





**Portland  
Community  
College**

## 2012-2014 PCC Dental Hygiene Program Prerequisite Completion Chart

Please complete the following course completion chart and submit with your program application

PREREQUISITE COURSES	Courses Completed					
SCIENCE COURSES: 18 credits	Institution	Course number	Quarter or Semester?	Term / Year	Grade	Credits
<i>EXAMPLE:</i>	<i>PCC</i>	<i>BI 231</i>	<i>Quarter</i>	<i>Fall / 08</i>	<i>A</i>	<i>4</i>
BI 231: Anatomy & Physiology I				/		
BI 232: Anatomy & Physiology II				/		
BI 234: Microbiology (within 7 years)				/		
CH 106 <u>OR</u> CH 102: Organic Chemistry				/		
MATHEMATICS: 4–5 credits	Institution	Course number	Quarter or Semester?	Term / Year	Grade	Credits
MTH 65 or higher: Introduction to Algebra-2 <sup>nd</sup> term				/		
ENGLISH COMPOSITION : 3-4 credits	Institution	Course number	Quarter or Semester?	Term / Year	Grade	Credits
WR 121 or higher: English Composition I				/		
SUPPORT COURSES: 12-16 credits	Institution	Course	Quarter or semester?	Term / Year	Grade	Credits
<b>Psychology Elective:</b> (recommended course PSY 101)				/		
<b>Sociology Elective:</b> (recommended course SOC 204)				/		
<b>Speech Elective:</b> (recommended course SP 100 or SP 111)				/		
<b>Food &amp; Nutrition:</b> (required course FN 225)				/		

### Supplemental Essay Question

Please include a typed response to the following:

Please list special skills, experience, or education that will enable you to be successful in this program. Describe how you have benefited from these or other activities or volunteerism.

### Application Checklist

Please complete and enclose the following items:

- PCC Admissions Application** - You can apply in-person at any PCC admissions office or online at [www.pcc.edu/admissions](http://www.pcc.edu/admissions) . You do not have to complete a new PCC application if you are already admitted, but make certain all addresses and phone numbers on file are current.
- Completed and signed Dental Hygiene Program Application and prerequisite completion chart**
- \$25 Application Fee** (checks or money orders should be made out to PCC)
- Supplemental essay question response**, one page typed (include name and student identification number at the top of the page)
- Official college transcripts**, other than PCC, where you completed a prerequisite course or earned a degree
- Instructor/Employer Recommendation Form**, copy of CDA certificate if applicable, or **Job Shadow Documentation**, (Dates and number of hours observed, printed on company letterhead, signed by dentist or supervisor )

I have read and understand the admission criteria for the Dental Hygiene program. I understand that it is my responsibility to meet all program and application criteria. I verify that all statements on this application are complete and true. I understand that falsification of any information may lead to disqualification or dismissal from the program.

Signature

Date



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## 2012-2014 PCC Dental Hygiene Program Dental Assisting Instructor/Employer Recommendation Form

Applicant name \_\_\_\_\_

Student ID# \_\_\_\_\_

Thank you for assisting the PCC Dental Hygiene Program Selection Committee. We appreciate your time and effort in providing us this important information. We ask that the **dentist or dental assisting instructor** who has worked with the applicant be the person to complete this recommendation. **Once complete, please enclose in one of your business or institution envelopes and sign your name across seal on the back of the envelope.** You may give the signed, sealed envelope to the applicant to submit with their application, or you may mail this form to:

Portland Community College  
Health Admissions Office – SY, HT 205  
P.O. Box 19000  
Portland, OR 97280-0990

All recommendations **MUST** be received in the Health Admissions Office by 5:00pm on **April 16, 2012** in order for this to be considered in the applicant's completed application packet. Postmarked recommendations will not be considered.

**For the Dental Assisting Instructor**

College: \_\_\_\_\_

Graduation date: \_\_\_\_\_

**For the Dental Employer**

Length of Employment: \_\_\_\_\_

In what capacity has this applicant been employed in your office:

- Front office                       Chair side dental assistant                       Sterilization assistant or rover  
 Hygiene assistant                       Other: \_\_\_\_\_

**To the Dental Assisting Instructor and Dental Employer**

Using the rubric below, please give an honest appraisal of the applicant in each of the following categories:

Below Average Performance (50%)	Average Performance (50-75%)	Good Performance (75-90%)	Outstanding Performance (90-98%)	Exceptional Performance (Top 2%)	Not Observed or Not Applicable			
1	2	3	4	5	N			
Intellectual Ability			1	2	3	4	5	N
Written Communication			1	2	3	4	5	N
Verbal Communication			1	2	3	4	5	N
Ability to understand and follow verbal instructions			1	2	3	4	5	N
Potential for Clinical Competence			1	2	3	4	5	N
Ambition/Motivation			1	2	3	4	5	N
Responsibility/Conscientiousness			1	2	3	4	5	N
Integrity			1	2	3	4	5	N
Interpersonal Skills			1	2	3	4	5	N
Multicultural Sensitivity			1	2	3	4	5	N

Recommender's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Phone Number \_\_\_\_\_