



# UTAH COLLEGE OF DENTAL HYGIENE™

A DIVISION OF CAREERS UNLIMITED L.L.C.  
1176 South 1480 West • Orem, Utah 84058



## **Utah College of Dental Hygiene Application Packet and Admissions Information**



**Guide to the Utah College of Dental Hygiene Application Process**  
**\*\*\* IMPORTANT- Please read before completing the application\*\*\***

The following materials are included in this application packet:

1. Cover Sheet
2. Guide to the Utah College of Dental Hygiene Program Application Process
3. Application Checklist
4. Observation Verification Form
5. Reference Letter (3 required)
6. Application
7. Other Program Information
  - Dental Hygiene Program— *see college catalog on [www.ucdh.edu](http://www.ucdh.edu)*
  - Dental Hygiene Admission Criteria and Selection – *see college catalog on [www.ucdh.edu](http://www.ucdh.edu)*
  - Dental Hygiene Program Goals and Vision – *see college catalog on [www.ucdh.edu](http://www.ucdh.edu)*
  - Dental Hygiene Curriculum Information— *see college catalog on [www.ucdh.edu](http://www.ucdh.edu)*
  - Dental Hygiene Program Estimated Expenses— *see college catalog on [www.ucdh.edu](http://www.ucdh.edu)*

Completion of the Utah College of Dental Hygiene Program application submitting the information and forms properly is the sole responsibility of the applicant.

Return all required Utah College of Dental Hygiene application, forms, letters, transcripts, and other applicable application information to:

Admissions  
Utah College of Dental Hygiene  
1176 S. 1480 W.  
Orem, UT 84058

For complete information or catalog information please contact the admissions office  
801-426-8234 or [admissions@ucdh.edu](mailto:admissions@ucdh.edu)



## UCDH BSDH APPLICATION CHECKLIST

	Submit 'Application' for admittance to Utah College of Dental Hygiene at: UCDH Admissions and Records 1176 S. 1480 W. Orem, UT 84058
	Pay Application Fee: Include a \$50.00 (US. Funds) non-refundable check or money order made out to 'UCDH' with your admission form. Make sure you include your name on your check.
	Submit your official high school transcript or copy of your GED certificate and a copy of your high school diploma/diplomas. Have the transcript mailed directly to UCDH. NOTE: Only official transcripts are acceptable.
	Submit your official college transcripts. Have them mailed directly to UCDH. NOTE: Only official transcripts are acceptable.
	Submit a 'Letter to Reference' from an employer. If you are not currently employed, submit a letter from an individual who knows you well.
	Submit a 'Letter to Reference' from a college course director who taught a course you have taken or are currently taking.
	Submit a 'Letter to Reference' from someone who knows your moral/ethical character such as from a religious, community, or volunteer organization representative.
	Complete a minimum requirement of 40 hours shadowing/observing a dental hygienist or dental office. – Fill out Shadowing Log and Verification Form
	Submit your ACT or SAT score if test was taken
	Once this has been submitted contact the admissions department to make sure the items above were received.

### **Application Process:**

You do not have to have all items completed above to send in your application. Your application will not be processed until you have submitted the \$50.00 application fee. During the application process it is imperative you keep in contact with the admissions department. It is your responsibility to make sure all items were received. If you change your contact information or move please inform the admissions department 801-426-8234 [admissions@ucdh.edu](mailto:admissions@ucdh.edu). When classes are completed please send updated transcripts to UCDH.

You should retain copies of the application you submit. If you reapply in the future, information will not be released from any previous application. You will be required to fill out a new application and paid the application fee again.

### **Interview Schedule:**

ALL information must be included in admissions file to be considered complete. If applicants qualify for an interview a letter will be sent out inviting you to do so.

### **Notification:**

You will be notified if you are accepted into the program. You will also be notified if you are not accepted into the program. No information will be given regarding an applicant's admission status over the phone. Please DO NOT CALL the admission office of the Department of Hygiene to obtain your status.



## Dental Hygienist Observing/Shadowing Verification Form

All applicants wishing to increase their consideration for admission to the Utah College of Dental Hygiene should demonstrate familiarity with the dental hygiene profession. A minimum may be established through documented observing (shadowing) of a dental hygienist during his or her workday for a minimum of 40 hours or through dental assisting/dental receptionist (in an office that employs a dental hygienist). This form provides the necessary verification of the observing (shadowing) experience.

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Applicant Name: \_\_\_\_\_

The above named individual has spent \_\_\_\_\_ hours DH observing/shadowing/dental assisting/dental receptionist in the office/clinic at

\_\_\_\_\_  
Name of Practice

\_\_\_\_\_  
Location of Dental Office

( \_\_\_\_\_ )  
Telephone Number of Dental Office

Date(s) of Observation/Work (This may be a time period rather than exact dates):

The applicant observed the following procedures:

\_\_\_\_\_  
Printed Name of Dental Hygienist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Dental Hygienist

# Utah College of Dental Hygiene

1176 S 1480 W

Orem, UT 84058

P: (801) 426-8234 / F: (801) 224-5437

[admissions@ucdh.edu](mailto:admissions@ucdh.edu)

## DENTAL HYGIENE REFERENCE FORM

**Applicant Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I authorize \_\_\_\_\_ to write a letter of recommendation on my behalf.  
(Referrer's Name)

**- Nature of relationship:** \_\_\_\_\_ Academic \_\_\_\_\_ Employment \_\_\_\_\_ Other  
 If "Other" please specify \_\_\_\_\_

**- If an academic recommendation, the following information may be included (mark all that apply).**  
 Grades  GPA  Courses Attended  Academic Performance  Class Rank  
 Check one:  I waive  I do not waive my right to review a copy of the letter at any time in the future.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This form complies with The Family Educational Rights and Privacy Act of 1974.

**To the referrer:** The applicant above is applying for admission to the Utah College of Dental Hygiene. References are an important part of the application process. Please complete the following portion of this form, and fax or mail it to the address above. If necessary, use the back of this form or an additional sheet of paper.

**It is very important that this reference form be completed and submitted as soon as possible so that the applicant can be considered for admission. Thank you for your timely assistance.**

**1. Knowledge of the Applicant:** (Please check all that apply) NOTE: References *cannot* be from relatives.

I have known the Applicant for (add number) \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Slightly  
 I know the Applicant \_\_\_\_\_ Very Well \_\_\_\_\_ Moderately well \_\_\_\_\_ Other (Specify)

**2. Evaluation of the Applicant:**

	Truly Exceptional	Excellent	Good	Average	Below Average	No Comment
Academic knowledge						
Ability to work independently						
Ability to work with others						
Ability to accept criticism						
Professional and ethical conduct						
Emotional maturity						
Organizational skills						
Professionalism						

**3. Overall Endorsement:** \_\_\_\_\_ **Highly Recommend** \_\_\_\_\_ **Recommend** \_\_\_\_\_ **Recommend w/ reservations**

\_\_\_\_\_  
(Please print) Referrer's Name/Degrees

\_\_\_\_\_  
 Position/Title

\_\_\_\_\_  
 Signature

E-mail address: \_\_\_\_\_

Phone: \_\_\_\_\_

*Please send to:*  
*Admissions & Records Office*  
*1176 S 1480 W, Orem UT 84058*  
*Phone: (801) 426-8234 Fax: (801) 224-5437*  
*E-mail: [admissions@ucdh.edu](mailto:admissions@ucdh.edu)*  
*Website: <http://www.ucdh.edu/>*

## APPLICATION

**Last Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_  
**First Name:** \_\_\_\_\_ **Maiden Name:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Work Phone #:** \_\_\_\_\_  
**Social Security #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
**What state are you from?** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**How did you hear about the program?** \_\_\_\_\_

NOTE: By providing your email and phone number above, you are giving UCDH representatives permission to reach you via email, phone call, or text.

**Provide the names and contact information for two individuals, preferably to include a parent, who always knows how to contact you. Please notify the College of any subsequent changes in any of your contact information.**

### SECONDARY CONTACT ONE

### SECONDARY CONTACT TWO

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Relation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

**Why would you be a successful dental hygiene student and professional? Use an additional sheet if necessary.**

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**COLLEGE/UNIVERSITIES ATTENDED**

**Please list all college/universities you've attended. Official transcripts from each college/university must be sent to the above address.**

<b>Start/Stop Dates</b>	<b>Name of School</b>	<b>Location</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CURRENT/ANTICIPATED REGISTRATION**

**A copy of your registration, or an unofficial transcript, which verifies your current enrollment is required.**

<b>Semester</b>	<b>Name of School</b>	<b>Course and Title</b>	<b>Credits</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**What class are you interested in applying to:**

- September 2018**
- September 2019**
- May 2020**

**CITIZENSHIP ATTESTATION: By signing below, I declare that I am a citizen of the United States.  
(UCDH is currently not accepting applications from foreign nationals)**

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Date)**

**I hereby certify that, to the best of my knowledge, the information in this application is true and complete without intent of evasion or misrepresentation. I understand if the above information is falsely submitted, or data misrepresented it is sufficient cause for rejection or dismissal.**

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Date)**

**To complete the application process, please attach your \$50.00 (U.S. Funds) application fee and send to:**

**UCDH  
Admissions/Records Office  
1176 S 1480 W  
Orem, Utah 84058**