

**UNIVERSITY OF SOUTH DAKOTA
DEPARTMENT OF DENTAL HYGIENE**

Application for Class Entering Fall of _____

Return all application materials to:
Secretary, Selection Committee
USD Department of Dental Hygiene
East Hall 120
414 East Clark Street
Vermillion, SD 57069

All application materials must be received by the Selection Committee Secretary by **February 1** in order for the application to be fully considered. If you attend a South Dakota public university, you will not need to provide ACT scores or current transcripts.

Please fill out application online, print out, sign on two signature lines, and return to the address at the left.

1. _____	_____	_____	_____	_____
Last Name	First	Middle	Maiden/Other	USD ID Number
2. _____	_____	_____	_____	_____
School Address	City	State	Zip	Cell Phone Number
3. _____	_____	_____	_____	_____
Permanent Address	City	State	Zip	Telephone
4. _____	_____	_____	_____	_____

Last 4 Digits of Social Security Number (Must be US citizen or possess green card indicating permanent residency and have lived/worked in the US for three of the previous five years; please provide a copy of green card and resume in support of this.)

5. Email Address: _____

6. To which address above do you want all correspondence from us sent? #2 #3

7. Have you filed an application for this program before? Yes No

8. If yes, in which years? _____

Education:

9. _____
Name of High School City/State Year Graduated

List all institutions you have attended after high school, even if no work was completed. Official transcripts must be submitted from all institutions.

10. ACT test composite score _____

11. All prerequisites, both scored and unscored, must be **completed or in progress** at February 1 application deadline. Please indicate your status regarding the scored prerequisite courses. Check with the department if you are unsure if a transfer course will satisfy the prerequisite requirement. Indicate **where** and **when** you have/will have completed all scored prerequisite courses prior to your entry into the program. For transfer courses, indicate course name and institution for each course. Applications with scored prerequisite GPA lower than 2.5 or with current grade of D or lower in any scored prerequisite courses (unless applicant is repeating course) will be denied.

SCORED PREREQUISITES	Completed	Currently Enrolled
ENGL 101-Composition - 3 cr	_____	_____
PSYC 101-General Psychology - 3 cr	_____	_____
SOC 100-Intro to Sociology - 3 cr	_____	_____
SPCM101-Fundamentals of Speech - 3 cr	_____	_____
Mathematics from SGR#5-MATH 102, 103/L, 104, 115, 120, 121, 123, 125, 216, 225, or STAT 281	_____	_____
*CHEM 106/lab-Chem Survey/lab - 4 cr	_____	_____
*CHEM 107/lab-Organic/Biochem/lab - 4 cr	_____	_____
*#PHGY 220/lab-Anat & Phgy I/lab- 4 cr	_____	_____
*#PHGY 230/lab-Anat & Phgy II/lab - 4 cr	_____	_____
*MICR 230/232-Microbiology/lab - 4 cr	_____	_____

All transfer anatomy and physiology courses must be evaluated for equivalency. Separate anatomy and physiology courses may be used in place of the combined sequence if they transfer as ANAT 142-Anatomy and PHGY 210-Physiology.

*Must have been completed within last ten years.

Additional, unscored prerequisite courses must also be completed or in progress at the February 1 application deadline. Those courses must fulfill these requirements: Advanced Composition (3 cr), Humanities (3 cr), Fine Arts (3 cr), Mathematics (3 cr), and Professional Interest Electives (12 cr.)

Dental Hygiene class size is limited to 32 students. If selected, a \$250 tuition deposit is required to hold your place in the class. If you resign your position, you will forfeit this deposit.

Students who have been enrolled in any dental hygiene program or in a USD School of Health Sciences program are eligible for selection into the USD Dental Hygiene program as long as they have left the program in "good standing." Documentation regarding this status is required from the program Chairperson and must be submitted with the application.

I was previously enrolled in _____ and left in good standing (documentation provided.)
School and Program

The University of South Dakota requires criminal background checks as part of conditional admission to all health professions programs. Background checks will be performed only after the applicant has received notice of conditional admission. I understand failure to disclose any previous convictions or charges pending at any point during the application process may lead to denial or revocation of admission. Felony convictions will result in denial of acceptance to the program and/or eligibility of licensure. Drug screening checks may be required for licensure and/or clinical placement while a student in the program. Additional background checks may be required for programmatic clinical experiences.

Please answer the following questions. On a separate piece of paper please provide an explanation for each "YES" response with a complete description of events including dates. Please include all violations including those under age 18.

1. Have you ever been convicted, pled guilty or no contest, or been granted a deferred judgment or sentence with respect to a **misdemeanor** or **petty offense** (including alcohol and/or drug violations)? You do not need to report minor traffic violations such as speeding tickets, seatbelt violations, etc.

Yes No

2. Have you ever been convicted, pled guilty or no contest, or been granted a deferred judgment or sentence with respect to a **felony**?

Yes No

3. Have you ever been granted a suspended imposition of sentence for any criminal charge?

Yes No

4. Are there any pending criminal charges (misdemeanor, petty offense, or felony) against you at this time?

Yes No

5. Have you ever had privileges revoked, reduced, or otherwise restricted at any hospital or other healthcare provider entity?

Yes No

6. Has any professional license or certificate ever held by you in any state or country been denied, revoked, suspended, stipulated, placed on probation, or otherwise subject to any type of disciplinary action?

Yes No

7. Are you currently being investigated or is disciplinary action pending against any professional license(s) or certificate(s) held by you?

Yes No

My signature indicates my answers to the above questions are true, accurate, and complete. I understand failure to disclose previous or pending convictions may lead to denial or revocation of admission. I understand that any falsification will be considered grounds for dismissal from the University of South Dakota health professions programs should I be accepted.

Applicant's Signature

Date

I understand that it is my ethical responsibility to disclose this information. My signature indicates the information is complete, true, and accurate. I also understand that admission or graduation from a health professions program does not guarantee obtaining a license or certificate to practice. Licensure and certification requirements and the subsequent procedures are the exclusive right and responsibility of the state Boards regulating professional practice. The School of Health Sciences and Department of Dental Hygiene reserve the right to deny admission based on the best interest of the profession.

Applicant's Signature

Date

The University of South Dakota Department of Dental Hygiene will not discriminate against applicants based on race, creed, religion, national origin, ancestry, citizenship, gender, sexual orientation, age, or disability. The Department will not deny admission to the program or access to dental hygiene services to any individual based on the presence of any blood borne infectious disease. The University of South Dakota is an Equal Opportunity/Affirmative Action Employer.