



APPLICATION FOR ADMISSION

# Associate Degree in Dental Hygiene

**Application deadline for summer is March 15.**

**Documents submitted after the application deadline will be placed into a waiting list.**

## APPLICATION PROCESS

1. Please use the attached application checklist to ensure that your application is complete. **Incomplete applications will NOT be evaluated.**
2. Complete the application, by fully answering all questions. Applications must be typed or printed in black ink, signed, and dated.
3. **All required information and documents must be submitted with the application** in order for the applicant to be considered for admission.
4. The applicant assumes the responsibility for submission of ALL required documents on or before the application deadline date.
5. Obtain your official transcript(s) for submission with your application. **Applications without OFFICIAL TRANSCRIPTS will NOT be evaluated.**

PLEASE DELIVER COMPLETED FORM TO:

Goodwin University  
ATTN: Elsa Luis  
One Riverside Drive  
East Hartford, CT 06118

860-913-2302  
eluis@goodwin.edu

[www.goodwin.edu](http://www.goodwin.edu)



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## ADMISSIONS CRITERIA

The Goodwin University Dental Hygiene Program is a rigorous and intensive postsecondary program that is both physically and mentally demanding. Due to the limited number of enrollments in the program, admission is based on specific entrance criteria as well as a ranking point system. To qualify with a minimum standard for admission the applicant must:

1. Complete the application for admission into Goodwin University if not already a student at Goodwin. Applicants to the dental hygiene program must first meet the requirements for admission and be accepted into Goodwin University.
2. Have a high school diploma or GED.
3. Have a minimum college 2.7 GPA.
4. Date of application submission and points attained in the Selection Point System will dictate the class roster's placement order. 28 students are accepted each summer semester.
5. Acknowledge, understand, and follow professional and personal policies, which include but are not limited to: patient confidentiality and personal appearance standards.
6. A criminal background check and drug screen will be conducted by Goodwin University Dental Hygiene prior to the first semester; results MUST be satisfactory in order to be able to attend the program.
7. Have completed coursework that are requirements for admission:
  - 7a. Math (Intermediate algebra or higher) and Chemistry must be completed with a C or better. Anatomy and Physiology I must be completed with a C+ or better. Introduction to Psychology and English Composition must be completed with a passing grade.
  - 7b. Student could be enrolled in Anatomy & Physiology II at the time of application. Course must be successfully completed (C+ or better) before beginning the first DHP course.
  - 7c. Student could be enrolled in Microbiology at the time of application. Course must be successfully completed (C+ or better) before beginning the first DHP course.
8. Provide documentation of observation of dental hygiene services. Observation must include 8 hours in the prior 12 months.



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Students are expected to be able to perform the following:

1. MOTOR FUNCTION - student should be able to:
  - a. Manipulate dental equipment and instruments with both hands.
  - b. Assist patients, classmates, and faculty in medical emergencies.
  - c. Demonstrate adequate motor skills to accomplish effective instrumentation.
2. VISUAL OBSERVATION - student should be able to:
  - a. Determine anatomy and pathology, through dental radiographic (x-ray) images characteristics.
  - b. Read material pertinent to the care and safety of the patient, classmates and faculty.
  - c. Demonstrate adequate depth perception to accomplish effective instrumentation.
3. AUDITORY (HEARING) OBSERVATION - student should be able to:
  - a. Hear alarms, telephones, as well as, patient, classmates, and faculty voice ranges.
  - b. Hear stethoscope sounds when performing blood pressure examination and sounds from dental equipment.
4. COMMUNICATION SKILLS - student should be able to:
  - a. Have sufficient command of the English language to ensure proper verbal and written communication with patients, classmates, and faculty.
5. CRITICAL THINKING SKILLS - student should be able to:
  - a. Comprehend and assimilate the knowledge acquired from didactic courses into the assessment, planning, implementation and evaluation of dental hygiene treatment to patients.



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## PERSONAL INFORMATION

Name \_\_\_\_\_  Male  Female  
*Last First Middle*

Address \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City State Zip*

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Best Time To Contact \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

## ADDITIONAL INFORMATION

Have you ever been enrolled in another dental hygiene program?  Yes  No Date(s)/Year(s) \_\_\_\_\_

If yes, which program? \_\_\_\_\_

Reason for leaving?

Information concerning date of birth, gender, ethnic group, and social security number is being collected for reporting purposes only and will not be used in the selection process for admission.

- Demographic Information:  Married  Single  Divorced  Children  
 White  Black, Non-Hispanic  Hispanic  Asian/Pacific Islander  
 American Indian/Alaskan Native  Non-Resident Alien  I choose not to respond

Is English your native language?  Yes  No

If no, please indicate primary language \_\_\_\_\_

Citizenship: Are you a U.S. citizen?  Yes  No

If no, list Visa type: \_\_\_\_\_



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As part of the Goodwin University Dental Hygiene program admission process, criminal background checks will be conducted. Entrance into the program is conditional pending receipt and evaluation of a criminal background check, Federal Criminal Check clearance and child and/or elderly abuse clearance to determine whether there is any conviction which may bar the student from the Dental Hygiene program and/or licensure process. The following guidelines are used in making decisions about an applicant's criminal and child and/or elderly abuse background:

### **CHILD AND/OR ELDERLY ABUSE CLEARANCE**

Any record outcome will result in denial into and/or dismissal of the DH program.

### **CRIMINAL BACKGROUND CHECK**

Any felony conviction\* within the past 10 years, will result in denial into and/or dismissal of the DH program. Any felony conviction more than 10 years old will be evaluated based on the nature of the offense, length of time since the offense and any explanatory letters/materials submitted by the applicant or student. Any misdemeanor will be evaluated based on the nature of the offense, length of time since the offense, and explanatory letter/materials submitted by the applicant or student.

\*Any punishment over one year indicates a felony according to federal sentencing guidelines ([www.uscc.gov](http://www.uscc.gov)).

### **DENTAL HYGIENE LICENSING BOARD EXAMS**

Typically state boards have the authority to deny a license to an applicant who has committed an act for which the board could revoke a license. Persons convicted of a felony or serious misdemeanor may be refused licensure, as well as those disciplined on the license application about prior convictions, discipline, etc. Most states conduct background checks on a case-by-case basis and may take into consideration the seriousness of the offense and other factors in making the decision to grant or withhold licensure.

[www.adha.org/licensure](http://www.adha.org/licensure)

I understand that a criminal background check will be conducted by Goodwin University Dental Hygiene program and the results of this report may prevent me from admission to the program, and in some cases, from obtaining licensure and consequently employment.

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*Student's Signature*

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*Date*

I, the undersigned, apply for admission to Goodwin University's DH program. I understand that once accepted it is my responsibility to familiarize myself with and abide by the policies and regulations of Goodwin University. I agree that the information given on this application is true to the best of my knowledge. I further understand that any falsification of information may result in my being withdrawn from the program.

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*Student's Signature*

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*Date*