



**AS DEGREE IN DENTAL HYGIENE**  
 AS DEGREE IN DENTAL HYGIENE APPLICATION  
 AS-DH

**AUGUST ADMISSION**  
 January 15 – June 30 by 7:30 p.m.  
 West Campus (Day)

**IMPORTANT**

Once you have met all of the program requirements for admission as listed in the *Application Information Checklist*, submit this application to the Admissions and Student Records Office at any PHSC campus no later than 7:30 p.m. on the deadline date. Once an application packet is submitted, it cannot be amended. Prior to submitting this limited access application to the Admissions and Student Records Office, **please pay the non-refundable \$25 application fee at any PHSC College Store and obtain a copy of the receipt to submit with your application.**

**Reminder:** Please provide a clear, enlarged copy of your driver’s license indicating a physical address (PO Box addresses will not be accepted) and the signed *Application Information Checklist* in addition to the other requirements as listed on checklist.

**PLEASE COMPLETE**

LAST NAME	FIRST NAME	MIDDLE NAME
STUDENT ID	EMAIL ADDRESS	PREVIOUS NAMES
ADDRESS		
CITY	STATE	ZIP CODE
(____) _____ HOME PHONE	(____) _____ WORK PHONE	(____) _____ CELL PHONE

**APPLICANT CERTIFICATION**

**I CERTIFY that all statements given in this application are true and accurate to the best of my knowledge. Any falsified information may result in my dismissal from the program. I have READ and SUBMITTED the information and requirements on the enclosed SIGNED *Application Information Checklist* regarding application policies, requirements, prerequisites, selection process, and other information concerning the Dental Hygiene program at PHSC.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

FOR OFFICE USE	FOR COLLEGE STORE USE
<b>DATE STAMP:</b>	DATE: _____ CASHIER: _____ RECEIPT NO: _____ AMOUNT: _____



**AS DEGREE IN DENTAL HYGIENE**  
VERIFICATION OF DENTAL HYGIENE OBSERVATION, VOLUNTEER  
SERVICE, OR WORK EXPERIENCE  
AS-DH

**IMPORTANT**

All applicants to the AS Degree in Dental Hygiene program must complete a minimum 16 hours of observation, volunteer service, or work experience in dentistry as verified by a dentist or dental hygienist. This form must be completed, signed, and submitted with the Limited Access Health Programs application to the Admissions and Student Records Office at any PHSC campus before your application to this program will be considered.

**APPLICANT INFORMATION**

**STUDENT NAME:** \_\_\_\_\_

**STUDENT ID NUMBER:** \_\_\_\_\_

**OBSERVATION, VOLUNTEER SERVICE, WORK EXPERIENCE INFORMATION**

**DATES OF OBSERVATION/SERVICE/EXPERIENCE:** \_\_\_\_\_

**FACILITY NAME:** \_\_\_\_\_

**FACILITY ADDRESS:** \_\_\_\_\_  
ADDRESS

\_\_\_\_\_

CITY

STATE

ZIP CODE

**DENTIST/DENTAL HYGIENIST VERIFICATION**

**LENGTH OF APPLICANT OBSERVATIONS/SERVICE EXPERIENCE:** \_\_\_\_\_

**AREAS/SPECIALTIES OBSERVED:** \_\_\_\_\_

**DENTIST/DENTAL HYGIENIST NAME:** \_\_\_\_\_

**DENTIST/DENTAL HYGIENIST SIGNATURE:** \_\_\_\_\_

**DENTIST/DENTAL HYGIENIST PHONE NUMBER:** \_\_\_\_\_