

# STUDENT APPLICATION - BACHELOR OF SCIENCE IN DENTAL HYGIENE

Please complete this form and return to: USD Department of Dental Hygiene, East Hall 120, 414 East Clark Street, Vermillion, SD 57069

Applicant Student ID#: \_\_\_\_\_ Date: \_\_\_\_\_

Mr.  Ms. Name: \_\_\_\_\_ Maiden/Other \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Suite: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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.

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.

- Yes  No 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?

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.

\* If you are a prospective student with a disability and need assistance or accommodations during the admission/application process, please contact the Director of Disability Services, 119B Service Center North, USD, Vermillion, SD 57069. Phone: 605-677-6389 Fax: 605-677-3172 E-mail: [disabilityservices@usd.edu](mailto:disabilityservices@usd.edu)

This document is available in alternative forms upon request. For assistance, call Disability Services at USD at: 605-677-6839 or email [disabilityservices@usd.edu](mailto:disabilityservices@usd.edu). The University of South Dakota is an equal opportunity, affirmative action institution committed to increasing the diversity of its faculty, staff and students.



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