



# 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](http://www.ucdh.edu)
  - Dental Hygiene Admission Criteria and Selection –see college catalog on [www.ucdh.edu](http://www.ucdh.edu)
  - Dental Hygiene Program Goals and Vision –see college catalog on [www.ucdh.edu](http://www.ucdh.edu)
  - Dental Hygiene Curriculum Information—see college catalog on [www.ucdh.edu](http://www.ucdh.edu)
  - Dental Hygiene Program Estimated Expenses—see college catalog on [www.ucdh.edu](http://www.ucdh.edu)

Completion of the Utah College of Dental Hygiene Program application submitting the information and forms properly is the sole responsibility of the applicant.

Return all required Utah College of Dental Hygiene application, forms, letters, transcripts, and other applicable application information to:

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

For complete information or catalog information please contact the admissions office 801-426-8234 or [admissions@ucdh.edu](mailto:admissions@ucdh.edu)



## 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. Submit a copy of your high school diploma (can be an unofficial copy). NOTE: Only official transcripts are acceptable. To be considered official, the transcript must be a hard copy and mailed. |
|  | Submit your official college transcripts. NOTE: Only official transcripts are acceptable. To be considered official, the transcript must be a hard copy and mailed.                                                                                                           |
|  | Submit a "Letter of Reference" from an employer. If you are not currently employed, submit a letter from an individual who knows you well.                                                                                                                                    |
|  | Submit a "Letter of Reference" from a college course director who has taught a course you have taken or are currently taking.                                                                                                                                                 |
|  | Submit a "Letter of Reference" from someone who knows your moral/ethical character, such as from a religious, community, or volunteer organization representative.                                                                                                            |
|  | 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.                                                                                                                                                                                         |
|  | Once the above items have been submitted, contact the admissions department to make sure the items were received.                                                                                                                                                             |

### **Application Process:**

You do not have to have all items completed above to send in your application. Your application will not be processed until you have submitted the \$50.00 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 were received. If you change your contact information or move please inform the admissions department 801-426-8234 [admissions@ucdh.edu](mailto: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 paid the application fee again.

### **Interview Schedule:**

ALL information must be included in admissions file to be considered complete. If applicants qualify for an interview, a letter will be sent out inviting you to do so.

**Notification:** 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.

# Utah College of Dental Hygiene

1176 S. 1480 W. Orem, UT 84058

Phone: (801) 426-8234 / Fax: (801) 224-5437 / Email: [admissions@ucdh.edu](mailto:admissions@ucdh.edu)

**NOTE: Only this form is required to be filled out for your reference requirement. If the individual giving the reference wants to attach an additional letter with this form, they are welcome to do so but it is NOT required.**

| <b>DENTAL HYGIENE REFERENCE FORM</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>Applicant Name:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Email:</b> _____ |
| I authorize _____ to write a letter of recommendation on my behalf.<br><small style="text-align: center;">(Referrer's Name)</small>                                                                                                                                                                                                                                                                                                                                |                     |
| <b>- Nature of relationship:</b> _____ Academic      _____ Employment      _____ Other<br>If "Other" please specify _____                                                                                                                                                                                                                                                                                                                                          |                     |
| <b>- If an academic recommendation, the following information may be included (mark all that apply).</b><br><input type="checkbox"/> Grades <input type="checkbox"/> GPA <input type="checkbox"/> Courses Attended <input type="checkbox"/> Academic Performance <input type="checkbox"/> Class Rank<br><br>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. |                     |
| <b>Applicant Signature:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Date:</b> _____  |
| 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 important 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. **It is very important that this reference form 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) of a dental hygienist during his or her workday for a minimum of 40 hours or through dental assisting/dental receptionist (in an office that employs a dental hygienist). This form provides the necessary verification of the observing (shadowing) experience.

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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 Hygienist

# UCDH ADMISSIONS APPLICATION

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](mailto:admissions@ucdh.edu)  
Web site: <http://www.ucdh.edu/>

Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
City: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
What state are you from? \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
How did you hear about the program? \_\_\_\_\_

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

**Provide the names and contact information for two individuals, preferably to include a parent, who always knows how to contact you. Please notify the College of any subsequent changes in any of your contact information.**

## 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 #: \_\_\_\_\_

Why would you be a successful dental hygiene student and professional? Use additional or separate sheet if necessary

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**COLLEGE/UNIVERSITIES ATTENDED**

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

| Start/Stop Dates | Name of School | Location |
|------------------|----------------|----------|
| _____            | _____          | _____    |
| _____            | _____          | _____    |
| _____            | _____          | _____    |
| _____            | _____          | _____    |

**CURRENT/ANTICIPATED REGISTRATION**

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

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

Which class are you interested in applying for:

- May 2020
- May 2021

**CITIZENSHIP ATTESTATION: By signing below, I declare that I am a citizen of the United States or a U.S. Permanent Resident with a Permanent Resident card.  
(UCDH is currently not accepting applications from foreign nationals)**

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Date)**

**I hereby certify that, to the best of my knowledge, the information in this application is true and complete without intent of evasion or misrepresentation. I understand if the above information is falsely submitted, or data misrepresented, it is sufficient cause for rejection or dismissal.**

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Date)**

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

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