

UNIVERSITY OF ALASKA FAIRBANKS

ALLIED HEALTH

UAF/ Tanana Valley Campus Dental
Allied Health-Dental Hygiene, Room 436
604 Barnette Street
P.O. Box 758040 fns1
Fairbanks, AK 99775-8040

Programs
Shannon Vargas
(907) 455-2805
v@uaf.edu



Tanana Valley Campus

DENTAL HYGIENE APPLICATION PLEASE TYPE OR PRINT

Please indicate the year you anticipate qualifying as a candidate for selection into the Hygiene Program. To qualify as a candidate for the indicated year, your file must contain proof of acceptance to the University of Alaska Fairbanks (UAF), completed Dental Hygiene Program application, including required signatures, HOBET (Health Occupations Basic Entrance Test) scores, and **you** must provide proof of completion of all prerequisites and official transcripts (including transcript evaluations for non-UAF courses). If applicable, please provide proof of Certified Dental Assistant and/or certificate of completion from a Dental Assisting Program. Applicants must also have met with a Dental Hygiene Program advisor prior to deadline. **ALL** documentation must be **received** in the Dental Program office by **Friday, May 8, 2009 by 5:00pm Alaskan Standard Time** of the year indicated. Late materials or incomplete forms will not be accepted. The **applicant** is responsible for ensuring all required documentation is in his/her file by **Friday, May 8, 2009 at 5:00pm Alaskan Standard Time**. **FAXED APPLICATIONS WILL NOT BE ACCEPTED.**

Fall
Semester

2009

GENERAL INFORMATION:

Name

Last	First	Middle (or initial)
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Mailing Address

Number and Street (or P.O. Box)

City	State	Zip
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UAF Student ID # _____

Telephone Home _____ Work/Message _____ Cell _____

Permanent e-mail address: _____

Printed Name

Signature

Date

EDUCATION

Complete the information below.

College _____
Name City/State Dates Attended Graduation Date

College _____
Name City/State Dates Attended Graduation Date

College _____
Name City/State Dates Attended Graduation Date

If you will be submitting documents and/or records under a previous name, please list below the previous names that will appear on the document(s)/record(s).

Please list any courses currently being taken and the institution at which you are enrolled. *If you are currently completing prerequisite courses, please have your instructor submit a report on university letterhead of your progress to date which includes your grade and anticipated date of completion.*

DENTAL EXPERIENCE:

Employer(s)	Position	Dates (Include number of months if dental assisting experience.)	Reason For Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you a Certified Dental Assistant or have you graduated from a Dental Assisting Program? Please provide a copy of the certificate.

Yes No

PROFESSIONAL REFERENCES

Please list three professional (academic or work related) references. Include current addresses, phone numbers, and e-mail address if available.

Name

Address

Contact number(s) E-mail (if available)

How do you know this reference? How long?

Name

Address

Contact number(s) E-mail (if available)

How do you know this reference? How long?

Name

Address

Contact number(s) E-mail (if available)

How do you know this reference? How long?

Experience Providing Health Care Services (other than Dental Assisting):

Enter information regarding an experiences you have had as a healthy care provider, i.e., prior military training and experience, other health related fields, dental lab technology, foreign trained health care provider, etc.

Knowledge of Dentistry or Dental Hygiene Profession

Describe any opportunities or experiences you have gained through observing, volunteering or working in a dental practice, clinic, community center or other related dental agency.

What other responsibilities or challenges have you had while attending school?

Community Service Activities

Enter information regarding any public, community or volunteer service activities that you have participated in over the past 3-5 years. Please feel free to include anything that you consider service activities, i.e., church, school, community, etc.

Sponsoring Organization/Agency	Service Provided	Your Role	Dates Month-Year
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Awards and Honors Received

Enter information regarding any awards, honors, scholarships, or special recognitions that you have received.

Type/Name Award	Criteria for Selection	Date
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Personal Statement

What unique personal qualities or life experience might distinguish you from other applicants? How would these qualities enhance the experience of the dental hygiene students and add to the diverse culture we strive for at UAF/TVC? How will your education, values, and training meet the identified needs for dental hygiene in the greater Fairbanks area, interior Alaska, and the State of Alaska? (The goal of this essay is to get a sense of who you are, rather than what you have accomplished.)

Application for obtaining an Alaska dental hygiene license requires information concerning convictions of felonies or other crimes, treatment or hospitalization for emotional or mental illness, drug addiction or alcoholism, contagious or infectious diseases, and the illegal practice of dental hygiene. It is **HIGHLY** recommended that applicants with any of these issues contact the State of Alaska, Division of Occupational Licensing Board of Dental Examiners. A criminal background check is required for Alaskan Dental Hygiene licensure.

Due to the clinical experiences in the dental hygiene program, students will be participating in a work environment that has the potential for exposure to bacteria, viruses, and blood borne pathogens. Use of protective glasses, face masks, surgical type gloves, and uniforms (to be determined by the faculty) are required. All students accepted into the dental hygiene program are provided with written policy and instruction on infection control protocol to reduce the risk of transmission.

Clinical dental hygiene requires the ability to sit (or on occasion to stand) for long periods of time, good to excellent hand-eye coordination, and excellent fine motor skills. Some work related disorders associated with dental hygiene could result from repetitive activities and exposure to high decibel sounds. Advancement in design, technology, and knowledge of ergonomics in the profession are continually evolving to minimize these effects.

Due to the nature of the work of a dental hygienist, students are not permitted in the classroom, laboratory, or clinic when under the influence of intoxicants, drugs, or medication affecting psychomotor responses. Students suspected of substance abuse are subjected to the State of Alaska laws and penalties pertaining to alcohol and other drugs. Refer to Drug Free Schools statement on the UAF web page.

When performing health care functions, dental hygienists must protect the health and safety of the public. Engaging in professional contact with the public while suffering from a contagious or infectious disease involving serious risk to public health constitutes unprofessional conduct.

Possible transfer of credits is available to graduates of an ADA accredited dental assisting program. Contact the Dental Hygiene program advisor for details prior to the first day of enrollment as a dental hygiene student.

Expenses beyond tuition generally include activity fees, instruments, uniforms, lab fees, student organization membership, graduation pin, immunizations, cost of yearly BLS class, licensure fees, student health insurance, and malpractice insurance for the Western Regional Examining Boards, professional liability insurance.

Once enrolled as a dental hygiene student, the student can anticipate a four-semester, 40-hour-per-week endeavor. Some evening classes and clinics are scheduled. Adherence to the American Dental Hygienists Association's code of ethics and UAF Student Code of Conduct is required. Code of Ethics can be obtained through Dental Programs or the ADHA web page. UAF Code of Conduct is found on the UAF web page.

Printed Name

Signature

Date

It is the policy of the University of Alaska to provide equal education and employment opportunities and to provide service and benefits to all students and employees without regard to race, color, religion, national origin, sex, age, disability, or status as a Vietnam era or disabled veteran. This policy is in accordance with the laws enforced by the Department of Education and the Department of Labor, including Presidential Executive Order 11246, as amended, Title VI and Title VII of the 1964 Civil Rights Act, Title IX of the Education Amendments of 1972, the Public Health Service Act of 1971, the Veterans' Readjustment Assistance Act of 1974, the Vocational Rehabilitation Act of 1973, the Age Discrimination in Employment Act of 1967, the Equal Pay Act of 1963, the 15th Amendment, EEOC's Sex Discrimination Guidelines, and Alaska Statutes 18.80.220 and 14.18. Inquiries regarding application of these and other regulations should be directed to the University's Affirmative Action Director, the Office of Civil Right (Department of Education, Washington, DC), or the Office of Federal Contract Compliance Programs (Department of Labor, Washington DC).

