
HERZING
UNIVERSITY

Associate of Applied Science Degree in Dental Hygiene

**Application for the class of
January 2012**

**Application deadline:
December 7, 2011**

**Class start:
January 9, 2012**

***The University reserves the right to extend the deadline until the class is filled.**

Please read the entire application before proceeding. Application materials will not be returned. Incomplete applications will not be considered.

The goal of the dental hygiene program is to prepare students with the knowledge and skills required to provide direct patient care under the supervision of a licensed dentist. This includes training in scaling and root planing, polishing teeth, application of sealants, patient assessment, pain management and oral health education. The ultimate goal is to prepare students to gain employment as a dental hygienist.

The Dental Hygiene program consists of six (6) semesters for a total of 90 credits. General education courses and preparatory courses constitute the first two (2) semesters of the program before beginning the dental hygiene core curriculum courses. The dental hygiene core curriculum courses are a four (4) semester sequence and must be taken in succession at Herzing University, without a break in registration. A break in registration, whether initiated by the student or the University, will result in termination from the program. Terminated students must reapply to the program and resume coursework at the beginning of the core curriculum. All preparatory and prerequisite coursework must be completed prior to starting the core dental hygiene courses.

Courses may be scheduled weekdays during the afternoons and evenings starting as early as 8:00 am and ending as late as 10:00p.m., and Saturdays starting as early as 8:00 a.m. and ending as late as 6:00 p.m.

Upon successful completion of the program, students will receive an Associate of Applied Science degree in Dental Hygiene. Herzing University dental hygiene graduates are eligible to take the National Dental Hygiene Board Examination through the American Dental Association, as well as regional clinical examinations required for licensure.

Admission to the Dental Hygiene program is competitive and limited. Herzing University accepts 36 students for each start. Meeting the minimum requirements for entry to the program does not guarantee admission. The Dental Hygiene Admissions Committee will review each application; most qualified applicants are selected based on weighted admissions criteria which include:

- Achieving the minimum standards on the Herzing University entrance examination.
- Required attachments to the application – completed and received by the stated deadline.
- Competitive Admissions Tie-breaker:
 - If two students have the same ranking based on the points criteria enclosed, the position in the cohort will be determined by the following:
 - First tie-breaker: Position will be given to the individual with the highest overall Entrance Examination Score
 - Second tie-breaker: Position will be given to the individual with the highest overall Accuplacer “Arithmetic” Score

Accepted candidates will receive written notification. Applicants placed on an alternate list will be considered for admission if positions become available. Students who are accepted, and who do not start for whatever reason will not be given preference in the next class and will need to submit a new application. Students in the core curriculum, who do not achieve a C+ or better in each course, will not be allowed to continue into the next semester; they will be terminated from the program.

Applicants for the core curriculum (see pg. 3) must have achieved a C+ (76%) or better in each of the following courses (DH 128, DH 228, SC 165, SC 165L, SC 185, SC 185L, and SC 150) for the University to consider transferring the credits.

Although all of the requirements are necessary for admission to the program, please be advised that meeting all the requirements does not imply acceptance into the dental hygiene program. Admission is granted without regard to race, creed, color, gender, national origin, or disability.

Preparatory Coursework: (included in program)**2 Semesters/8 Months; 31 Credits** (Subject to Change)

DH 128	Anatomy & Physiology I for Dental Hygiene	3
DH 228	Anatomy & Physiology II for Dental Hygiene	3
EN 104	English Composition I	3
EN 106	Information Literacy and Research Writing	1
EN 116	Speech	3
HU 101	Critical Thinking	3
PD 100	Student Success Seminar	1
PS 101	Psychology	3
SC 150	Principles of Nutrition	2
SC 165	General Microbiology	2
SC 165L	General Microbiology Lab	1
SC 185	General Chemistry	2
SC 185L	General Chemistry Lab	1
SS 120	Introduction to Sociology	3

Core Curriculum Coursework:**4 Semesters/16 Months; 59 Credits** (Subject to Change)

DH 120	Orofacial Structures	3
DH 121	Oral Histology & Embryology	1
DH 122	General & Oral Pathology	3
DH 123	Dental Hygiene Seminar I	2
DH 124	Pre Clinic Lab	4
DH 130	Pharmacology for Hygiene	2
DH 132	Principles of Dental Radiology	3
DH 134	Clinical Practice I	4
DH 135	Periodontology	3
DH 136	Radiographic Interpretation	1
DH 138	Dental Hygiene Seminar II	3
DH 139	Concepts in Community Dental Health	3
DH 222	Anesthesia & Pain Management	2
DH 223	Dental Hygiene Seminar III	2
DH 224	Clinical Practice II	6
DH 225	Dental Materials for Hygiene	3
DH 230	Ethics & Jurisprudence	2
DH 232	Hygiene Board Review	1
DH 333	Dental Hygiene Seminar IV	2
DH 335	Clinical Practice III	8
PD 200	Career Development Seminar	1
Total:		90

Program Tuition and Fees: (Subject to Change)

Cost includes: textbooks, lab fees, scrubs and supplies	
Full-time Semester Charge	\$9,240.00
Less than Full-time per Credit Charge (<12 credits)	\$770.00
Application fee (non-refundable):	\$ 125
TOTAL:	\$55,565

***National Exam and Central Regional Testing and Local State Licensure exam cost included.**

CPR CERTIFICATION

Cardiopulmonary Resuscitation and Emergency Cardiac Care Healthcare Provider certification is required prior to providing care for patients in the Dental Hygiene Clinic. This course will be offered, at no charge, to dental hygiene students during the first semester of the core curriculum. Certification must be maintained throughout enrollment in the program.

POLICY ON BLOODBORNE PATHOGENS

It is the policy of Herzing University that all employees and students conform to the Centers for Disease Control and Prevention (CDC) and the state regulatory bodies' guidelines for preventing the transmission of HIV and HBV during performance of the exposure-prone invasive required procedures. Monitoring compliance shall be the responsibility of the Herzing University Safety Committee and by faculty supervising in these settings.

Due to the nature of the dental hygiene profession, students will be participating in a learning environment that has the potential of exposure to bloodborne pathogens. Students accepted into the dental hygiene program are provided with written policies and instruction on infection control protocol to reduce the risk of disease transmission. The program complies with all institutional, local, state, and federal policies.

HERZING UNIVERSITY POLICY ON BLOODBORNE PATHOGENS

It is the policy of Herzing University-Lakeland Academy that all employees and students conform to the CDC and the state regulatory bodies' guidelines for preventing the transmission of HIV and HBV during performance of the exposure-prone invasive required procedures. Monitoring compliance shall be the responsibility of the Lakeland Academy Safety Committee and by faculty supervising in these settings.

Current medical data suggests that the risk of transmission of HIV or HBV and HCV during and exposure prone invasive procedure to be small, however, the following policy is adopted in an attempt to balance CDC and state guidelines regarding exposure control and to protect the individual privacy of an infected individual. These guidelines are based on the most current CDC recommendations and equivalent state recommendations.

1. Herzing University – Lakeland Academy will not discriminate against any applicant for admission to the program, faculty, students or patients who are known to have blood borne infectious diseases. As such, Herzing University has no requirement for mandatory testing of any of these individuals for HIV, HBV, or HCV. Tuberculosis testing (Mantoux) is required as are all immunizations required by the State of Minnesota prior to admission.
2. It is recommended that all individuals who perform exposure-prone procedures should know their HIV and HBV status and/or their antibody status. It is a requirement that all faculty and students who may come in contact with potentially infectious body fluids receive the HBV vaccination. If an individual declines the vaccine, they must sign a waiver.
3. Faculty and students who are infected with the HIV, HBV, or HCV should not perform exposure-prone invasive procedures unless advised by a physician and/or expert review panel. Any person regulated by the Minnesota Board of Dentistry who is diagnosed with HIV, HBV or HCV shall report the information to the health commissioner within 30 days of diagnosis or within 30 days of becoming licensed or registered.
4. Any circumstance involving occupational exposure will be addressed by the faculty and/or safety committee. Lakeland Academy will cover the expense of having the exposed individual tested. Any results regarding the individual's infection status will be protected as confidential to the extent required by law.
5. The one exception to the policy is the patient with active tuberculosis. Those individuals will not be treated until the medical doctor responsible for the management of TB has given clearance.
6. All individuals involved in exposure-prone procedures will adhere to standard precautions for infection control.
7. This policy is subject to change as revisions to current guidelines are made by the CDC and other state and federal agencies.

COMPLETING THE APPLICATION

All applicants must **first** pass the University entrance examinations at /or above the minimum score established by the University for the dental hygiene program. **THE EXAMINATIONS MUST BE SUCCESSFULLY COMPLETED BEFORE MOVING FORWARD WITH THE APPLICATION.**

TESTING TIMES ARE FRIDAY MORNINGS AT 10 AM. THE EXAMINATIONS TAKES APPROXIMATELY 2 HOURS. PLEASE CALL 763.535.3000 TO RESERVE A SPACE. A \$25 NON-REFUNDABLE FEE IS CHARGED FOR EACH SPACE THAT IS RESERVED.

Applicants will be notified immediately upon completion of the examination whether or not they can proceed with the application process. Distance testing can be arranged with approval of the Director of Admissions. An approved proctor is required for a distance examination.

Upon successful completion of the entrance examination an applicant may begin to complete the remainder of the application.

ALL MATERIALS MUST BE SUBMITTED TOGETHER ALONG WITH THIS APPLICATION FORM. HERZING UNIVERSITY WILL NOT ACCEPT AND IS NOT RESPONSIBLE FOR TRACKING HYGIENE APPLICATION MATERIALS THAT ARRIVE AT THE UNIVERSITY WITHOUT A SIGNED APPLICATION.

OFFICAL POST SECONDARY TRANSCRIPTS MUST ACCOMPANY THE APPLICATION. DO NOT HAVE POST SECONDARY TRANSCRIPTS SENT DIRECTLY TO HERZING UNIVERSITY. If you have previously attended Herzing University or Lakeland Academy see page 9.

The following requirements must be completed and included in the application:

1. Entrance examination scores.
2. A minimum of 3 hours of observation of a registered dental hygienist. Applicants must attain the signature of the hygienist(s) on the form provided.
3. A 500 word essay (typed). See enclosed standards for essay.
4. Sealed official college transcript(s) of all previous post-secondary education (if applicable). If you are currently attending classes please submit an official transcript to reflect these classes. (PLEASE NOTE: ALL POST-SECONDARY TRANSCRIPTS MUST BE SUBMITTED OR ELSE THE APPLICATION IS CONSIDERED INCOMPLETE. **POST-SECONDARY EDUCATION INCLUDES ANY TRAINING FOR CREDIT AFTER THE HIGH SCHOOL LEVEL. TRANSCRIPTS MUST BE SUBMITTED REGARDLESS OF TRANSFERABILITY OF CREDITS.**)
5. A non-refundable \$125 application fee.
6. Completed immunization form. See attached.
7. Completed Financial Commitment Agreement.
8. Copy of your high school transcript or GED certificate.
9. Non-citizens must supply original (INS) documentation to be copied by our staff. Examples of documents are Permanent Resident card, Resident Alien card, I-94 card, and a photo ID.

**Applicants for the Dental Hygiene program
will be awarded points based on the following areas:**

Entrance Exam Scores:

Points from the entrance exam scores will be based on the combination of the two entrance exam scores combined.

Wonderlic Exam + Accuplacer "Arithmetic" Exam + Accuplacer "Writeplacer" Exam

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Entrance Exam Score

G.P.A. Score:

The GPA score is calculated on the applicant's high school or college grades. If the applicant has completed less than 12 semester credit hours of transferable college courses, the high school GPA is used in the calculation. If the applicant has completed 12 semester credit hours or more of transferable college courses, the college GPA is used in the calculation. If an applicant has a GED and less than 12 SCH of college credits, the default high school GPA of "C" (2.0) that the GED documents will be used.

The following formula will be used in calculating the GPA score: $GPA * 25 = GPA$ Score. For instance a student who achieved a GPA of 3.0 would be awarded 75 points.

Post-secondary Education Score:

Earned Associates Degree or higher from an accredited institution: 25 points

Earned Dental Assisting Diploma from an accredited institution: 25 points

CERTIFICATION FORM

Return with application form.

YOU MUST INITIAL THE FOLLOWING CERTIFICATIONS FOR YOUR APPLICATION TO BE PROCESSED.

PLEASE INITIAL

1. I have read the Dental Hygiene program application.	
2. I understand that I am solely responsible for enclosing the list of required attachments with this application.	
3. I understand my application must be signed and dated. Misrepresentation of application information is sufficient grounds for canceling admission and enrollment.	
4. I understand that the information I have provided on this application and all other application attachments are complete, accurate and true to the best of my knowledge.	
5. I have been informed of the hours required in the dental hygiene program.	
6. I understand that my 2011-2012 FASFA must be completed by the application deadline and receipt of my ISIR provided to the Herzing University Financial Aid Department, unless I have made arrangements with the University to not use financial aid.	

Applicant's Signature

Date

APPLICATION FOR HERZING UNIVERSITY DENTAL HYGIENE PROGRAM
PLEASE PRINT LEGIBLY

Name in Full (Last, First, Middle, Maiden)		Social Security Number:			
		Birthday:			
Permanent Address		City	State	Zip	County
Present Mailing Address (if different from permanent address)		City	State	Zip	County
Previous Address (if above address less than 2 years)		City	State	Zip	County
Home Phone () -	Cell Phone () -	State of Residence <input type="checkbox"/> MN <input type="checkbox"/> WI			
Email:		<input type="checkbox"/> Other _____			
		How long have you lived there? _____ Years _____ Months			

- Are you a United States Citizen? _____Yes _____No (Please specify)
- Are you fluent in a second language other than English? _____ Yes (Please specify) _____ No

EDUCATIONAL RECORD: Names of Educational Institutions attended.

High School(s) or GED	State	Town or City	From	To	Degree or Diploma Received

Post-secondary Institutions	State	Town or City	From	To	Degree or Diploma Received

Have you ever attended Herzing University or Lakeland Academy? Yes No

Last name when you attended Herzing University or Lakeland Academy? _____



FINANCIAL COMMITMENT AGREEMENT

Name:	
Program of Interest:	
Desired Start Date:	

As part of the application process into your desired program of study, the school is asking that you complete this Financial Commitment Agreement. A student's financial commitment is a key factor that will be reviewed and considered when completing the selection process. It is imperative that you understand that you will be evaluated on your financial commitment and ability to pay. If you are selected as an accepted student in this program, it is preferred that you commit to and pay the suggested deposit and monthly payment amount from the chart below. The amounts outlined below are based on Expected Family Contribution (EFC) amounts, which is a number calculated by the US Department of Education based on the data entered into the Free Application for Federal Student Aid (FAFSA). You may be required to contribute more than you indicate below based on the amount of money needed to cover your tuition and fees and you are strongly encouraged to contribute more than the suggested amounts as any efforts you make to reduce your borrowing will be beneficial to you in the long run.

EFC	Suggested Deposit	Suggested Monthly Payment
0-5500	\$50.00	\$50.00
5501-10000	\$150.00	\$150.00
10000-15000	\$200.00	\$200.00
15001-20000	\$300.00	\$300.00
20001-25000	\$400.00	\$400.00
25001 +	\$500.00	\$500.00

Deposit Commitment:	
Monthly Payment Commitment:	

As a school we strongly encourage students to borrow only what is needed to fund their education less any cash payments. The following factors will also be considered as part of the selection process. Please acknowledge your understanding by initialing the applicable points below.

<input type="checkbox"/>	I understand the importance of responsible borrowing and agree to only borrow what is needed to cover my tuition and fee expenses less any cash payment that I have committed to contributing.
<input type="checkbox"/>	I understand that I am applying for acceptance into a selective program of study and financial commitment and ability to pay are used as factors when making the selection process.

I agree to pay the school the amounts indicated above and understand that my acceptance into this program is dependent upon my financial commitment to fund my education.

Applicant Signature

Date

Herzing Official Signature

Date

HERZING UNIVERSITY

ACCREDITATION DISCLOSURE FORM – Minneapolis Campus

1. **Regional Accreditation:** Herzing University is accredited by the Higher Learning Commission and is a member of the North Central Association. The Higher Learning Commission can be contacted at 800-621-7440 or at www.ncahigherlearningcommission.org. That means that educational programs we offer are being offered at an accredited institution. Although regionally accredited institutions tend to recognize one another's credits for transfer purposes to the same course at their institution, Herzing University is not representing that any college will accept your credits in that such decisions are entirely up to the receiving college.

Initial _____

2. **State Approval:** All programs at this Herzing University campus are approved by the state of Minnesota.

Initial _____

3. **Nursing Board Approval:** Herzing University's Bachelor of Science in Nursing program at the Minneapolis campus is approved by the state nursing board. Consequently, graduates are eligible to sit for the National Council of State Boards of Nursing (NCLEX) licensing exam upon successful completion of the program. The passing of this exam allows graduates to work as an R.N. A specialized accreditation is available for the Bachelor of Science in Nursing program. This campus does not have this specialized accreditation for this program at this time and no representation has been made as to when or if such an accreditation will be obtained.

Initial _____

4. **Medical Assisting Programs:** Herzing University's Medical Assisting diploma program at the Minneapolis campus is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) upon the recommendation of the Medical Assisting Education Review Board (MAERB). CAAHEP can be contacted at (727) 210-2350 or www.caahep.org.

Initial _____

5. **Dental Hygiene and Dental Assisting programs:** Herzing University's Dental Hygiene and Dental Assisting programs at the Minneapolis campus are accredited by the Commission on Dental Accreditation of the American Dental Association (ADA). ADA can be contacted at (312) 440-2500 or www.ada.org.

Initial _____

6. **Medical Billing and Insurance Coding program:** Herzing University's Medical Billing and Insurance Coding program at the Minneapolis campus is approved by the American Health Information Management Association (AHIMA). AHIMA can be contacted at (312) 233-1100 or www.ahima.org.

Initial _____

STUDENT NAME (*please print*): _____

STUDENT SIGNATURE: _____ DATE: _____

Dental Hygiene Observation Form

For use with the Herzing University Dental Hygiene program application.
(This form may be copied)

Name of Applicant:

Name of Hygienist: (print)

Date of Observation:

Site of observation (also include city, site, type of practice).

Procedures observed:

Signature of Hygienist:

Date:

Total time of observation/comments:

Dental Hygiene Written Essay

All essays that are submitted must meet the following standards and should contain the contents listed below:

Formatting:

- Essay should be typed (12 point Times New Roman Font Preferred) and double spaced.
- Essay should be a minimum of 500 words

Contents of the Essay:

1. What qualities and/or life experiences have led you to pursue Dental Hygiene as your chosen profession?
2. What challenges do you expect to overcome while pursuing your degree in Dental Hygiene? What structures or support systems do you have in place to overcome those challenges if they occur?
3. Describe your strengths and weaknesses.
4. Discuss why you believe you are the best candidate for the Dental Hygiene program.

APPLICATION ATTACHMENT CHECKLIST

Entrance examination scores.	
Observation form signed by the hygienist.	
Dental Hygiene Essay	
Sealed official copy of your post-secondary transcript(s) if applicable.	
A \$125 application fee.	
Completed immunization form.	
Copy of high school transcript, or GED certificate.	
Copy of CDA or RDA credentials if applicable.	
Original (INS) documentation if applicable.	
Completed Financial Commitment Agreement	
Completed and signed certification form.	
Signed Accreditation Disclosure Form	
Financial Aid on-line application submitted	
Date Submitted [/ /]	

By signing below, I acknowledge that I have read and disclosed all the required materials for this application and I have completed all processes requested in this application with forthrightness. I acknowledge that any exclusion of information will make my application incomplete and/or fraudulent; in which case, my application will not be considered for the dental hygiene program.

Applicant's Signature **Date**

Send applications to:

**Herzing University
Dental Hygiene Admissions Committee
5700 West Broadway
Crystal, Minnesota 55428**