

Last Name	
First Name	
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Dear Applicant,

VCCCD Student ID (900...)

We are delighted that you have elected to apply to the Oxnard College B.S. Dental Hygiene Program. We have an outstanding program and would love to add you to our group of esteemed alumni!

Below is a checklist of all the necessary documentation and tasks that make for a complete application packet. Incomplete or late applications will not be considered.

We highly encourage all applicants to attend a "Dental Hygiene Application Clinic" for assistance with the application. You

m	ay sign up for a "Dental Hygiene Application Clinic" on the <u>Oxnard College Dental Hygiene</u> website.
	Oxnard College Admission Application: If you are not already a VCCCD student, you must submit the free Oxnard College Admission Application online to have a Student ID number (900) assigned to you.
	<b>Dental Hygiene Application:</b> This application completed and printed. This application and its contents cannot be submitted online.
	Proof of High School Graduation (or the recognized equivalent): Unofficial or official document is acceptable.
	Official College/University Transcripts: Hard copy sealed official transcripts from ALL colleges/universities EVER attended. No electronic transcripts accepted.
	Evaluated Foreign Transcripts ( <u>if applicable</u> ): Hard copy of a course-by-course foreign transcript evaluation completed by one of the <u>approved agencies</u> that includes course titles in English, the U.S. semester equivalency, and the grades earned.
	Official Advanced Placement (AP) Exam Score Report ( <u>if applicable</u> ): Official College Board AP score report if being used to satisfy the Written Communication and/or Mathematics prerequisites. An unofficial copy is acceptable only if the official is on file with the Oxnard College Admissions & Records Office.
	BLS Certification: Copy of current Basic Life Support (BLS) Certification card from American Heart Association or American Red Cross with a live in-person skills component.
	RDH Observation Log: A completed OC DH Observation Log documenting the required 10 hours.
	Failure to submit ALL of the above items together in one packet will be considered an incomplete application and your application may not be included in the selection process.  Complete application packets must be delivered in person or mailed to the Dental Health Building with a postmark date of March 21, 2025- no exceptions.
lf	you have any questions, do not hesitate to call (805) 678-5823.

Please deliver your application packet to:

Oxnard College Dental Hygiene Department, Attn: Susan McDonald 4000 South Rose Avenue Oxnard, CA 93033-6699

Thank You,

Susan McDonald Susan McDonald, M.Ed., BSDH Dental Hygiene Program Director

OFFICIAL USE ONLY		
Receiver:	Applicant #:	
Date Received:	Selection Pool #:	



Admission Application

#### **PERSONAL INFORMATION**

Last Name		First Name		Middle Name	Mai	Maiden Name	
	Address			City	State	Zip	
Date of Birth	Age	Gender		Phone	Em	ail	
		HIGH	I SCHOOL	<u>INFORMATION</u>			
		Name of Las	t High School	Attended Year Gradu	ated		
U.S. High Sch	nool Diploma		Foreign D	Diploma/Certificate of Gradua	tion	G.E.D.	
		COLLEGE	& UNIVE	RSITY INFORMATIO	<u>N</u>		
	ple, if you have	taken classes just one V	at Oxnard C CCCD transo	e same transcript, you may ollege, Ventura College, an cript for all three colleges.			
Name of Institution	Institution Location	From Term / Year	To Term / Year	Degree(s) Alread	y Earned & Confer Te	erm/Year	
<b>XAMPLE</b> xnard College	Oxnard, CA	Spring 2022	Spring 2024	AA General Studies: Natural Sc	ience – Spring 2024		
XAMPLE entura College	Ventura, CA	Fall 2023	Fall 2023	No Degree			
	, -			, and the second			
				completing dental hygiene p ee/certificate for you if eligil		s. Do you give you	
	· ·	•	. ,	ply for a degree/certificate on my			
	Print your name	as you would like	e it to appear or	the commencement program:			
□ No	: I do not consent	to an Oxnard Co	ollege counselo	to apply for a degree/certificate	on my behalf.		



Admission Application

#### PREREQUISTE INFORMATION

If any of the below classes are taken outside of Oxnard College, please see an OC Counselor to confirm the class is acceptable.

	00	If NOT taken at Oxnard College or if took a different approved comparable course						
OC Prerequisite	OC Units	Course Number	Course Title	Un its	College	Term	Year	Grade
EXAMPLE: ANAT R101 (if taken outside OC)	4	BMS 107	Human Anatomy	4	Santa Barbara City College	Fall	2023	В
EXAMPLE: COMM R101 (if taken at OC)	3					Summer	2023	Α
ANAT R101 General Human Anatomy	4							
CHEM R110 Elementary Chemistry <u>OR</u> CHEM R120 General Chemistry I	5							
PHSO R101 Human Physiology	5							
MICR R100 Principles of Microbiology	3							
MICR R100L Principles of Microbiology Laboratory	2							
CHEM R112 Elementary Organic and Biological Chemistry	5							
Statistics See OC DH website for all options. Specify Course.	3-4							
ENGL R101 College Composition	4							
COMM R101 Introduction to Oral Communication	3							
COMM R102 Introduction to Communication Studies	3							
PSY R101 General Psychology	3							
SOC R101 Introduction to Sociology	3							
Cultural Diversity/ Ethnic Studies See OC DH website for all options. Specify Course.	3							
Critical Thinking See OC DH website for all options. Specify Course.	3-4							
DH R001 Pre-Dental Hygiene	1 DH R001 may only be taken at Oxnard College							

Which of the following will
you have completed by the
end of Spring 2025?

		CSU	GE
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Admission Application

### **ADDITIONAL INFORMATION**

1. Please explain your motivation for pursuing a career in dental hygiene. What skills, qualities, and life experiences do you possess that would make you a valuable asset to the profession? (Max: 200 words)
2. Critical thinking and strong motor function are essential skills for a successful dental hygienist. Provide examples of how you have demonstrated these skills in your life or work experiences. (Max: 200 words)
3. Please share details about current/previous extracurricular activities (e.g., volunteer/internship, leadership roles, clubs, sports, faith-based or community organizations). Consider including specific examples that highlight your skills commitment, and contributions, as well as any insights you gained from these experiences. (Max: 200 words)
OPTIONAL: Please provide any information regarding your <u>academic journey</u> (not already mentioned in this application) that you believe is pertinent to the consideration of your admission to the Oxnard College Dental Hygiene Program. (Max: 100 Words)



Admission Application

Dental Experience		Student Academic Level (select current one):			
☐ Dental Office Experience	Dental Lab Technician  - Years & type of experience	$\hfill \square$ I have completed courses in college but have not earned a degree			
Dental Assistant	- Did you graduate from an	☐ I have earned an associate degree			
<ul> <li>Years &amp; type of experience</li> <li>Registered Dental Assistant (R.D.A.)</li> </ul>	accredited dental tech school?	☐ I have earned a bachelor's degree			
registered Dental Assistant (R.D.A.)		☐ I have earned a graduate degree (Master's, Doctoral, etc.)			
└── - Did you graduate from an	None	Other, please specify			
accredited dental assisting school?					
	SUR				
		used only for statistical reporting purposes. e selection process or admission of applicants.			
Ethnicity (		Citizenship Status (select one):			
☐ American Indian or Alaska Native	select one).	☐ Canadian Citizen			
☐ Asian		☐ U.S. Citizen			
☐ Black or African American		Not U.S. Citizen:			
_		☐ Permanent Resident Visa			
☐ Hispanic or Latino		☐ Temporary Resident/Amnesty			
Middle Eastern or North African		☐ Refugee/Asylee			
☐ Native Hawaiian or Pacific Islander		☐ Student Visa (F-1 or M-1)			
☐ White		☐ Other Visa or Visa Type			
Other		Unknown			
Financial (	select one):	Fundament/Fundament			
$\square$ I will request financial aid while I atte	nd the program	Employment/Family Care Responsibility (select all that appl			
$\square$ I will not request financial aid while I	attend the program	☐ I plan to work part-time while I attend the program			
Provious	Annlicant	☐ I plan to work full-time while I attend the program ☐ I plan to have family care responsibilities (caring for children, elderly			
Previous A  ☐ I am applying to the OC DH program		parents, disabled spouse, etc.) while I attend the program			
☐ I have applied to the OC DH program					
	n belole. New many times.				
	Acknowledgem	ent of Eligibility			
	·				
Cumulative GPA: I understand the	at I must have and maintain a 3.0 cumu	ative GPA to be considered for admission.			
		maintain a 3.0 biomedical science GPA (ANAT R101, CHEM R110, courses must be completed within the past five years.			
prerequisite courses in progress at R102 may be in progress in Summ Completed/ In Progress General	t the time of application: COMM R102, S ner 2025 as well. I understand that all ot I <b>Education:</b> I understand that I must ha	Admission: I understand that I may only have at most the three following statistics, and one biomedical science course with its corresponding lab. COMI her prerequisite courses must be completed at the time of application. We one of the following general education patterns completed by the end of or a bachelor's degree awarded by a U.S. regionally accredited institution.			
In Person/ Online Labs: I unders	tand that all labs for the biomedical scie	nce prerequisites must either be completed by traditional, in-person wet labs o			
		nts in conjunction with online synchronous meetings with faculty oversight and for courses taken March 2020 – March 31, 2022 due to COVID-19.			
Complete Application and Supplemental Documents: I understand that this application packet along with all its contents must be completed in full and submitted in hard copy format: Proof of having earned a high school diploma (or a recognized equivalent); Official sealed transcripts from all colleges/universities ever attended; Hard copy of a course-by-course foreign transcript evaluation completed by one of the approved agencies that includes course titles in English, the U.S. semester equivalency, and the grades earned (if any courses have been taken at a college/university outside the U.S.); Official AP exam scores (if intended to satisfy the Written Communication and/or Mathematics admission prerequisites); Copy of current Basic Life Support (BLS) Certification card from American Heart Association or American Red Cross with a live in-person skills component.					
knowledge and ability. I understan College Dental Hygiene Program. understand that if I am deemed inc	Certification of Honesty and Appeal: I certify, under the penalty of disqualification, that the statements in this application are true to the best of my knowledge and ability. I understand that submission of inaccurate, falsified, or incomplete information may disqualify me for admission to the Oxnard College Dental Hygiene Program. I understand that if I am deemed ineligible due to my errors, I will not have the opportunity to appeal the decision. I understand that if I am deemed ineligible due to an error made during the evaluation of my application, I may be given only a brief period to appeal the decision and I must be vigilant in checking all communication from Oxnard College as appeals submitted after the given deadline will not be accepted.				
<del></del>					
Annlic	ant Signature	Applicant Name Date			

Oxnard College does not discriminate on the basis of race, color, national origin, sex, disability, age or sexual orientation. Oxnard College no discrimina por motivos de raza, color, origen nacional, sexo, discapacidad, edad u orientación sexual.