or sign a disclaimer in order to attend clinics and before working on patients in clinic.

I have read the Essential Abilities, and Program Requirements, and Professional Risks statement, and I understand I will be expected to meet all of these while enrolled in the Dental Hygiene Program. I am able to meet all the Essential Abilities, Program Requirements, and Professional Risks. Failure to meet one or more of any of these may hinder progress or result in dismissal from the Dental Hygiene Program.

Sign

IUSB Student # (if applicable)

Date

Criminal History Disclosure Statement

Health facilities will be prohibited from allowing students from providing care, treatment or services if an individual has been convicted of a certain crime. These certain crimes include:
Any endangerment to a child; Medicaid or Medicare Fraud; rape; criminal deviate conduct; exploitation of an endangered adult; failure to report batter, neglect, or exploitation of an endangered adult or child, murder; or voluntary manslaughter and a third offense for DUI/ OWL.

A conviction of any of the above crimes at any time during an individual's life prohibits entering clinical rotations. In addition, if an individual was convicted of involuntary manslaughter: felony batter; a felony offense relating to a controlled substance; or theft within five (5) years before the individual's start of clinical rotations, the individual may not enter clinical rotations. Background checks will be completed and all convictions will be reviewed.

Any criminal infraction (including OWI's) must be reported to the Assistant Dean for Student Success prior to the next assigned clinical day or within (5) days. This is in compliance with contracts held by the Vera Z. Dwyer College of Health Sciences with the clinical agencies and consistent with state and federal regulations.

I verify that I have not been convicted of a crime or offense that prohibits me from being granted clinical privileges in a clinical agency.

Signature	IUSB Student # (if applicable)	Date
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Applicant Signature

I understand that my application will only be considered if all required information has been received by the established deadline.

I must inform IUSB of any changes to my mailing and e-mail addresses, and telephone numbers.

I also understand that IUSB reserves the right to request additional information from applicants, if needed, to assess their candidacy for admission. My signature to this application certifies that all of the information contained in my application is factually correct, honestly presented, and contains no significant omissions. If at a later date it becomes clear that this is not so, I agree that IUSB may revoke any offer of admission it makes to me.

Signature	IUSB Student # (if applicable)	Date
		<div></div>

Applicant Summary: *For IUSB staff use only*

Required 2.0 Application GPA (40%) (the weighted GPA of all program prerequisite courses). Application GPA: _____

Required 2.0 Science GPA (35%) (the weighted GPA of all program prerequisite science courses). Science GPA: _____

Completion of General Education Requirements by the end of spring semester. (10%) #complete ____/8 Gen Ed Score: _____

Statement Scores (10%): Reviewer 1 Score: _____ Reviewer 2 Score: _____ Reviewer 3 Score: _____

Required Program Prerequisite Non-Science Courses:

ENG-W 131 _____
SPCH-S 121 _____
SOC-S 161 _____
PSY-P 103 _____

Required Program Prerequisite Science Courses:

CHEM-C 101/121 or higher _____
HPER-N 220 _____
MICR-M 250 _____
Physiology _____
Anatomy _____

Fundamental Literacies:

(Ivy Tech sequence 101, 102, and 201) _____

- Writing (program prerequisite) ENG-W 131
- Critical Thinking
- Oral Communication (program prerequisite) SPCH-S 121
- Visual Literacy (CHEM-C 102 counts)
- Quantitative Reasoning
- Information Literacy COAS-Q 110
- Computer Literacy

Contemporary Social Values:

- Non-Western Cultures
- Health and Wellness (program prerequisite) HPER-N 220
- Diversity in United States Society (program prerequisite) SOC-S 161

Common Core (3 out of 4 needed; one must be the 390/399 level):

- The Natural World
- Human Behavior and Social Institutions
- Literary and Intellectual Traditions
- Art, Aesthetics, and Creativity

Program Prerequisites Course Repeat Score (5%):

- 4: No repeats of any program prerequisite courses
- 3: Repeat of 1 non-science course
- 2: Repeat of 1 science course
- 1: Repeat of 1 science course and 1 non-science course OR
Repeat of 2 non-science courses
- 0: Repeat of 2 science courses OR
Repeat of 3 non-science courses OR
Repeat of 1 science and 2 non science courses

Applicant Pool Tier

Tier 1: Applicants who provide a complete application by February 1 (excluding BG check results, must provide proof of initiated).

Tier 2: Applicants who have NOT provided a complete application by February 1.