

Dear Dental Hygiene Applicant:

Thank you for your interest in the Blinn College District Dental Hygiene Program. Enclosed is the complete information packet for the program, along with an Application Procedure guide. You will find information regarding the admission procedures; required courses (both general academics and dental hygiene courses); estimated cost; and the application, observation, community service, and reference forms.

The Dental Hygiene Program is a two-year program that begins in the fall semester each year in Bryan, TX. Enrollment is limited to 14 each year. Blinn College District offers the Associate of Applied Science (A.A.S.) degree in Dental Hygiene. Upon successful completion of the program, the student is awarded the A.A.S. in Dental Hygiene and is eligible to sit for national and regional licensing examinations. Admission to Blinn College District does not imply or guarantee admission to the Dental Hygiene Program.

The program is accredited by the American Dental Association's Commission on Dental Accreditation (CODA).

A minimum grade point average of 2.5 is recommended. Applicants must have earned at least a "C" in all academic courses required in the program. Selection is based on GPA, grades in the required general academic courses, grades in the sciences, ATI TEAS, a general category which includes college credit and/or degrees awarded, letters of recommendation, employment history, observation, and community service activities. An interview is **not** required. Notification of results will be made via email during March 2025.

Please thoroughly read the application packet and follow all directions. Failure to do so may result in a reduction in total points awarded or disqualification of the application. Your application packet will not be processed unless **ALL** steps are completed within the scope of the criteria and **delivered or postmarked no later than Feb. 3, 2025. No exceptions** will be made.

Please do not hesitate to contact the Dental Hygiene Program office at (979) 209-8066 or Nikki.Pratt@blinn.edu.

Sincerely,

Lisa K. Wiese, M.S., R.D.H.

Lisa K. Wiese, M.S., R.D.H.
Program Director, Professor

Communicable Disease Policy

Hepatitis B Vaccination

All health care providers should be immunized against the Hepatitis B virus as well as childhood diseases. Hepatitis is an inflammation of the liver. There are several types but the greatest risk to health care workers is Hepatitis B (HBV). Available since 1982, the Hepatitis B vaccine is considered safe and effective and is recommended for the prevention of HBV infection by the Centers for Disease Control and Prevention (CDC). The Blinn College District Dental Hygiene Program strictly adheres to and routinely practices the “Standard Precautions” against bloodborne pathogens enforced by OSHA (Occupational Safety and Health Administration) and recommended by the CDC.

Communicable Disease - Student Admission

Dental hygiene applicants are considered without regards to race, color, creed, age, marital status, national origin, disability, or gender. Otherwise qualified applicants with an active communicable disease, including sero-positivity for Hepatitis B (HBeAg) and/or HIV, receive equal consideration. Applicants should note, however, that some state boards of dental examiners’ rules and regulations mandate that a dental hygienist who is HBeAg seropositive or HIV seropositive must report this fact to the Board who may limit the type of procedures that the student may be able to perform. This potential restriction may preclude the dental hygiene student with an infectious disease from performing tasks/procedures essential to the completion of the requirements for graduation from the dental hygiene program.

Communicable Disease – Patient Treatment

Students in the dental hygiene program will provide treatment to patients after competency has been demonstrated in a laboratory setting. Faculty will provide direct supervision and consultation to oversee student and patient safety. To fully develop clinical skills, students must treat all scheduled patients. Treatment will be provided to all patients regardless of their race, color, sex, religion, national origin, handicap, or other human condition. If a student has a concern about treating a patient, the student should discuss this situation with the clinical supervisor. Refusal to treat the patient may be cause for dismissal from the program. Please call the Dental Hygiene Department at 979-209-7283 if you need further clarification.

DENTAL HYGIENE PROGRAM

COURSE INFORMATION

Pre-requisite Courses

CHEM 1305 AND 1105 or 1411 or 1405	4
BIOL 2401* Anat. and Physiology I	4
BIOL 2402* Anat. and Physiology II	4
ENGL 1301 Comp. and Rhetoric	3

15 credit hours

Semester I (Fall)

DHYG 1301 Oral Anat/Hist/Embryology	3
DHYG 1304 Dental Radiology	3
DHYG 1431 Pre-Clinical DH	4
DHYG 1227 Pev. DH Care	2

12 credit hours

Semester II (Spring)

DHYG 2201 Contemporary DH Care I	2
DHYG 1219 Dental Materials	2
DHYG 1339 Gen/Oral Path	3
DHYG 1260 Clinical DH I	2
DHYG 1235 Pharmacology	2

*BIOL 2420 Microbiology for Non-Science Majors 4
OR BIOL 2421 Microbiology for Science Majors

15 credit hours

Summer I

DHYG 1161 Clinical DH II	1
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1 credit hour

Semester III (Fall)

DHYG 1207 Gen/Dent. Nutrition	2
DHYG 1311 Periodontology	3
DHYG 2262 Clinical DH III	2
DHYG 2231 Contemporary DH Care II	2

*SOCI 2326 Social Psychology
OR PSYC 2319 Social Psychology

12 credit hours

Semester IV (Spring)

DHYG 1215 Comm. Dentistry	2
DHYG 2102 Applied Comm. Dentistry	1
DHYG 2153 DH Practice	1
DHYG 2363 Clinical DH IV	3

*PHIL 2306 Introduction to Ethics 3
*SPCH 1311 or 1315 or 1321 3

13 Credit hours

Total credit hours: 68

*Denote General Education Courses

Program Director: Lisa K. Wiese, M.S.,R.D.H.

Phone Number: (979) 209-7275

E-mail address: Lwiese@blinn.edu

WHAT IS THE COST?

The student's greatest expense is at the beginning of the first semester of each year when instruments and supplies must be purchased. Tuition and fees may vary due to student's residency status determined by Blinn College. The costs listed below are **approximate** costs per year based on Out-of-District fees, and for **DHYG courses only**.

First Year: Fall and Spring

Tuition and fees	~ \$7,600- \$7,800.00
Supplies, Instruments	~ \$3,000.00
Books- DHYG only	~ \$750- \$1,000.00
Uniforms	~ \$300.00

Summer Semester:

Tuition and fees	~ \$1,300.00
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Second Year: Fall and Spring

Tuition and fees	~ \$6,700- \$6,800.00
Supplies, Instruments	~ \$1,100- \$1,200.00
DHYG Books	~ \$450- \$600.00
Uniforms	~ \$200.00

Total Est. Cost Range ~\$21,000-22,000.00

Optional Equipment

Loupes and Light	~ \$1,200.00
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Approximate fees for licensure exams:

TSBDE Jurisprudence Exam	~ \$75.00
National Board Dental Hygiene Exam – computer based	~ \$600.00
Regional Examining Board - Clinical	~ \$1,200- \$1,300.00
Criminal Background Check And Drug Screening	~ \$150- \$175.00
Licensing application: Texas	~ \$125.00- \$150

2025 Points Worksheet

WEIGHT	CATEGORY	POINT VALUE	MAX. PTS	TOTAL PTS.																																													
15%	Overall College GPA	GPA X 3.75	15																																														
28%	<p style="text-align: center;">Completed Academic Courses</p> <p>**BIOL 2402 no older than 5 years;</p> <p>**BIOL 2420 or 2421 no older than 3 years;</p> <p>**Higher level course with higher grade, gets higher points;</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center;">Science course weight: A= 5; B=3; C=0 pts.</td> </tr> <tr> <td style="width: 50%;">CHEM 1405 OR CHEM 1411 OR CHEM 1305 & 1105</td> <td style="width: 15%;"></td> <td style="width: 35%;"></td> </tr> <tr> <td>BIOL 2401</td> <td></td> <td></td> </tr> <tr> <td>BIOL 2402</td> <td></td> <td></td> </tr> <tr> <td>BIOL 2420 OR BIOL 2421</td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;">Gen. acad. Course weight: A=2; B=1; C=0 pts.</td> </tr> <tr> <td>ENGL 1301</td> <td></td> <td></td> </tr> <tr> <td>SPCH 1311 OR 1315 OR 1321</td> <td></td> <td></td> </tr> <tr> <td>SOCI 2326 OR PSYC 2319 OR SOCI 1301 & PSYC 2301</td> <td></td> <td></td> </tr> <tr> <td>PHIL 2306</td> <td></td> <td></td> </tr> </table>	Science course weight: A= 5; B=3; C=0 pts.			CHEM 1405 OR CHEM 1411 OR CHEM 1305 & 1105			BIOL 2401			BIOL 2402			BIOL 2420 OR BIOL 2421			Gen. acad. Course weight: A=2; B=1; C=0 pts.			ENGL 1301			SPCH 1311 OR 1315 OR 1321			SOCI 2326 OR PSYC 2319 OR SOCI 1301 & PSYC 2301			PHIL 2306			28																
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ATI TEAS for Health Sciences

Check the link below for the most up to date information regarding testing.

<https://www.blinn.edu/testing/health-sciences-ati-teas.html>

ATI TEAS COMPONENTS

- Reading: 55 minutes (45 questions)
- Mathematics: 57 minutes (38 questions)
- Science: 60 minutes (50 questions)
- English: 37 minutes (37 questions)

STUDY GUIDE INFORMATION

ATI TEAS Study Manual and the ATI TEAS Online Practice Assessment A & B are currently available at www.atitesting.com to set yourself up for success. Ask your library about access to practice guides and testing databases.

TESTING

The ATI TEAS is offered in person at Blinn College, but also check the testing center at your nearby college. Online proctoring is also available through [ATI Testing](#) for an additional fee. You are limited to completing this test 2 times per application cycle (Feb. 1, 2023-January 31, 2024).

TEST VERSION

We will only accept score sheets from Version 7 of the TEAS test.

SCORE REPORT

To acquire your score report for your application packet, please access your ATI TEAS account and print the score sheet(s) officially titled Individual Performance Profile (IPP). Please submit the sheet with all four subject areas, but it is not necessary to include the other sections of the IPP. Instruction on how to access your IPP can be found at the following website:

<https://chhs.fresnostate.edu/acdc/documents/forms/TEAS%20IPP%20Guide.pdf>

We accept the highest score in each category and multiple score sheets may be submitted as necessary. Score sheet must have your name and date of test on it. Scores do not expire.

Blinn College Dental Hygiene

Application Procedures Guide

- 1. APPLY TO BLINN COLLEGE DISTRICT:** If you are not a current student at Blinn College District, please apply at this time. Go to <https://www.blinn.edu/admissions/index.html> for instructions. Select PDHY (Pre-dental hygiene) as your major and indicate Spring 2025 as your intended semester even though the program does not begin until fall 2025. **Request official transcripts** from all colleges that you have attended and send directly from the awarding institution to **Blinn College District Admissions**. Electronic transmission of official transcripts is accepted at Blinn College. If you are in-progress with coursework during the fall 2024 semester, please request transcripts after the fall grades are posted. This will allow time for your transcripts from outside institutions to be evaluated for transfer coursework.
- 2. Financial Assistance:** Blinn College District provides financial assistance towards college costs in the form of loans, grants, scholarships, and work study. For more information, contact the personnel in the Office of Financial Aid at 979-209-7230 or visit their website at <https://www.blinn.edu/financial-aid/index.html>.
- 3. Information Sessions:** Blinn College Dental Hygiene offers free, in-person information sessions at our campus in **Bryan, TX** led by a current instructor of dental hygiene. Attending an information session is not mandatory. For dates on our information sessions, please visit <https://www.blinn.edu/dental-hygiene/information-session.html>.
- 4. Deadlines:** Complete the Dental Hygiene Program application form, enclose all supporting documents, and mail or deliver no later than Monday, Feb. 3, 2025, 5:00 p.m. to the Dental Hygiene Program office at:

Mailing Address:

Blinn College District
ATTN: Dental Hygiene Program
P.O. Box 6030
Bryan, TX 77805-6030

Physical Address:

Blinn College Dental Hygiene
301 Post Office St.
Bryan, TX 77801

- 5. Proof of Texas Success Initiative (TSI) Status:** Applicants must be “college ready” in all sections based on results of assessment or through exemption. Your TSI standing is generally indicated on your official college transcript. For additional information, please visit: <https://www.blinn.edu/testing/tsi/index.html>

- 6. Transcripts and Grades:** In addition to the electronic transcripts submitted to admissions, please enclose **official transcripts** in your dental hygiene application packet. Include **all** colleges you have attended, including Blinn College. Each transcript should be submitted in a **sealed envelope** and will generally be marked with a school seal and/or signature on the back of the envelope. Dual Credit students should submit the transcript of the college they attended, not their high school transcript, to receive credit for classes completed. Applications with missing transcripts may be disqualified.

All educational classes must be “C” or above to be considered towards a dental hygiene degree. However, only those courses achieved with a “B” or better are considered when determining the points value for admission. Anatomy & Physiology II must have been completed within the past 5 years (no earlier than fall 2019) and Microbiology must have been completed within the past 3 years (no earlier than fall 2021). Points may not be awarded for classes completed if the appropriate transcript is not included in the application.

- 7. ATI TEAS:** Complete the ATI TEAS test. Scores from the ATI TEAS will not be sent directly to the program. Print your ATI TEAS score sheet(s) and enclose them in your application packet. We need the score sheet that reports the scores for all 4 subject areas and not just the overall score. Your score sheet must have your name and the date of the test on it. Test scores do not expire, and older results are acceptable in this application. We use the highest score in each category, so you may include multiple score sheets. Additional information on ATI TEAS testing is found on the “ATI TEAS for Health Sciences” document in this application.

- 8. Recommendation forms:** Submit three (3) completed recommendation forms from employers, members of the clergy, teachers, civic leaders, or individuals unrelated to you that would be familiar with your qualifications for the dental hygiene profession. You must use 3 unique sources (i.e., 1 employer/co-worker, 1 teacher, 1 long-time family acquaintance, etc.). Personal friends are not acceptable. **Please attach an envelope to the form for the recommender** and use the provided form. Letters/forms **must be received in individual sealed envelopes and submitted with your complete packet.**

- 9. Observations:** Observation of a registered dental hygienist is a requirement for application. The experience will help you see, first-hand, the day-to-day functions of a dental hygienist and will afford you the opportunity to see how his/her position relates to the function of the total dental care profession. You must observe a minimum of 16 hours. Please have the hygienist(s) document your observation time on the enclosed observation log. Dental assistants must observe, as well. Simply working as a dental assistant will not substitute for direct observation unless you are a dental hygiene assistant. Applicants may NOT observe a dentist providing dental hygiene services. Observation must occur between the following dates: Feb. 1, 2024 – Jan. 31, 2025. No exceptions.

- 10. Community Service:** Additional points may be earned through community service hours. Community service is not required but is **highly encouraged** to boost the points total in your application. Community service comes from the heart and where you volunteer is entirely your choice and should

be with an entity that is near and dear to you. Points will be awarded incrementally for up to 40 hours. You may use the enclosed form for documentation, or you may provide a signed letter, on letterhead, from a supervisor. Community service must occur between the following dates: **Feb. 1, 2024 – Jan. 31, 2025.**

- 11. Verification of Employment:** Please provide letters from employers for verification of employment. Points will be awarded for work experience totaling up to two years, either part-time or full-time, in any field.
- 12. Professional Certifications:** Applicants can earn one point for holding a current professional certification or license in a field that requires such certification for employment opportunities. Examples include Certificate of Cosmetology, Electrician, Certified Teacher, etc. Basic registrations such as Registered Dental Assistant (RDA) are not accepted. Please include a copy of your certificate with your ID number visible. Certificates may be verified.
- 13. Interviews** are **NOT** a part of the application process. All points will be calculated based on the points rubric provided in the application.
- 14. Additional Documentation:** Please do NOT submit unnecessary documentation such as resumes, photos, immunization records, CPR cards, proof of extracurricular activities, or high school transcripts.
- 15. Submission of Application:** Please submit your application packet, which includes the application form, official transcripts, recommendation forms, ATI TEAS, proof of employment, copies of certifications, and community service activities in a 9 X 12 envelope.

The packet must be postmarked or delivered to the Dental Hygiene office no later than Monday, Feb. 3, 2025, 5:00 pm.

Failure to meet this deadline will disqualify your application for the fall 2025 class.

Each applicant is responsible for ensuring that the Blinn College Dental Hygiene Program has received all information. Any application that is incomplete will not be considered for the fall 2025 start date.

- 16. Verification of Delivery:** It is highly recommended that you keep proof of mailing and/or request a return receipt if mailing via US mail, UPS or FedEx. Blinn College Dental Hygiene will also send an email to the address provided verifying that your packet has been received within 3- 5 business days.

Blinn College
Dental Hygiene Program
Application Completion Form
Fall 2025

Please complete and place a check mark by all those items included in this packet. Attach to the front of your application packet after you review and sign.

Name _____ Blinn ID# _____

1. Program Application (completed and signed) _____
 2. Employment Verification _____
 3. Community Service Log _____
 4. Recommendation Forms in sealed envelopes
Names of Recommender: _____
 - a. _____
 - b. _____
 - c. _____
 5. Professional Certifications _____
 6. ATI TEAS Score sheets _____
 7. Observation Hours Log _____
 8. College Transcripts *Only sealed, official transcripts are accepted.*
Name of Institutions: _____
 - a. _____
 - b. _____
 - c. _____
-

Student Signature

Date

**FALL 2025
BLINN COLLEGE DENTAL HYGIENE PROGRAM
APPLICATION**

SECTION A - GENERAL INFORMATION

1. Date: _____
2. DOB: (month/day **only**) _____ Blinn College ID# _____
3. Full Name: _____

(Last)
(First)
(MI)
4. Other names under which credentials may be received: _____
5. Permanent Address: _____

(Number and Street)
(City)
(State)
(Zip)
6. Mailing Address: _____

(Number and Street)
(City)
(State)
(Zip)
7. Telephone Number: (h) (____) _____ cell (____) _____
8. E-mail Address you use: _____
9. Emergency Contact : (name/number) _____
10. Are you a citizen or permanent resident of the United States? ____ Yes ____ No
11. List **all** educational institutions (colleges, universities, and professional schools) in order of attendance. Do not omit the name of any institution where you have been a student. If necessary, use a separate sheet of paper.

School Name	Credit Hours	Degree/ Certificate	Date Awarded or Expected
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Are you eligible to return to each of these institutions? ____ Yes ____ No
 If no, please explain: _____

13. Have you previously attended any health related programs? ____ Yes ____ No
 If yes, complete the following information:
 School Name: _____
 Address: _____
 Dates of Attendance: _____ Graduated: ____ Yes ____ No Date: _____
 Type of Program: _____

SECTION B- EMPLOYMENT & COMMUNITY SERVICE

14. **EMPLOYMENT:** Beginning with the most recent, please list years of employment, and/or military service. Enclose in application packet letters and/or signed statements from employers or DD-214, verifying up to 2 years of employment tenure/military status.

Employer/Military Experience	Phone	Dates	Job Title
_____	_____	to	_____
_____	_____	to	_____
_____	_____	to	_____

Total number of years/months of employment and/or military service: _____

15. **COMMUNITY SERVICE:** Enclose **Community Service Log** or letters providing dates of activities on letterhead from a supervisor.

Total hours spent in community service activities from Feb. 1, 2024-Jan. 31, 2025: _____.

SECTION C - PROFESSIONALISM

16. **RECOMMENDATION FORMS:** Complete and sign the top portion of the forms, "Recommendation for Dental Hygiene". Three (3) completed recommendation forms must be received in **sealed** envelopes and enclosed in your application packet. References may be validated by our office.

17. **PROFESSIONAL CERTIFICATIONS:** Enclose a copy of any current Professional Certifications you may have.

SECTION D - TESTING

18. **ATI-TEAS:** Enclose your Individual Performance Profile score sheet in your application packet. Score sheet must have your name and date of test on it.

19. **TSI/ TSIA:** Verify that you have completed or are exempt for all portions of the TSI. Applicants who have not completed the college assessments will be disqualified.

_____(initial) I am TSI/TSIA complete.

SECTION E - OBSERVATION LOG

19. **OBSERVATION HOURS:** Enclose in your application packet the signed **Observation Log**.

SECTION F - COURSES AND CONTINUING EDUCATION FORM

20. **TRANSCRIPTS:** Enclose official, unopened transcripts from all education institutions attended in your application packet. Missing transcripts may result in a denial of credit for classes completed and/or disqualification of your application. Transfer classes on another college's transcript are not accepted as official.

_____ (initial) I have enclosed official transcripts from all colleges I attended.

21. **GRADES:** Complete the following table for required courses within the dental hygiene curriculum:

A&P 2 must have been completed within the past 5 years. (no earlier than Fall 2019)

Microbiology must have been completed within the past 3 years. (no earlier than Fall 2021)

Gen. Academic courses required for dental hygiene degree	Grade (A-F) * if Repeated OR IP= In Progress NT= Not Taken	Semester Completed	College/ University Location where completed	Your Course Equivalent (if not exact course listed)
CHEM 1405 or CHEM 1411 or CHEM 1305 w/1105 Intro. To Chemistry				
BIOL 2401 A & P I				
BIOL 2402 A & P II				
BIOL 2420 or 2421 Microbiology				
ENG 1301 Comp. & Rhetoric				
SPCH 1311 or 1315 or 1321 Speech				
SOCI 2326 or PSYC 2319 or SOCI 1301 w/ PSYC 2301 Social Psychology				
PHIL 2306 Intro to Ethics				

SECTION G - MISCELLANEOUS

22. **BACKGROUND CHECKS:** A criminal background check and drug screening will be required for all applicants who are offered a position. Further information will be provided if you are accepted into the program.

If you have been convicted of a misdemeanor or felony, it is suggested that you complete a Criminal History Evaluation (CHE) from the Texas State Board of Dental Examiners to ensure licensure eligibility upon graduation from the program. Graduation from the program does not ensure eligibility to be licensed and practice dental hygiene in the state of Texas. <http://www.tsbde.texas.gov/licensing/criminal-history-evaluation/>

If interested in licensure in other states, please reference the individual states' dental boards for information.

NOTE

Possible Board Exam/Employment Qualifiers:

- **Conviction of a felony or misdemeanor that relates to the duties and responsibilities of the licensed occupation.**
- **Dependence on alcohol/drugs and other chemicals**
- **Dismissal from employment due to unprofessional or dishonorable conduct**
- **Restriction, suspension, revocation or probation of licensure in another jurisdiction within the past 10 years**
- **Failure to report disciplinary action received in another jurisdiction.**

For further information, contact <http://tsbde.texas.gov/licensing/criminal-history-evaluation/>

22. Signature:

I certify that the information provided in this application is correct and complete. I understand that omission or falsification of information is grounds for exclusion or dismissal. If accepted into the program, I agree to meet all entrance requirements and to confirm and abide by the letter and the spirit of the rules, regulations and procedures of Blinn College and this program. In addition, I am aware that I will be subject to a criminal background check and drug testing (cost to the applicant) prior to beginning the dental hygiene program, if accepted. I have received a copy and read the Application Procedures Guide and the Communicable Disease policy statement.

Signature

Date

Is your application complete?

- Please use the enclosed checklist to ensure your application is complete.
- Submit in a 9x12 envelope.
- Have you contacted the Dental Hygiene Program for answers to your questions concerning this application? We are very happy to help you!
- Submit the Dental Hygiene Application and all correspondence to:

Blinn College
ATTN: **Dental Hygiene Program**
P.O. Box 6030
Bryan, TX 77805-6030

Or deliver to:
301 Post Office St.
Bryan TX 77801

You are responsible for ensuring that all information has been received by the Blinn College Dental Hygiene Program. Any application that is not complete cannot be considered for entrance into the program.

**Blinn College
Dental Hygiene Program
Community Service Log**

Student's Name: _____ Blinn ID#: _____

* Community Service ***must*** occur between the following dates: Feb. 1, 2024 – Jan. 31, 2025

Date of Event/Place _____ Total hours of participation _____

Name of Event _____

Address _____

Phone# _____ Name of Supervisor _____

Supervisor's Signature _____ Date _____

Date of Event/Place _____ Total hours of participation _____

Name of Event _____

Address _____

Phone# _____ Name of Supervisor _____

Supervisor's Signature _____ Date _____

Date of Event/Place _____ Total hours of participation _____

Name of Event _____

Address _____

Phone# _____ Name of Supervisor _____

Supervisor's Signature _____ Date _____

Date of Event/Place _____ Total hours of participation _____

Name of Event _____

Address _____

Phone# _____ Name of Supervisor _____

Supervisor's Signature _____ Date _____

TOTAL HOURS: _____

Blinn College Dental Hygiene Program
Observation Log
Observation of Registered Dental Hygienist Only

Student's Name _____ Blinn ID#: _____

** Observation **must** occur between the following dates: Feb. 1, 2024– Jan. 31, 2025*

Date of Observation _____ Total Hours Observed _____

Name of Office _____

Office Address _____

Phone# _____ Name of Hygienist _____ License# _____

Hygienist Signature _____ Date _____

Date of Observation _____ Total Hours Observed _____

Name of Office _____

Office Address _____

Phone# _____ Name of Hygienist _____ License# _____

Hygienist Signature _____ Date _____

Date of Observation _____ Total Hours Observed _____

Name of Office _____

Office Address _____

Phone# _____ Name of Hygienist _____ License# _____

Hygienist Signature _____ Date _____

Date of Observation _____ Total Hours Observed _____

Name of Office _____

Office Address _____

Phone# _____ Name of Hygienist _____ License# _____

Hygienist Signature _____ Date _____

Blinn College

Dental Hygiene Program Recommendation Form

This reference form is to be submitted with the application in a sealed envelope.

References should be from teachers, employers, clergy, counselors, or commanding officers with whom the applicant has had professional relationships. References from family members or friends are NOT accepted. Submitting inappropriate references will result in fewer points than the maximum allows for this portion of the application process.

Name of Applicant _____

To assure that your records are held in compliance with the law as stated below*, please check one:

_____ I GIVE UP my right to access of this form. _____ I DO NOT GIVE UP my right to access of this form.

Applicant Signature _____

Date _____

The above named applicant is a candidate for admission to the Blinn College Dental Hygiene Program and has named you as a reference. Your comments will be used only by the admissions committee of the dental hygiene program to assist them in arriving at a better understanding of this applicant. Your cooperation in completing this form will assist both the applicant and the Dental Hygiene Program.

***Please Note:** FERPA grants a student/applicant access to his/her records as maintained by the department of Dental Hygiene at Blinn College. It also grants a student/ applicant the right to waive access. See above for the student's/applicant's choice regarding confidentiality

I have known the applicant in the following capacity & location: _____

I have known the applicant for _____ years _____ months.

I would evaluate the applicant as follows:

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NOT KNOWN
Attitudes toward others (caring, respect)					
Ability to work with others					
Ability to communicate orally					
Ability to communicate in writing					
Independence					
Initiative					
Ability to accept responsibility					
Presentation of self (poise, courtesy, language)					
Potential for growth					

RECOMMENDATION:

_____ Strongly Recommend _____ Recommend _____ Recommend with Reservation _____ Not Recommend

Comment (s):

Signature _____ Date _____ Position _____

Address _____

Telephone _____

Please return this form to the applicant in a sealed envelope.

Blinn College

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RECOMMENDATION:

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Comment (s):

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_____ Strongly Recommend _____ Recommend _____ Recommend with Reservation _____ Not Recommend

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Please return this form to the applicant in a sealed envelope.