



UTAH COLLEGE OF DENTAL HYGIENE™

A DIVISION OF CAREERS UNLIMITED L.L.C.
1176 South 1480 West • Orem, Utah 84058



UCDH IS A DIVISION OF CAREERS UNLIMITED L.L.C.



Guide to the Utah College of Dental Hygiene Application Process
***** IMPORTANT-Please read before completing the application*****

The following materials are included in this application packet:

1. Cover Sheet
2. Guide to the Utah College of Dental Hygiene Program Application Process
3. Application Checklist
4. Observation Verification Form
5. Reference Letter (3 required)
6. Application
7. Other Program Information:
 - Dental Hygiene Program—see college catalog on www.ucdh.edu
 - Dental Hygiene Admission Criteria and Selection –see college catalog on www.ucdh.edu
 - Dental Hygiene Program Goals and Vision –see college catalog on www.ucdh.edu
 - Dental Hygiene Curriculum Information—see the college catalog at www.ucdh.edu
 - Dental Hygiene Program Estimated Expenses—see college catalog on www.ucdh.edu

Completing the Utah College of Dental Hygiene Program application and properly submitting the information/ required forms is the applicant's sole responsibility. Return all required Utah College of Dental Hygiene application forms, letters, transcripts, and other applicable application information to:

UCDH Admissions
Utah College of Dental Hygiene
1176 S. 1480 W.
Orem, UT 84058

For complete information or catalog information, please contact the admissions office at 801-426-8234 or admissions@ucdh.edu, or visit our website, www.ucdh.edu

Application Process:

You do not have to have all items completed below to send in your application. Your application will not be processed until you have submitted the \$50.00 application fee.

Applicants are required to submit transcript evaluations to admissions@ucdh.edu before sending in this application. Please email or mail unofficial versions of your transcripts from any college you have attended, and include the college name(s) and location(s). Official transcripts are also acceptable for the evaluation.

Applicants are responsible for reviewing our website's UCDH prerequisite retake policy before applying. Applicants that are ineligible due to this policy and apply will not be issued a refund of their application fee.

During the application process, it is imperative you keep in contact with the admissions department. It is your responsibility to make sure all items are received. If you change your contact information or move, please inform the admissions department at 801-426-8234 or admissions@ucdh.edu. When classes are completed, please send updated transcripts to UCDH.

You should retain copies of the application you submit. If you reapply in the future, information will not be released from any previous application. You will be required to fill out a new application and pay the application fee again.



UCDH BSDH APPLICATION CHECKLIST

	Submit Application for admittance to Utah College of Dental Hygiene at UCDH Admissions and Records 1176 S. 1480 W. Orem, UT 84058
	Pay a non-refundable \$50.00 Application Fee (U.S. Funds).
	Submit your official high school transcript or copy of your GED certificate. NOTE: Only official transcripts are acceptable. The transcript must be a hard copy and mailed to be considered official.
	Submit a copy of your high school diploma (it can be an unofficial copy).
	Submit your official college transcripts. NOTE: Only official transcripts are acceptable. To be considered official, the transcript must be printed, hard copy, and mailed directly from the school to UCDH. Transcripts are required for ALL colleges/universities courses you have attended, even if prerequisites were not taken there. *Applicants are required to submit transcript evaluations to admissions@ucdh.edu prior to sending in this application. Please email or mail unofficial versions of your transcripts from any college you have attended, and include the college name(s) and location(s). Official transcripts are also acceptable for the evaluation.
	Submit a "Letter of Reference" from an employer. If you are not currently employed, submit a letter from an individual who knows you well. The reference form in this application MUST be submitted.
	Submit a "Letter of Reference" from a college course director who has taught a course you have taken or are currently taking. The reference form in this application MUST be submitted.
	Submit a "Letter of Reference" from someone who knows your moral/ethical character, such as a religious, community, or volunteer organization representative. The reference form in this application MUST be submitted.
	Complete a minimum requirement of 40 hours of shadowing/observing a dental hygienist or dental office. Fill out the UCDH Shadowing Log and Verification Form.
	Submit your ACT or SAT score if the test was taken. This can be an unofficial report or can be on your high school transcript.
	Once the above items have been submitted, contact the admissions department to make sure the items were received.

Interview Schedule Notification: ALL information must be included in your admissions file to be considered complete. If applicants qualify for an interview, an email invitation will be sent to you. You will be notified if you are accepted into the program. You will also be notified if you are not accepted into the program. No information will be given regarding an applicant's admission status over the phone. Please DO NOT CALL the admission office of the Department of Hygiene to obtain your status. Any and all changes to established guidelines or deadlines but be verified through email from our office to yours (you must get confirmation from UCDH that the email was received). The applicant's responsibility is to archive, keep, and track all correspondence between UCDH and the applicant. UCDH can only speak to the applicant directly about their file.

Utah College of Dental Hygiene

1176 S. 1480 W. Orem, UT 84058 Phone: (801) 426-8234 / Fax: (801) 224-5437 / Email: admissions@ucdh.edu

NOTE: Only this form is required to be filled out for your reference requirement

DENTAL HYGIENE REFERENCE FORM	
Applicant Name: _____	Email: _____
I authorize _____ to write a letter of recommendation on my behalf. (Referrer's Name)	
- Nature of relationship: _____ Academic _____ Employment _____ Other If "Other" please specify _____	
- If an academic recommendation, the following information may be included (mark all that apply). <input type="checkbox"/> Grades <input type="checkbox"/> GPA <input type="checkbox"/> Courses Attended <input type="checkbox"/> Academic Performance <input type="checkbox"/> Class Rank Check one: <input type="checkbox"/> I waive <input type="checkbox"/> I do not waive my right to review a copy of the letter at any time in the future.	
Applicant Signature: _____	Date: _____
This form complies with The Family Educational Rights and Privacy Act of 1974.	

To the Referrer: The applicant above is applying for admission to the Utah College of Dental Hygiene. References are an essential part of the application process. Please complete the following portion of this form, and fax or mail it to the address above. If necessary, use the back of this form or an additional sheet of paper.
This reference form must be completed and submitted as soon as possible so that the applicant can be considered for admission. Thank you for your timely assistance.

1. Knowledge of the Applicant: (Please check all that apply) NOTE: References *cannot* be from relatives.

I have known the Applicant for (add number) _____ Years _____ Months _____ Slightly
 I know the Applicant _____ Very Well _____ Moderately well _____ Other (Specify)

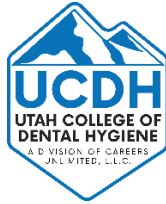
2. Evaluation of the Applicant:

	Truly Exceptional	Excellent	Good	Average	Below Average	No Comment
Academic knowledge						
Ability to work independently						
Ability to work with others						
Ability to accept criticism						
Professional and ethical conduct						
Emotional maturity						
Organizational skills						
Professionalism						

3. Overall Endorsement: _____ **Highly Recommend** _____ **Recommend** _____ **Recommend w/ reservations**

(Please print) Referrer's Name/Degrees
Position/Title
Signature

E-mail address: _____ Phone: _____



Dental Hygienist Observing/Shadowing Verification Form

All applicants wishing to increase their consideration for admission to the Utah College of Dental Hygiene should demonstrate familiarity with the dental hygiene profession. A minimum may be established through documented observing (shadowing) a dental hygienist during their workday for a minimum of 40 hours or through a dental assisting/dental receptionist (in an office that employs a dental hygienist). This form provides the necessary verification of the observing (shadowing) experience.

Applicant Name: _____

The above-named individual has spent _____ hours DH observing/shadowing/dental assisting/dental receptionist in the office/clinic at

Name of Practice

Location of Dental Office

(_____)

Telephone Number of Dental Office

Date(s) of Observation/Work (This may be a time period rather than exact dates):

The applicant observed the following procedures:

Printed Name of Dental Hygienist

Date

Signature of Dental Hygiene

UCDH ADMISSIONS APPLICATION FOR THE JANUARY 2023 START DATE

Please send to:
Admissions & Records Office
1176 S 1480 W, Orem UT 84058
Phone: (801) 426-8234 Fax: (801) 224-5437
E-mail: admissions@ucdh.edu
Website: <http://www.ucdh.edu/>

Last Name: _____ Middle Name: _____

First Name: _____ Maiden Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone #: _____ Work Phone #: _____

Email Address: _____ Date of Birth: _____

What state are you from? _____

How did you hear about the program? _____

NOTE: By providing your email and phone number above, you permit UCDH representatives to reach you via email, phone call, or text.

Provide two individuals' names and contact information, preferably including a parent who always knows how to contact you. Please notify the College of any subsequent changes in any of your contact information. If you want us to discuss your application with anyone that isn't you (i.e., parents, spouses, etc.), please get in touch with the admissions office for a release of information form.

SECONDARY CONTACT ONE

SECONDARY CONTACT TWO

Name: _____

Name: _____

Relation: _____

Relation: _____

Mailing Address: _____

Mailing Address: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

Home Phone #: _____

Home Phone #: _____

Cell Phone #: _____

Cell Phone #: _____

This application is for the class of January 2023. The start dates after January 2023 are January 2024. Please check the website for updates on when future application dates open.

Why would you be a successful dental hygiene student and professional?

Use additional or separate sheets if necessary.

COLLEGE/UNIVERSITIES ATTENDED

Please list all colleges/universities attended. Official transcripts from each college/university must be sent to the above address.

*Applicants are required to submit transcript evaluations to admissions@ucdh.edu prior to sending in this application. Please email or mail unofficial versions of your transcripts from any college you have attended, and include the college name(s) and location(s). Official transcripts are also acceptable for the evaluation.

Start/Stop Dates

Name of School

Location

Start/Stop Dates	Name of School	Location
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

CURRENT/ANTICIPATED REGISTRATION

*A copy of your registration or an unofficial transcript, which verifies your current enrollment, is required.

Title	Semester Credits	Name of School	Course and
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you been awarded/earned an associate, bachelor’s, or master’s degree from any college/university in the past? Please list the date, college/university, and type of degree awarded, if applicable.

Will you be awarded/earned a degree from another college/university prior to the start date of January 2023? Please list the date, college/university, and type of degree awarded, if applicable.

CITIZENSHIP ATTESTATION: By signing below, I declare that I am a citizen of the United States.

(Applicants Signature)

(Date)

Applicant's Social Security Number (SSN) - -

IF YOU DO NOT HAVE A SOCIAL SECURITY NUMBER, PLEASE CONTACT THE UCDH ADMISSIONS DEPARTMENT BEFORE SUBMITTING YOUR APPLICATION.

(UCDH is currently not accepting applications from foreign nationals, i.e., DACA, F-1, F-2, J1, J2, G series visas, and other categories not included under U.S. citizenship).

ETHICAL ATTESTATION: I hereby certify that, to the best of my knowledge, the information in this application is true and complete without the intent of evasion, false documentation, or misrepresentation.

I understand that if any information, at any time, is submitted to the UCDH Records Office under false pretenses or is not entirely accurate, truthful, is falsified in any way, or misrepresented in any fashion, this will be sufficient cause and grounds to have my application rejected or revoked. This may also include revoking any awarded status by the admissions office and may also include immediate dismissal from the program.

(Applicant's Signature)

(Date)

To complete the application process, please attach your \$50.00 application fee and send, by mail, to:

**Utah College of Dental Hygiene
Admissions/Records Office
1176 S 1480 W
Orem, Utah 84058**

THIS APPLICATION WILL NOT BE ACCEPTED VIA EMAIL DUE TO FEDERAL PRIVACY LAWS. IF AN APPLICANT NEEDS TO SUBMIT SENSITIVE INFORMATION VIA EMAIL (I.E., SOCIAL SECURITY NUMBERS, DATE OF BIRTH, PAYMENT INFORMATION, FORMS OF IDENTIFICATION), PLEASE CONTACT

THE ADMISSIONS DEPARTMENT TO OBTAIN A SECURE LINK TO UPLOAD DOCUMENTS.