DENTAL HYGIENE – OREGON SITES
FALL 2011
Application Information & Forms

This application is an on-line application process with a $50 fee.
You must complete all steps to be considered.

1. PROGRAM COUNSELING & ADVISING

All of the information necessary to make a successful application to the Dental Hygiene program is included in the following pages. It is your responsibility to be aware of program entrance and degree completion requirements.

For Counseling and Advising assistance to meet program or application requirements, please go to Counseling and Advising in Building 1, Room 103 or E-mail DHProgram@lanecc.edu.

The following information is intended for program entrance only and does not include information on courses required for degree completion. These can be found in the catalog listing for the program year 2011-2012.

2. APPLICATION PROCESS & DATES

2A.   Selection Criteria.

Program admission *is based on a point allocation system*. The Lane Community College site is limited to **20** students. Distance sites enrollment numbers are pending. To be considered, an applicant must complete the entire application process as required below.

You are NOT considered an applicant to the program until you meet all application requirements.

2B.   Important Dates:

Program Application Review Sessions (1 required)
.... **Bldg 4, Room 203, 3-5 p.m., Mar 10, Mar 31, Apr 4, Apr 11, 2011**
HOBET Testing Dates ....**Feb 23, Mar 9, Mar 23, Mar 31, Apr 4** (Apr 11 upon demand)
..... go to http://www.lanecc.edu/testing/hobettesting.htm to schedule and confirm dates and times
Application opens: On-line App & Payment, forms and documents submission opens.............. **Mar 2, 2011***
Application closes: On-line App & Payment and forms and documents submission closes.......**Apr 12, 2011***
Application notification: Program status announced..**May 6, 2011**
Mandatory Orientation & Documentation Dates .... will be announced in program acceptance letters

*Program On-line Application and Payment admission system opens approximately 12:15 a.m. and closes approximately 11:45 p.m. each day. You must submit the Program On-line Application and Payment before the system closes.\

3. APPLICATION REQUIREMENTS

To apply to this program, you must complete and submit the following by the close date listed above. Details of requirements are provided in the following sections.

- Be admitted to Lane Community College as a college-credit student and have an assigned L number,
- Be an Oregon resident by date of application,
- Have HOBET testing completed **Jan. 1, 2011** or after,
- In order to apply, you must complete prerequisites with a **letter** grade of C- or better by the end of **Winter term 2011**,
- Complete the Program On-line Application & Payment,
- Submit the Application Packet to Health Professions Application Center,
- Submit transcripts, if needed, to Enrollment Service by deadline.

4. APPLICATION WORKSHEET & REQUIRED STEPS

Use this check list to make sure you complete all requirements.
You must complete all steps and submit all documentation by the close date listed above.
Keep this check list as a reference.

You must meet the following criteria to have a complete application process and to be considered for the program. Review the following steps carefully.

_____ 1. **Oregon Residency.** You must be an Oregon resident by date of application. See http://lanecc.edu/es/residency.html .

_____ 2. **E-mail Account.** You will need to obtain an E-mail address if you do not already have one. Lane's Enrollment Services and Health Professions Application Center use E-mail to send information.

> It is your responsibility to set your "spam filter" system to accept mail addresses containing @lanecc.edu . Do this even if you are currently receiving E-mails from Lane. We cannot be responsible for notices which are not received due to spam or junk mail handling.

_____ 3. **Admission to Lane as a <u>credit</u> student.** If you are not currently a <u>credit</u> Lane student, complete **Lane's college admission process** and obtain a student "L" number at http://www.lanecc.edu/es/admissions.html. Make sure to complete all "**Steps to Enroll in Credit Classes**" including testing.

_____ 4. **Advising**. Meet with a Health Professions counselor or advisor. See **Section 1**.

_____ 5. **Submit Transcripts (if required)** to Enrollment Services. All courses used for points must be recorded on your transcript.

> - <u>Do not</u> submit transcripts from Lane Community College to Enrollment Services or the HP Application Center.
> - <u>Sealed, official</u>, transcripts from schools other than Lane must be <u>received</u> by application close date. Transcripts may be submitted prior to application open date.
>   Lane Enrollment Services, ATTN: HP Transcript
>   4000 East 30th Ave., Eugene, OR 97405
> - <u>For schools other than Lane, submit UNOFFICAL transcripts</u> (web or photocopy) with your application forms.
> - Transcripts received at the Health Professions Application Center will <u>NOT</u> be forwarded to Enrollment Services.

_____ **6. Request Course Equivalency Evaluation (if needed).**

> Courses taken at other colleges may be eligible for use in the application process. Use the following steps and make sure to consult with a program advisor/counselor.
>
> _DO NOT DELAY. It is your responsibility to initiate the process early and make sure it has been completed by the application deadline._
>
> _IMPORTANT. Equivalencies must meet both Core Program and AAS degree requirements. See program advisor for program requirements._
>
> 1. For colleges other than Lane, submit an official, sealed transcript to Enrollment Services. College transcripts received by Lane's Enrollment Services may be verified in _myLane_.
> 2. Go to the Enrollment Services website http://www.lanecc.edu/es/transferringcredits.html .
> 3. Review "General Information for Transferring Credits."
> 4. Select "Look up Transferable Credits" to check on transferrable classes. _If your course(s) are listed with a Lane subject, course number and title, no further action is needed._
> 5. If the college/course is not listed:
>   ● Contact the Lane department or division which teaches the course and request a course equivalency evaluation.
>   ● Submit a syllabus of the course completed with your request for course equivalency.
>   ● Inform the department of the application deadline.
>   ● _Make sure the department/division E-mails a copy of the approval to you._
>   _Course equivalencies must be approved and received by the correct department or division and forwarded to Enrollment Services by the application deadline to be eligible for points._

_____ **7. Attended Mandatory Application Review Session**. You must attend a session to apply to program. See **Section 2B** for time, days, and location. At the review session**, your presenter will sign the** _Mandatory Application Review Session_ form**. The signed form must be turned in with the application packet.

_____ **8. Completed the following prerequisite courses with a <u>letter</u> grade of C- or better.** All prerequisite courses must be completed and transcripted **to apply.** See the **2010-11** catalog for course prerequisites and program requirements.

> BI 112 Cell Biology, **and** CH 112 Chemistry for Health Occupations, 3 credits each (available only at Lane) **Fall 2004** or later.
> **or** 5 or more credits of CH 100 or higher.   CH 100 or higher must be completed **Fall 2004** or later.
> BI 231 Human Anatomy and Physiology 1. 4 credits.
> BI 232 Human Anatomy and Physiology 2. 4 credits.
> FN 225 Nutrition. 4 credits.
> MTH 052 or higher. 4 or more credits.
> PSY 201 or 202 or 203 - Psychology. 3 credits.
> Soc 204 or 205 or 206 – Sociology. 3 credits.
> SP 100 or SP 111. 3 credits.
> WR 121 English Composition. 3 credits.

> **Additional points** given for completion of these program courses.
> BI 233 Human Anatomy and Physiology 3. 4 credits.
> BI 234 Microbiology. 4 credits. Must be completed **Fall 2004** or later.
> WR 123 or WR 227. 3 credits.

_____ 9. **Complete HOBET Testing Requirements:**
   Must be completed through Lane's Testing Department.
   Must be completed **January 1, 2011** or later**.**
   Must have a minimum composite **final score of 50**.

   For HOBET test information and test dates or to schedule an appointment, visit the Lane Testing site at http://www.lanecc.edu/testing/ . Lane Community College Testing Office is located in Building 1, phone (541) 453-5324. You <u>do not</u> need to submit test scores with your application packet.

_____ 10. **Additional points given for the following.**

   Spanish Proficiency as documented by
   a) Spanish 102, or an equivalent course, or higher course with a grade of Pass or C- or better. Must be completed and transcripted, **or**
   b) Completion of the Spanish CLEP Test with a score of 50 or higher, January 2009 or later. Submit a *stamped, sealed* score sheet from the UO Testing Center and attaché to your application packet, **or**
   Order an official CLEP transcript from http://www.collegeboard.com/student/testing/clep/scores.html . The transcript must be *stamped and sealed and received at Lane's Enrollment Service by the application close date.*
   To Schedule an appointment for CLEP testing, contact the **University of Oregon Testing Center,** http://testing.uoregon.edu.

   Work experience as documented by completion of the **Work Verification** form. This form must be submitted with your application packet.

_____ 11. **Complete the DH Program** On-line Application and Payment. You will be charged a **$50 non-refundable application fee**.
   Before you begin the Program On-line Application and Payment
   You must have a student "L" number to complete this process.
   You must have an E-mail address to complete this process.
   You must have a Visa or MC credit card to pay the application fee.

   Instruction on how to access and complete the Program On-line Application & Payment follows.

_____ 12. **Make a Personal Copy of Application Documents** for your files. Your documents will not be returned to you.

_____ 13. **Submit the Application Packet.**

   Application Point Sheet
   Work Verification Form (if applicable)
   Proof Mandatory Application Review Session Attendance
   Sealed CLEP Test results (if applicable)
   Unofficial college transcript(s) if you attended schools other than Lane.

5. NOTIFICATION

Notification of your status will be by **E-mail or as an announcement through myLane** portal by the date listed in **Section 2B.**

6. FALL 2011 ENROLLMENT REQUIREMENTS

If accepted to the program, you must complete the following. **Failure to do so will result in forfeiture of program eligibility.**

- **Attend the Mandatory Orientation.** *Accepted students must attend the orientation session to be eligible for the program.* – see **Section 2B**. Location will be announced in notification of program acceptance.

- **Documentation of program and/or clinical requirements (to be paid by student) which will include the following. In addition, accepted applicants must attend the Documentation Day** (date to be announced in letter of acceptance).

  > CPR for Health Professionals
  > Physical Examination and Immunizations
  > Eye examination by a optometrist or ophthalmologist
  > Health insurance coverage (Personal, OHP or Student Health Insurance)
  > Immunizations including a hepatitis B series. Hepatitis vaccinations and titers are required for clinical
  >   practicum. For special circumstances please contact the program coordinator.
  > Background check may be required.

Specifics will be included in <u>program notification</u> and discussed at the Mandatory Orientation.

All forms and necessary materials will be sent by e-mail or **myLane** to you after you have indicated your program acceptance.

AMERICANS WITH DISABILITIES ACT

If you need support or assistance because of a disability, you may be eligible for academic accommodations through Disability Resources. For more information contact Disability Resources at (541) 463-5150, or TDD 463-3079, or stop by Building #1, Room 218.

2011-12 Health Professions

Online Program Application & Payment

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Before you start your Program On-line Application & Payment session:

a. You must have applied for credit admissions to Lane and have a student L number.
b. You must have a personal e-mail account (Lane does not issue students Lane e-mail accounts).
c. You must have a credit card on which to charge the **non-refundable application** fee.
d. Complete the program Application Worksheet.

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Go to: .... https://exp.lanecc.edu/pls/lane/bwskalog.P_DispLoginNon Lane's Admission and Program Application website.

Apply Online: .... Click on this link

First time user account creation .... Click on this link at bottom of page.

    Create a Login ID: .... Enter your L#. (If you have applied for admissions and have not yet received your L#, have the system to generate a G# for you. Make sure to keep your G number for reference!)

    Create a new PIN: .... Follow instructions on the web page.
- Do not use the same PIN you use to log into myLane, myLane, or Moodle.
- This PIN is only for the Application process and will not change your myLane PIN.
- Use this Application PIN to check on the status of your program application. Write it down!

Login: .... Click this button located at bottom of page.

Continue: .... Click this bottom located at bottom of page.

Application Type: .... Select the correct program application type from pull down menu. Make sure of your selection.

Continue: .... Click this button at bottom of page.

Apply for Admissions .... By entering the correct information.

    Admission Term: .... Fall 2011. Enter from drop down menu. (For EMT Basic Spring/Summer, enter Spring 2011)

    Enter Name: .... Make sure your name matches the name you used in your *myLane* portal.

    Fill Out Application .... Click this button at bottom of page.

    Application Checklist .... Click this link and complete each required section of the application.
- Follow the instructions provided on each screen.
- **High School Section.** *Some Health Professions programs require high school completion.*
- Previous College Section: List all previously attended institutions.

    Application is Complete .... Click this button only when all sections have been completed.

    or Finish Later .... Click this button to save your information.

Complete Payment .... You must pay the Program On-line Application fee with a Visa or MasterCard.

Signature Page .... Click the button and read agreement information.
- Your Program On-line Application is dated and timed after submission of the Signature Page.
- This is an acknowledgement page and *does not require a signature.*

Return to Application Menu .... Click this link at the bottom of the page. Your application is now listed as "submitted."

Lane Community College Admission Confirmation. An E-mail will be sent to you confirming your Program On-line Application and Payment and time. Retain this page for your reference.

In addition to your Program On-line Application and Payment, the following programs require additional form(s) and documentation. Details are in the Program Application Information & Forms.

Dental Assisting	*Medical Office Assistant*
Dental Hygiene	*Nursing*
EMT Paramedic	*Physical Therapy Assistant*
Health Records Technology	*Respiratory Care*

Print Clearly. Name as indicated in **myLane**.

L# _____   First _____   Last _____

Address _____   City _____   ST _____   Zip _____

County _____

E-mail _____   1st Phone _____   2nd Phone _____

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Application Point Sheet

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Indicate if all coursework has been taken at Lane.

1. List colleges/universities attended. See Section 4 for transcript requirements and course equivalency information.

Name of College/University. Do not abbreviate the names.	State	Quarter or Semester	From - Dates Attended - To

2. Complete the information on each Test and Course completed: Circle Test Score or Course Grade Received.
Note: Chemistry 100 level or higher and BI 234 must be completed **Fall 2004** or later. Contact a program Advisor or Counselor for information about possible exceptions.

Entrance HOBET Test Please circle your score	Min. to apply is 50 Composite Score	Point Value	4 50-60	5 61-70	6 71-80	7 81-84	8 85-88	9 89-91	10 92-94	11 95-97	12 98-100
Lane Course	Program Courses: See Advising Sheet -located- for specific courses that are eligible.										
	Course	Term/Year		School	Credits	1 point	2 points	3 point	4 points		
*MTH 052 or higher						B or C	A				
*CH 112 or CH 100 level						----	C	B	A		
*BI 112 if CH 112 taken						Indicate grade received _____ (grade of C- or higher)					
*BI 231							C	B	A		
*BI 232							C	B	A		
BI 233							C	B	A		
BI 234							C	B	A		
*FN 225						B or C	A				
*WR 121						B or C	A				
WR 123 or 227						B or C	A				
*PSY 201 or 202 or 203						B or C	A				
*SOC 204 or 205 or 206						B or C	A				
*Speech 100 or 111						B or C	A				

*Pre-requisite courses must be completed by the end of Winter 2011.   Office Use Only:

CIRCLE the 2 point categories that you are applying for.		ATTACH DOCUMENTATION:	
Work Experience	Attach the Dental Office Work Verification Form – one per employer	2 points: 960 or more hours	
Spanish Language Proficiency		2 points	
Circle the option you have selected to apply for this point criteria. Include supporting transcripts or test results.		College Courses	CLEP Testing

Maximum points possible are 50   ESTIMATED TOTAL POINTS: _____

II certify that the information for this petition is true and complete, and acknowledge that incomplete packets or information are not accepted toward application.

Applicant Signature_____ Date _____

Print Clearly. Name as indicate in **myLane**

L# _____ First _____ Last _____

Work Verification

PURPOSE:

Applicants to the Dental Hygiene program at Lane Community College can gain additional points toward their application from prior or current employment in a dental office. The application process requires verification of paid work experience in a dental office. Employers (either Supervisor or Human Resources representative) are asked to verify the applicant's description of job duties and number of hours of patient care using this form.

INSTRUCTIONS:
1. Applicant completes **Part 1** before sending the form to the employer/agency. Duplicate this form for additional employers.
2. Employer/agency completes **Part 2** and returns form to applicant.

PART 1. To be filled out by Dental Hygiene Applicant (please print)

Applicant Name: _____ Prior Name if applicable: _____

Applicant Address: _____ SS#: _____

Facility Name and type: _____

Facility Current Address: _____

Length of employment (mm/dd/yy): from _____ to _____ Total Hours Paid Dental Office work: _____

Job Title: _____ Supervisor: _____

Complete a detailed description of Job Duties (any additional pages added must be signed by Dentist or HR)

_____
_____
_____
_____

I allow Lane Community College to verify this information. I acknowledge that any false information I provide is subject to disciplinary action as stated in the LCC Student Code of Conduct.

Applicant's Signature: _____ Date: _____

Dear Employer,

Please return the completed form by _____ (date to be filled in by applicant) so the applicant may include the form with the Dental Hygiene Program Application.

PART 2. To be completed by Dentist or Human Resources representative.

Facility Name: _____ Phone: _____

Supervisor of Applicant (must be a Dentist), please print:_____ _____

I verify the information provided by the applicant to be accurate and true to the best of my knowledge. If applicant added additional detail to description of job duties, I have signed that addendum also.

Supervisor or Human Resources Representative, please print: _____

Title:_____ Phone: _____

Signature:_____ Date: _____

All information in the shaded area is required. It is the student's responsibility to be sure that all parts of this form are completed. Students: If you are unable to obtain the necessary information send questions to DHProgram@lanecc.edu.

IMPORTANT You must attach this form to your application packet.
1. Print your L# and name clearly.
2. Make sure presenter signs form.
3. Include this form in your Application Packet.

Dental Hygiene Oregon Sites Fall 2011
Application Review Session

Applicant Print Clearly. Name as indicate in **myLane**

L# _____   First _____   Last _____

Session Date _____

To be signed by presenter: Presenter Signature _____

Submit

Application Point Sheet
Work Verification Form (if applicable)
Proof Mandatory Application Review Session Attendance
Sealed CLEP Test results (if applicable)
Unofficial (photo copy or web) college transcript(s) if you attended schools other than Lane.

Submit by mail. Must be <u>received</u> by deadline date. **Lane Community College** **Health Professions Application Center** **Attn: DH Application** **4000 East 30th Ave.** **Eugene, OR 97405**	***Submit in person.** Staple forms and documentation. <u>Do not</u> place in an envelope. **Health Professions Application Center** **Building 4, across from room 204 –** *breezeway* *Date/time stamp* **(located next to the drop box)**

Date/Time Stamp Here: