

## Dental Hygiene Program – Lane Application Fall 2015 Forms Packet

## **FORM 1 CONDITIONS FOR APPLICATION**

Complete all portion	Complete all portions of this form as directed. List name as indicated in myLane							
L# FIRST	LAST							
E-mail - required	1st - Phone	2 <sup>nd</sup> Phone						
All courses were taken at LCC								
Official Transcripts from other col	leges have been submitted to Lane Enrollm	ent Services – Attention: HP Transcript –						

Application Conditions and Program Progression Completion Requirements

Lane Community College - 4000 East 30th Ave, Eugene, OR 97405

In submitting my DH program application by email to HPApplicationCenter@lanecc.edu , I affirm the following:

- I took all of my prerequisite courses at Lane Community College,
   OR I have submitted official, sealed transcripts from colleges other than Lane to Lane Enrollment Services.
- I have completed the <u>LCC Credit Admission</u> process and have an L number.
   OR I have previously taken credit classes at Lane and have an L number.
- I have completed the Dental Hygiene On-line Admissions Application & Payment process, including paying the \$50 non-refundable application fee.
- I understand all information in the Fall 2015 Dental Hygiene Application Information Packet. I am NOT considered an applicant to the program unless all required forms and documentation are completed and submitted according to application instructions prior to the application deadline.
- My application will not be returned and I am responsible for making a personal copy.
- I have read the Fall Enrollment Requirement Section and understand I must attend the mandatory orientation and comply with all other enrollment requirements if I am accepted or considered a program alternate.
- I am a current resident of the State of Oregon and my current Oregon address is listed in myLane.
- I understand it is my responsibility to complete all program requirements for degree completion.
- I understand I must successfully complete all DH prerequisites courses before Fall term 2015 to enter the program.
- I hereby attest that all application information and documentation I have submitted in this packet is accurate and authentic.

Forms 1 and 2 submitted scanned, Google docs, handwritten or delivered in person will not be accepted. Be sure to use the latest version of Adobe Reader to complete this Form.

Macintosh users – do not use "Preview" to view or complete this Form. Set Adobe Reader as the default PDF reader.

Submit all supporting documentation attached to ONE e-mail by the deadline:

HPApplicationCenter@lanecc.edu

**Health Professions Application Center** 

Subject – Student Name L number DH Application Documentation

Change to file name:

DHForms2015LastNameLNumber

On the same date or before:

Lane Transcript and/or submitted transcripts to **Enrollment** Services reflect courses and degree(s) listed on Point Petition Sheet.

Online Dental Hygiene Program Admissions Application and Payment has been submitted.

FORM 2 POINT PETITION SHEET  See 2015 Dental Hygiene Application Information Packet for application requirements and for Course Equivalency & Transfer requirements if course was not taken at Lane.							Courses <u>must meet</u> minimum credit requirement shown. Enter grade point values in the right hand column 'Points'					
listed must be of Winter 201			Cou	rse/School		Term/ Year	# Credits	Grade C	Grade B	Grade A	Indicate Points Earned	
Item 1: Mathematics Requirement:												
MTH 052, or	higher (3 Cr or	more),						1	1	2		
Item 2: Writi	ng Requireme	nt:										
WR 121 (3 /	· ·							1	1	2		
	Prior Bachelor's degree, must appear on a submitted transcript						n/a	n/a	n/a	2		
Item 3: Choi	ce of either Ch	nemistry and	d Biology (2 co	urses) OR full (	Chemistr	ry (1 cοι	urses): must i	be within t	he last 7	years		
CH 112 (3 / 4	Cr)							2	4	4		
<b>AND</b> BI 112	(3 / 4 Cr) <b>OR</b>								Received: nt value			
CH 100 or hi	gher (5 Cr)							2	4	4		
Items 4:Human Anatomy and Physiology 1 and 2 (2 courses):												
BI 231 (4 Cr)								1	3	3		
BI 232 (4 Cr)	BI 232 (4 Cr)							1	3	3		
Item 5: Nutri	tion Requirem	ent:										
FN 225 or FN 240 (4 Cr)								1	1	2		
Items 6: Psy	chology and S	Sociology R	equirements:		<u> </u>							
PSY 201, 202, or 203 (3 / 4 Cr)							1	1	2			
SOC 204, 205, or 206 (3 Cr)							1	1	2			
Item 7: Spee	ch Requireme	nt:										
SP 100 or 11	1 (3 / 4 Cr)							1	1	2		
Item 8: Entra	nce 2015 HOE	BET Test: M	inimum to apply	is 50 points. Ent	ter points	s associa	ated with your	score. Ex	ample: 7	72%= 72 = 6	6 points	
50-60 = 4	61-70 = 5	71-80 = 6	81-84 = 7	85-88 = 8	89-91 =	= 9	92-94 = 10		3-100 = 12			
Part 2B. Ad	ditional Cours	es required	for Entry Fall 20	15 - additional ad	dmittance	e points	given for appl	ication pro	ocess			
		<u> </u>	ogy 3 and Micro									
BI 233 (4 Cr)	BI 233 (4 Cr)			<b>Y</b>				2	4	4		
BI 234 (4 Cr)							2	4	4			
Item 10: Wri	ting Options:											
WR 123 or 23	27 (3 / 4Cr)							1	1	2		
		<u>'</u>			U		T	otal Cour	se Poin	ts Earned		
Part 2C. Add	litional Points											
Required Prerequisite Course Cumulative GPA: Total of letter grade values in Section 2A (A= 4, B=3, C=2) divided by total credits. ≥ 3.0 GPA = 2 pts												
Work Experience: Attach the Dental Office Work Verification Form 4 – one per employer = 2 pts												
Spanish Language Proficiency: Include transcripts for College Courses (list course information below) or CLEP Testing Results. = 2 pts												
Deductions: Tv	o points per occur	rence will be de	ducted for each N/P	, W , NC, *, D, or F i	n Bl 231-2	33, Summ	er Term 2013 or	later. = n	ninus 2 p	ots each		
Total Points for Course Completion and Additional Points (Points Possible 50)												
Po sure to do the Online Application and Payment Process to complete your final step to apply to the DH Program												

Be sure to do the Online Application and Payment Process to complete your final step to apply to the DH Program. List any additional information that didn't fit into spaces provided above: