

Dental Hygiene Program – Lewis-Clark State College Application Fall 2014 Forms Packet

FORM 1 CONDITIONS FOR APPLICATION

	Complete all portions of this form as directed. List name as indicated in myLane							
L#	FIRST	LAST						
Email - re	equired	1st - Phone	2 nd Phone					
A	Il courses were taken at LCC							
C		es have been submitted to Lane Enrollment DEast 30th Ave, Eugene, OR 97405	Services – Attention: HP Transcript					

Application Conditions and Program Progression Completion Requirements

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 <u>Lane Enrollment Services</u>
- 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 Online Admissions Application & Payment process, including paying the \$50 non-refundable application fee.
- I understand all information in the Fall 2014 Dental Hygiene LCSC 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 understand it is my responsibility to complete all program requirements for degree completion.
- I have met with and had my courses evaluated by Jacob Hornby, Ph.D. Professor/Pre-health Professions Advisor at LCSC (208) 792-2441 or jmhornby@lcsc.edu.
- I understand I must successfully complete all DH prerequisites courses before Fall term 2014 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 email by the deadline:

HPApplicationCenter@lanecc.edu
Health Professions Application Center
Subject – Student Name L number DH LCSC
Application Documentation

Change to file name:

DHLCSCForms2014LastNameLNumber

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.

See 2014 Den		olication Infor	T L mation Packet for ts_if_course was no				Enter grade				nent shown. Iumn
Part 2A. Pre- listed must b of Winter 201	erequisite Cou e completed by 14 or be listed a unofficial trans	rses the end as "in	Course/School			Term/ Year	# Credits	Grade C	Grade B	Grade A	Indicate Points Earned
	nematics Requ										
MTH 052, or	higher (3 Cr or	more),						1	1	2	
	ing Requireme										
WR 121 (3 / 4 Cr) OR								1	1	2	
Prior Bachelor's degree, must appear on a submitted transcript							n/a	n/a	n/a	2	
Item 3: Choi	ice of either Cl	hemistry and	l Biology (2 cou	rses) OR full	Chemist	ry (1 cou	ırse): Full che	emistry mu	ıst be with	in the last	7 years
CH 112 (3 / 4	4 Cr)							2	4	4	
AND BI 112 (3 / 4 Cr) OR								Grade R	leceived: nt value		
CH 100 or higher (5 Cr)								2	4	4	
Items 4:Hun	nan Anatomy a	and Physiolo	gy 1 and 2 (2 co	ourses):							
BI 231 (4 Cr)								1	3	3	
BI 232 (4 Cr)								1	3	3	
Item 5: Nutri	ition Requiren	nent:									
FN 225 (4 Cr)								1	1	2	
Items 6: Psy	chology and	Sociology Re	equirements:								
PSY 201, 202, or 203 (3 / 4 Cr)								1	1	2	
SOC 204, 205, or 206 (3 Cr)								1	1	2	
Item 7: Spee	ech Requireme	ent:									
SP 100 or 11	11 (3 / 4 Cr)							1	1	2	
Item 8: Entra	ance 2014 HO	BET Test: Mi	nimum to apply is	s 50 points. Er	nter point	s associa	ited with your	score. Ex	ample: 72	2%= 72 = 6	o points
50-60 = 4	61-70 = 5	71-80 = 6	81-84 = 7	85-88 = 8	89-91	= 9	92-94 = 10	95-97 = 1	i-97 = 11		
Part 2B. Ad	ditional Cours	ses additional	admittance point	ts given							
		and Physiol	ogy 3 and Micro	biology: <i>BI 2</i> 3	34 must b	e within i	the last 7 yea	rs prior to	Fall entry	T	
BI 233 (4 Cr)								2	4	4	
BI 234 (4 Cr)								2	4	4	
	ting Options:										
WR 123 or 2	27 (3 / 4 Cr)							1	1	2	
Part 2C. Add	ditional Points						T	otal Cour	se Points	Earned	
			: Total of course lette	r grade values A=	4, B=	2 divided b	y total credits	≥ 3.0 GPA		= 2 pts	
•	-			-	2)	-		 () 	= 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											
		*	cations forms, this for				-			r 3 pts	
-	-		ducted for each N/P,						ninus 2 pts		
Deductions: TV	vo points per occur	rence will be ded									
			rotai Po	ints for Cours	se comp	ienon gu	iu Auditiona	ruiills (<i>l</i>	-บทเร 205	SIDIE 33)	

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: