



Deadline for Submission is January 31st

☐ Yes ☐ No Were you previously enrolled in another Dental Hygiene program?

☐ If yes, you must include a letter of explanation PLUS a letter from the Program chair or director

☐ Yes ☐ No Did you graduate from an American Dental Association (ADA), Commission on Dental Accreditation (CODA) Accredited Dental Assisting Program OR are you certified as a Certified Dental Assistant (CDA)

☐ Yes, I graduated from an ADA/CODA accredited DA program and I have submitted an official transcript to verify.

☐ Yes, I am a Certified Dental Assistant, and I will attach the credential to this application.

- ☐ Yes ☐ No I have an employable license/credential in a healthcare profession (non-dental) with direct patient contact. The following careers/programs would qualify to meet this requirement: registered nurse, licensed practical nurse, nurse practitioner, nurse aide, medical assistant, occupational therapist, physical therapist, respiratory therapist, surgical technologist, electro neurodiagnostic technologist, radiographer, sonographer, MRI technician, mammography technician, pharmacy technician, speech and language therapist, audiologist, phlebotomist, laboratory technician, massage therapist, EMT/Paramedic, dietician, nutritionist, perfusionist, chiropractic assistant, recreational therapist, physician, optometrist, chiropractor, pharmacist.
- ☐ Yes ☐ No I am attaching a copy of my current healthcare credentials.
- ☐ Yes ☐ No Successful completion of the HRD3004WC2 Boot Camp for Dental Assisting and Dental Hygiene course within 3 years of program application (points to attend one time only). Attached certificate to verify.
- ☐ Yes ☐ No Successful completion of the HRD30004CR2 Career Exploration in Dental Hygiene course within 3 years of program application (points to attend one time only). Attached certificate to verify.

NOTE:

- This application does not replace the Wake Technical Community College Application for Admission. You must have the college application for admission on file prior to submitting the Dental Hygiene clinical application.
- A new program application must be submitted each year for consideration into the clinical DEN courses.

I certify that all information is accurate to the best of my knowledge. I understand that it is my responsibility to submit all required documentation prior to the application deadline.

Official test scores have been submitted to hsadvising@waketech.edu

Signature of Applicant _____ Date _____

Please return by email to hsadvising@waketech.edu along with the 1686 Job Shadowing Form and any other supporting documentation. The Dental Hygiene program does NOT accept letters of recommendation.

Wake Technical Community College is constantly evaluating the admissions procedures and reserves the right to make changes as the need arises.

Applicant - please complete this section on ATDH exam scores.

Initial ATDH Scores:		
Overall Exam Score: _____	Quantitative Reasoning Score: _____	Perceptual Ability Score: _____
Retake ATDH Scores:		
Overall Exam Score: _____	Quantitative Reasoning Score: _____	Perceptual Ability Score: _____