Dear Prospective Student:

We are pleased that you have shown an interest in the Dental Hygiene program at Pearl River Community College. The enclosed application packet contains all the information you will need to successfully apply to the program. Applicants are encouraged to apply by February 1st. The deadline to apply for the August 2017 class is February 24, 2017. Please follow the steps below to insure that your application is complete.

The following items must be submitted to the Dental Hygiene department on or before February 24, 2017:

Pearl River Community College
Attn: Dental Hygiene Department
5448 US Hwy. 49 South
Hattiesburg, MS 39401

- PRCC Application (if not a current PRCC student) *Application should be completed online.
- Program Application (included in packet)
- Official high school transcript or GED mailed to the Dental Hygiene Department.
- ACT Score (Phone 319-337-1313 or go online to www.act.org if scores are not included on high school transcripts.)
- Official College transcripts from all colleges attended mailed to the above address from your previous schools.
- Autobiographical Essay (included in packet) - Complete a handwritten autobiographical essay.
- Verification of Observation Hours (included in packet) - Observe a Registered Dental Hygienist a minimum of four (4) hours and have the verification form completed and returned with your application information.
- Course List (included in packet) Dental hygiene academic courses taken at other accredited institutions may be eligible for use in the application process. It is your responsibility to initiate the process early and make sure these courses have been approved by the P.R.C.C. Dental Hygiene program director.

Note: If college work was completed at PRCC in either Poplarville or Hattiesburg, please indicate this on the PRCC application. Please use the enclosed transfer of records form provided to request for a copy of your record to be sent to the Dental Department.

Please note: It is the applicant’s responsibility to ensure that all material has been received in the Dental Hygiene Department by the February 24, 2017 (2:00 PM) deadline. ONLY those with a completed application packet on file will be considered.
Thank you for your interest in the Dental Hygiene program at PRCC. If we can provide assistance regarding these materials or the application process, please contact the Dental Hygiene Department at (601) 554-5509.

Sincerely,

Shanalyn H. Allen, D.M.D.
Shanalyn H. Allen, DMD
Program Director

Revised 05/2016

*Pearl River Community College offers equal education and employment opportunities. The college does not discriminate on the basis of race, religion, color, sex, age, national origin, veteran status, or disability.
For inquiries regarding the nondiscrimination policy or to request accommodations, special assistance, or alternate format publication for this event, please contact Tonia Moody, Director of Admissions and Records, ADA/Civil Rights Coordinator, Title IX Coordinator at P.O. Box 5237, Poplarville, MS, 39470 or (601) 403-1060.
The Career
If you are interested in a health career oriented toward preventing disease and helping patients maintain good oral health, dental hygiene may be the career for you.

If you would like:

- the responsibility of direct patient care
- the opportunity to work in pleasant surroundings
- the satisfaction of helping others
- the chance to work with people on an individual basis
- the convenience of flexible work hours
- the opportunity to practice nationwide and abroad; and
- a career with many job opportunities, then dental hygiene may be right for you.

Dental hygiene functions vary somewhat from state to state. Functions routinely performed by dental hygienists in Mississippi include, but are not limited to:

- scaling and polishing teeth
- applying fluoride treatments and dental sealants
- taking and processing x-rays
- examining teeth and surrounding tissues
- screening for hypertension and oral cancer
- educating patients regarding dental diseases, plaque control, and proper home care
- providing dental health education in the community; and
- providing nutritional information and advice.

Dental hygienists can work in private dental offices, dental clinics and hospitals, public health facilities, and product research centers. Hygienists can also work in health education and product sales and marketing. Due to the nature of the profession, dental hygienists may come in contact with blood borne pathogens. The American with Disabilities Act forbids the discrimination against patients with infectious disease. Therefore, students are required to treat all patients assigned regardless of the disease state of the patient. The Pearl River Community College Dental Hygiene Program complies with all institutional, local, state, and federal regulations on blood borne pathogens and infectious diseases, ionizing radiation and hazardous material.

CREDENTIALS
All states require licensure to practice this profession. A license is issued by the State Board of Dental Examiners after successful completion of both clinical and written examination. The National Board of Dental Hygiene Examination must also be passed to qualify for licensure.

ADMISSION
Admission to the dental hygiene program is selective and competitive. It is limited to sixteen (16) students each August. Selection is based on a formula with specific components. Please see Dental Hygiene Preliminary Scoring Rubric. The 40 applicants with the highest scores on the preliminary scoring rubric will be invited for an interview with members of the Dental Hygiene Faculty. Applicants will be interviewed together, with no more than 3 applicants at a time. Each applicant is granted the same opportunity to respond to each question.

Applicants have the opportunity to receive up to an additional 12 points during the interview that can be added to their overall preliminary score. Applicants will be rated on their knowledge of the field of dental hygiene, interest in becoming a dental hygienist, and overall verbal and communication skills.

Applicants with the highest combined scores (preliminary and interview) will be invited for a position in the Dental Hygiene Fall of 2017.
PRCC DENTAL HYGIENE PROGRAM GOALS
To provide the academic foundation as well as the technological education and clinical practice enabling the graduate to:

- Have the ability to pass the Dental Hygiene National Board of Dental Examination and the State of Mississippi licensing examination.
- Have the knowledge and skills to practice dental hygiene competently, ethically, and legally in the State of Mississippi.
- Have the ability to evaluate the diverse needs of patients and design and implement oral health education programs.
- Pursue academic and professional growth through participation in professional associations and continuing education.

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## DENTAL HYGIENE CURRICULUM

Academic Core Curriculum (must pass with a grade of “C” or higher)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENG 1113</td>
<td>English Composition</td>
<td>3</td>
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<tr>
<td>ENG 1123</td>
<td>English Composition II</td>
<td>3</td>
</tr>
<tr>
<td>BIO 2923</td>
<td>Microbiology</td>
<td>3</td>
</tr>
<tr>
<td>BIO 2921</td>
<td>Microbiology lab</td>
<td>1</td>
</tr>
<tr>
<td>BIO 1513</td>
<td>Anatomy and Physiology I</td>
<td>3</td>
</tr>
<tr>
<td>BIO 1511</td>
<td>Anatomy and Physiology I lab</td>
<td>1</td>
</tr>
<tr>
<td>BIO 1523</td>
<td>Anatomy and Physiology II</td>
<td>3</td>
</tr>
<tr>
<td>BIO 1521</td>
<td>Anatomy and Physiology II lab</td>
<td>1</td>
</tr>
<tr>
<td>CHE 1314</td>
<td>Chemistry &amp; Lab (Gen. or Principles)</td>
<td>4</td>
</tr>
<tr>
<td>PSY 1513</td>
<td>Psychology</td>
<td>3</td>
</tr>
<tr>
<td>SOC 2113</td>
<td>Sociology</td>
<td>3</td>
</tr>
<tr>
<td>SPT 1113</td>
<td>Oral Communications</td>
<td>3</td>
</tr>
<tr>
<td>FCS 1233</td>
<td>Nutrition</td>
<td>3</td>
</tr>
<tr>
<td>MAT 1313</td>
<td>College Algebra</td>
<td>3</td>
</tr>
</tbody>
</table>

**TOTAL** 37 hours credit

### Freshman Year 1st Semester

<table>
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<tr>
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<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHT 1116</td>
<td>Fundamentals of Dental Hygiene</td>
<td>6</td>
</tr>
<tr>
<td>DHT 1222</td>
<td>Head and Neck Anatomy</td>
<td>2</td>
</tr>
<tr>
<td>DHT 1212</td>
<td>Dental Anatomy</td>
<td>2</td>
</tr>
<tr>
<td>DHT 1314</td>
<td>Dental Radiology</td>
<td>4</td>
</tr>
<tr>
<td>DHT 1911</td>
<td>Seminar I</td>
<td>1</td>
</tr>
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</table>

**TOTAL** 15 hours credit

### 2nd Semester

<table>
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<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credit Hours</th>
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</thead>
<tbody>
<tr>
<td>DHT 1415</td>
<td>Dental Hygiene Clinic I</td>
<td>5</td>
</tr>
<tr>
<td>DHT 1222</td>
<td>Oral Histology and Embryology</td>
<td>2</td>
</tr>
<tr>
<td>DHT 1513</td>
<td>Periodontics</td>
<td>3</td>
</tr>
<tr>
<td>DHT 2612</td>
<td>Dental Materials</td>
<td>2</td>
</tr>
<tr>
<td>DHT 1921</td>
<td>Seminar II</td>
<td>1</td>
</tr>
</tbody>
</table>

**TOTAL** 13 hours credit

### Sophomore Year 1st Semester

<table>
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<th>Course Code</th>
<th>Course Title</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHT 2426</td>
<td>Dental Hygiene Clinic II</td>
<td>6</td>
</tr>
<tr>
<td>DHT 2233</td>
<td>General and Oral Pathology</td>
<td>3</td>
</tr>
<tr>
<td>DHT 2712</td>
<td>Dental Pharmacology</td>
<td>2</td>
</tr>
<tr>
<td>DHT 2911</td>
<td>Seminar III</td>
<td>1</td>
</tr>
</tbody>
</table>

**TOTAL** 12 hours credit

### 2nd Semester

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHT 2436</td>
<td>Dental Hygiene Clinic III</td>
<td>6</td>
</tr>
<tr>
<td>DHT 2813</td>
<td>Community Dental Health</td>
<td>3</td>
</tr>
<tr>
<td>DHT 2922</td>
<td>Dental Ethics and Law</td>
<td>2</td>
</tr>
<tr>
<td>DHT 2921</td>
<td>Seminar IV</td>
<td>1</td>
</tr>
</tbody>
</table>

**TOTAL** 12 hours credit

**TOTAL HOURS REQUIRED FOR GRADUATION 89 hours credit**
Special Admission Requirements for the
Associate Degree Dental Hygiene Program

In addition to all of PRCC’s general admission requirements for a technical student, the Dental Hygiene program has specific additional program admission requirements as listed below:

Applicants must have the following documents on file in the Admission’s office to be considered for admission to the program:

- a PRCC application for admission
- an official high school transcript from an accredited high school or GED equivalency score
- college transcripts from previous colleges attended if pre-requisites have been completed
- ACT scores -- may be from the national administration of the test or a PRCC residual. Applicants who took the ACT prior to October, 1989, will have their results converted to the Enhanced ACT score. Example: A score of 15 prior to October, 1989 will convert to an 18 on the Enhanced ACT. Only applicants with a minimum of an 18 on the ACT will be considered.
- Proof of residency

Only the courses listed below will be used in computing preliminary scores: Please note that A & P I and II, Microbiology, Chemistry and Nutrition must have been completed within the last 5 years.

- English Composition I
- English Composition II
- Microbiology and Lab
- Anatomy and Physiology I and Lab
- Anatomy and Physiology II and Lab
- Chemistry and Lab
- Psychology
- Sociology
- Oral Communications
- Nutrition
- College Algebra

- Academic standing of “probation” or “suspension” at other institutions is considered in the evaluation of applicants
- Completion of the Dental Hygiene academic core curriculum prior to admission is recommended, but does not guarantee admission to the program
- Students not selected for admission who wish to reapply must do so before February 27th of the next year.
- Meeting the minimum requirements listed above does not guarantee any applicant admission to the Dental Hygiene program or an interview.
- Upon acceptance, the applicant must submit a college approved health form, complete CPR training for health care providers with an AED component, comply or decline Hepatitis B vaccinations, and must submit to a criminal background check. Dental hygienists are required by the Mississippi State Board of Dental Examiners to complete a criminal background check for licensure in the state of Mississippi.

ALL STATEMENTS RELATED TO ADMISSION CRITERIA OR ANNOUNCEMENTS OF PRESENT POLICIES ARE SUBJECT TO REVISIONS

ANY ADVICE GIVEN BY THE DENTAL HYGIENE DEPARTMENT REGARDING COURSEWORK DOES NOT INSURE ACCEPTANCE INTO THE PROGRAM

THERE WILL BE AN INFORMATION SESSION JANUARY 26, 2017 and FEBRUARY 2 AT 6:00 PM IN THE DENTAL HYGIENE DEPARTMENT. THIS IS NOT MANDATORY, BUT WILL BE AN OPPORTUNITY FOR YOU TO TOUR THE FACILITY AND MEET FACULTY AND CURRENT STUDENTS. IF YOU PLAN TO ATTEND, PLEASE CALL 554-5509 AND LEAVE YOUR NAME AND PHONE NUMBER.

ALSO NOTE, IF YOU ARE SELECTED FOR AN INTERVIEW, YOU WILL RECEIVE AN EMAIL CONCERNING DATES AND TIMES OF INTERVIEWS.
In-State/Out of State Residency

Out of State Residency is determined by:

- Out of State High School Transcript
  OR

How To Prove Your In-State Residency

To be considered an in state resident you must prove that you have a fixed and permanent residence within the boundaries of the state. For the purpose of tuition, you cannot be a resident of more than one state.

If you are over 21, please, present the following to the admissions office on your campus:

1. Mississippi Driver’s License
2. Mississippi Automobile Registration
   AND
   2 (TWO) or more of the following
   1. Proof of home ownership or rent receipts
   2. Proof of filing Homestead Exemption
   3. Copy of utility bills
   4. Mississippi income tax forms or proof of payment
   5. Voter registration for Mississippi

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PEARL RIVER COMMUNITY COLLEGE  
Evaluation Scale for Dental Hygiene Technology  

Applicant Name ___________________________ Date of Application_______________________

*TO BE COMPLETED BY PROGRAM ONLY

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>VALUE POINTS</th>
<th>TOTAL POINTS</th>
</tr>
</thead>
</table>
| 1 ACT Composite (list actual score)  
e.g. 20 ACT = 20 points  
ACT must be 18 or above to be considered for the program | ACT Composite = value points | Points |
| 2 Academic courses taken with assigned point value as follows:  
A = 5 points  
B = 3 points  
C = 1 point  
All D’s, F’s and W’s in the required academic courses will receive a one point deduction per grade (-1) | COURSE | GRADE | REPEAT GRADE | POINTS |
| ENG 1113 |  |  |  |  |
| ENG 1123 |  |  |  |  |
| PSY 1513 |  |  |  |  |
| SOC 2113 |  |  |  |  |
| SPT 1113 |  |  |  |  |
| FCS 1213 |  |  |  |  |
| BIO 2923 |  |  |  |  |
| BIO 2921 |  |  |  |  |
| BIO 1513 |  |  |  |  |
| BIO 1511 |  |  |  |  |
| BIO 1523 |  |  |  |  |
| BIO 1521 |  |  |  |  |
| CHE 1214 |  |  |  |  |
| MAT 1313 |  |  |  |  |
| Subtotal |  |  |  |  |
| 3 Attendance at Information Session | YES (1 point) |  |  |
| NO (0 points) |  |  |  |
| 4 Documentation of Observation Hours. A minimum of 4 hours is required to apply to the program. | 4 hours = 1 point  
8 hours = 3 points  
12 hours = 4 points  
16 hours = 5 points |  |  |  |
| 5 In State Residency | 1 point |  |  |
| 6 Appl. Completed Correctly and submitted on time | 1 point |  |  |
| 7 Essay completed properly (Handwritten and limited to one page) | 1 point |  |  |

GRAND TOTAL OF PRELIMINARY POINTS  
TOTAL POINTS AWARDED FROM INTERVIEW  
TOTAL OF PRELIMINARY AND INTERVIEW POINTS  

- Interview applicable to top 40 ranked applicants.
APPLICATION FOR ADMISSION
DENTAL HYGIENE TECHNOLOGY PROGRAM

Date: __________________________ SS #: _____________________________

Name: __________________________________________________________________
      Last          First          Middle          Maiden

Address: ______________________________________________________________ __
          Street
          City               State     Zip       County

E-Mail Address: __________________________@__________________________________________________________________________
*Please Note: Most correspondence from the Dental Hygiene Department will be sent via e-mail.

Phone Number: __________________________Day __________________________Evening

Date of Birth: ______/______/_______
      Month       Day          Year

Have you been a resident of Mississippi for the past 12 months: ______yes _____no

Date of Graduation: __________________ Have you taken the ACT? _____yes ______no  ACT Score: _____

Have you attended college: _____yes     _____no

If yes, list the colleges and dates attended below:

________________________________________________________________________________________
    Names of Colleges                                   Dates Attended______________________

________________________________________________________________________________________
    Names of Colleges                                   Dates Attended______________________

________________________________________________________________________________________
    Names of Colleges                                   Dates Attended______________________

When do you wish to enter PRCC? _____________________________

Are ALL transcripts and ACT scores on file at PRCC? _________yes ___________no

I agree that the above information is true to the best of my knowledge and that deliberate falsification of information will result in denial of admission to PRCC.

Student Signature: ___________________________________________Date________________
TRANSCRIPT REQUEST FORM FOR PEARL RIVER COMMUNITY COLLEGE

Please complete this form if you are a current student at PRCC or if you have previously been a student at PRCC.

Name: _____________________________________________________________

(Last)                                 (Maiden)                   (First)                  (MI)

Social Security Number: _______________________

Which Campus did you attend or currently attend:

Poplarville: __________      Hattiesburg: __________

Dates that you attended PRCC: ______________________________

Program for which you are applying:   Dental Hygiene

Student signature: ________________________________

Date: _______________________________________

Please note:  Do Not Send This Request Form to the Admissions Office.
Mail request to:

Pearl River Community College
Dental Hygiene Department
5448 U.S. Hwy 49 South
Hattiesburg, MS  39401
VERIFICATION OF OBSERVATION HOURS
FOR
DENTAL HYGIENE PROGRAM

This is to verify that ________________________________ has observed a Registered Dental Hygienist in the field for a minimum of four (4) hours in partial fulfillment of requirements for the Dental Hygiene Program at Pearl River Community College.

Comments: __________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Name of RDH: (Print) ____________________________

Signature of RDH: ________________________________

Office of: _______________________________________

Date: ____________________________
AUTOBIOGRAPHICAL ESSAY

In your own handwriting, write an autobiographical essay. Include examples of your participation in activities (community, service, extracurricular, etc.) and your interests in dental hygiene emphasizing those which would enhance your career as a dental hygienist. Your concise response should be limited to this sheet of paper.

Signature: ____________________________ Date: ______________________
Listed below are the Dental Hygiene Core Curriculum Requirements. In the space provided indicate when you completed the course (example: Fall, 2014). If you have not completed the course, indicate when you plan to complete the course (example: Spring 2017).

<table>
<thead>
<tr>
<th>COURSE NAME</th>
<th>ENROLLMENT</th>
<th>CREDIT HOURS</th>
<th>GRADE OFFICE USE ONLY</th>
<th>QUALITY PTS OFFICE USE ONLY</th>
<th>OFFICE USE ONLY</th>
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</thead>
<tbody>
<tr>
<td>Example</td>
<td>Fall 2014</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English Composition I</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
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<tr>
<td>English Composition II</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sociology</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
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<tr>
<td>Psychology</td>
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<td>3</td>
<td></td>
<td></td>
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<tr>
<td>Speech</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Nutrition</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
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<tr>
<td>Microbiology</td>
<td></td>
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<td>Microbiology Lab</td>
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<tr>
<td>A and P I</td>
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<td>3</td>
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<tr>
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<td>A and P II Lab</td>
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<td>Chemistry</td>
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<td>Chemistry Lab</td>
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<tr>
<td>College Algebra</td>
<td></td>
<td>3</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>37</td>
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</table>

IMPORTANT: Your application for admission will be evaluated on the basis of transcripts and courses which you have in progress or plan to take, as indicated above. If you should alter your course of study in any way without notifying the Dental Hygiene Department, the Admissions Committee will not have the correct information, therefore, your acceptance will be affected accordingly. I have read the above statement and will notify the PRCC Dental Hygiene Department of any changes in the above course list.

Signature: ____________________________________________________________ Date: _______________________________