



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 college catalog on www.ucdh.edu
 - Dental Hygiene Program Estimated Expenses—see college catalog on 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



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. 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

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.

DENTAL HYGIENE REFERENCE FORM	
Applicant Name: _____	Email: _____
I authorize _____ to write a letter of recommendation on my behalf. <small>(Referrer's Name)</small>	
- 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 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.

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
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

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 2021
- January 2022

**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**