



West Virginia University  
ROBERT C. BYRD HEALTH SCIENCES CENTER

Dear Applicant,

Thank you for your interest in the WVU Division of Dental Hygiene. Simply print this file to receive all application materials for the Baccalaureate Degree Completion Program for Registered Dental Hygienists. Please complete the application form, two reference forms (one from your associate degree program director, clinic supervisor, and/or employer if applicable), and the skill survey.

You must forward a copy of your National Board Examination results as proof of completion. Although not required, a copy of current regional or state license(s) held may be submitted as proof of licensure.

All applications are reviewed and those candidates most qualified are required to appear for a personal interview. Candidates will be notified by letter of the date, time and place of the interview. The review of applications prior to arranging an interview takes one to three months. Students are notified by mail of a decision relative to admission.

Please feel free to contact me if further assistance is needed.

Sincerely,

Christina B. DeBiase, RDH, EdD  
Coordinator, Degree Completion Program



# WEST VIRGINIA UNIVERSITY

## Health Sciences Admission Application

West Virginia University • PO Box 9815 • Morgantown WV 26506-9815  
Tel. 304 293-3521 • 1-800-344-WVU1

*Your Nonrefundable Fee must accompany this application.*

Dental Hygiene, Medical Technology, Nursing, Occupational Therapy: Resident \$25 • Nonresident \$40  
Dentistry \$50 • Physical Therapy \$50

If applying for more than one degree program, please submit an additional application and fee.

Make checks payable to WVU.

Please read instructions carefully. Type or print legibly to minimize delays in processing your application.

1. Social Security Number: \_\_\_\_\_  
(For internal use only. Will be kept confidential.)

2. Name: \_\_\_\_\_  
(Last)  
\_\_\_\_\_  
(First) (Middle)

3. If you enrolled under a different name at WVU or another institution or college, please print all previous name(s) below.

\_\_\_\_\_

4. Have you ever **attended** WVU? \_\_\_\_ Yes \_\_\_\_ No IF YES, for which Semester(s)/Year(s)? \_\_\_\_\_

.....

5. Mailing Address: **(MA)**

\_\_\_\_\_  
(Street) (Apartment #)  
\_\_\_\_\_  
(City) (State)  
\_\_\_\_\_  
(Zip/Postal Code)

For Non-U.S. Addresses Only: \_\_\_\_\_  
(Country Name)

Telephone: **(MA)** \_\_\_\_\_  
(Country Code) (City Code or U.S. Area Code) (Number)

.....

6. Permanent Address: **(PA)**

\_\_\_\_\_  
(Street) (Apartment #)  
\_\_\_\_\_  
(City) (State)  
\_\_\_\_\_  
(Zip/Postal Code)

For Non-U.S. Addresses Only: \_\_\_\_\_  
(Country Name)

Telephone: **(PA)** \_\_\_\_\_  
(Country Code) (City Code or U.S. Area Code) (Number)

E-mail Address: \_\_\_\_\_

7. Name of person to contact in case of Emergency:

\_\_\_\_\_  
(Last)  
\_\_\_\_\_  
(First) \_\_\_\_\_  
(Middle Initial)

Relationship: \_\_\_\_\_

Emergency Address: **(EM)**

\_\_\_\_\_  
(Street) \_\_\_\_\_  
(Apartment #)  
\_\_\_\_\_  
(City) \_\_\_\_\_  
(State)  
\_\_\_\_\_  
(Zip/Postal Code)

For Non-U.S. Address Only: \_\_\_\_\_  
(Country Name)

Telephone: **(EM)** \_\_\_\_\_  
(Country Code) (City Code or U.S. Area Code) (Number)  
\_\_\_\_\_ (Country Code) (City Code or U.S. Area Code) (Business Number)

8. Please indicate Year/Term for which you are applying:

YEAR \_\_\_\_\_ Fall **(08)** August-December  
\_\_\_\_\_ Spring **(01)** January-May  
\_\_\_\_\_ Summer **(05)** May-August

9. Program for which you are applying:

**(UG, 00, 0) (8014)** \_\_\_\_\_ Dental Hygiene Degree Completion

10. Sex: \_\_\_\_\_ **(M)**ale \_\_\_\_\_ **(F)**emale

11. Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Ex. Jan. 01, 1980)  
Mon Day Year

12. Citizenship Status: \_\_\_\_\_ **(01)** U.S. Citizen

\_\_\_\_\_ **(02)** Permanent Resident with Alien Card (Please enclose copy of both sides of card)

\_\_\_\_\_ **(03)** Refugee

\_\_\_\_\_ **(04)** \* Non-Immigrant/Other Visa Type (Specify Type) \_\_\_\_\_

\* Additional materials may be needed. Please contact the Office of Admissions and Records, International Unit.

13. Ethnic Group: \_\_\_\_\_ **(01)** White, Non-Hispanic

\_\_\_\_\_ **(04)** Asian or Pacific Islander

**( Required for Federal Reporting )** \_\_\_\_\_ **(02)** Black

\_\_\_\_\_ **(05)** American Indian or Alaskan native

\_\_\_\_\_ **(03)** Hispanic

Country of Citizenship: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

**ALL PREVIOUS EDUCATIONAL EXPERIENCE**

14. List chronologically every college, university, high school or any other institution(s) you have attended. ALL institutions/colleges must be reported whether or not credit was earned or transfer credit to WVU is desired. **Where dates are called for, use month and year (MON-YYYY) (Ex. Jan-1975).** Please attach an extra sheet if necessary. **All applicants must fully complete this area.**

Complete Name of Last High School	City & State	Graduation Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Complete Name of Current & Prior Colleges	City & State	Degree Obtained/Expected (major)	Graduation Date (MON-YYYY)	Attendance Dates (MON-YYYY) From	To
_____	_____	_____	____/____/____	____/____/____	____/____/____
_____	_____	_____	____/____/____	____/____/____	____/____/____
_____	_____	_____	____/____/____	____/____/____	____/____/____
_____	_____	_____	____/____/____	____/____/____	____/____/____
_____	_____	_____	____/____/____	____/____/____	____/____/____

High school transcripts are required for non-WVU applicants with less than 29 credit hours. All transcripts must be official and sent directly from each college attended to the HSC Office of Admissions and Records. (Note: D.D.S. applicants need not send transcripts unless notified.) **Transcripts marked "issued to student" and facsimiles will NOT be accepted.**

15. Please indicate which tests you have completed and the month and year taken.

(Medicine)	(Dentistry)	(Pharmacy)
____ MCAT ____/____ MON YYYY	____ DAT ____/____ MON YYYY	____ PCAT ____/____ MON YYYY
(Dental Hygiene and Nursing)		
____ SAT ____/____ MON YYYY	____ ACT ____/____ MON YYYY	

16. In what extracurricular, community or vocational activities did you participate while in secondary school/college (include offices held)? \_\_\_\_\_

17. What honors did you receive while in secondary school/college (include honorary societies)? \_\_\_\_\_

18. Have you previously applied to this program? \_\_\_\_ Yes \_\_\_\_ No

If yes, when \_\_\_\_\_

19. Have you ever been convicted of a felony ? \_\_\_\_ Yes \_\_\_\_ No

20. Have you ever been convicted of a felony charge involving substance abuse? \_\_\_\_ Yes \_\_\_\_ No

21. Has any college, university, or professional school initiated disciplinary action because of conduct, academic performance, or substance abuse? \_\_\_\_ Yes \_\_\_\_ No

22. Has any certifying and/or licensing agency, authority, or board initiated sanctions or disciplinary action including, but not limited to, probation, suspension, withdrawal, or denial because of conduct, professional performance, or substance abuse? \_\_\_\_ Yes \_\_\_\_ No

If the answer is "Yes" to any of the above questions, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This space is reserved for a recent passport-style photograph. (optional)

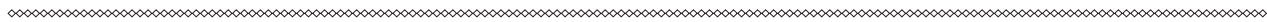
23. Please list the courses you will complete during the current school year.

Course #	Title and Name of Course	Credit Hours
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Fall Term: College Name


Spring Term: College Name


Summer Term: College Name

I affirm that the information I have provided on this application form and all other admission application materials is complete, accurate, and true to the best of my knowledge. Providing false information can lead to non-acceptance, the nullification of credit and/or dismissal.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

(Application will not be processed without signature.)

**INFORMATION ON RESIDENCY**

Are you applying as a WV resident? \_\_\_\_ Yes \_\_\_\_ No If yes, you must complete the following:

**COMPLETE THIS SECTION IF YOU ARE CLAIMING RESIDENT TUITION CLASSIFICATION**

If you are supported by your parents(s)/spouse, answer each of the following questions as it pertains to **them**. If you are financially independent, check here \_\_\_\_ and answer each of the following questions as it applies to **you**.

Not applicable

Dates of continuous physical presence in West Virginia (month/year)..... \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ \_\_\_\_\_

Date West Virginia Driver’s License was first issued (month/year) ..... \_\_\_\_/\_\_\_\_ \_\_\_\_\_

State/license number of car you drive \_\_\_\_\_

Exact years of West Virginia Motor Vehicle registration ..... \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ \_\_\_\_\_

Date of West Virginia Voter Registration (month/year) ..... \_\_\_\_/\_\_\_\_ \_\_\_\_\_

Date of purchase of any West Virginia residential property (month/year) .. \_\_\_\_/\_\_\_\_ \_\_\_\_\_

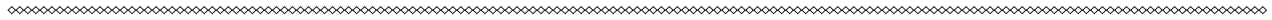
Dates of employment in West Virginia (month/year) ..... \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ \_\_\_\_\_

Exact years West Virginia income taxes have been filed ..... \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ \_\_\_\_\_

Dates of military service, if applicable (month/year) ..... \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ \_\_\_\_\_

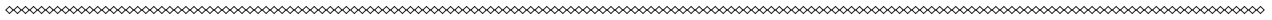
Dates of extended absences from West Virginia (month/year) ..... \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ \_\_\_\_\_  
 (list absences for 6 months or more)

Students who claim a change in classification may be required to file an Application for Classification as a Resident Student with the Office of Admissions and Records.



**HOW TO APPLY FOR FINANCIAL AID**

This information applies to all aid administered by WVU, including Federal Pell Grants, Federal Supplemental Educational Opportunity Grants, Federal Perkins Loans, Federal Work-Study, and William D. Ford Federal Direct Student Loans. Students desiring to be considered for a WV Higher Education Grant or any of the types of financial assistance mentioned above, must file a Free Application for Federal Student Aid (FAFSA). The FAFSA may be obtained from your high school guidance office or the WVU Financial Aid Office. It should be available in late December for the next academic year. Please complete and mail the FAFSA, after January 1, to the federal processing agency designated in the FAFSA instruction booklet. The FAFSA must be received by the federal processor on or before March 1 for you to receive maximum consideration for financial aid. Applicants filing the required items indicated above, on or before our March 1 deadline, will receive written notification of action taken. Students whose forms are received after March 1 will be placed on a waiting list and will be notified only in the event that assistance is available.



The **Mountaineer Creed** states that it is dedicated to personal and academic excellence:

- As a Mountaineer I will...
- Practice Academic and Personal Integrity
  - Value Wisdom and Culture
  - Foster Lifetime Learning
  - Practice Civic Responsibility and Good Stewardship
  - Respect Human Dignity and Cultural Diversity

In order to become a meaningful member of West Virginia University, and the society in which I live, I dedicate my energy, my talents, and my intellect to these standards of excellence.

**PERSONAL COMMENTS**

Provide a statement explaining why you wish to be considered for admission to this program.

(NOTE: Students applying to Dental School (D.D.S.) need not complete this section)

(Physical Therapy applicants must complete this section in handwritten form)

It is the policy of West Virginia University to provide equal opportunities to all prospective and current members of the student body, faculty, and staff on the basis of individual qualifications and merit without regard to race, sex, religion, age, disability, or national origin. This nondiscrimination policy also applies to all educational programs and activities as they pertain to student admission, employment and other related activities covered under Title IX, which prohibits sex discrimination in higher education. Information on the implementation of the policy and/or the Title IX Amendment should be addressed to: Office of the President, West Virginia University, Morgantown, WV 26506. Telephone (304) 293-5531.

# WAIVER BY APPLICANT

I have asked \_\_\_\_\_ to complete this recommendation form. I understand my rights under the Family Educational Rights and Privacy Act of 1974, as amended, regarding privacy rights of parents and students pertaining to educational records. By my signature below, I waive the right of access, as provided by law, to any confidential recommendation which the above named individual may submit and which is used solely for the purpose of determining my admission to West Virginia University.

I further understand that this waiver is not required as a condition of admission to or receipt of any other service or benefit from any school or college within West Virginia University.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## TO THE INDIVIDUAL COMPLETING THIS FORM:

Unless this waiver is signed, the right to inspect and review educational records, including your recommendation, is provided to the student, and West Virginia University cannot assure the confidentiality of your comments.

**DO NOT DETACH FROM RECOMMENDATION FORM**

**CONFIDENTIAL REPORT  
WEST VIRGINIA UNIVERSITY HEALTH SCIENCES CENTER  
DEPARTMENT OF DENTAL HYGIENE**

**RETURN TO:** Assistant Director, Admissions and Records, 1170 Health Sciences North,  
Post Office Box 9815, Morgantown, WV, 26506-9815.

**To be Completed by Applicant:**

Applicant Name \_\_\_\_\_

Year Applying For 20\_\_ - 20\_\_

Social Security Number \_\_\_\_\_

**To be Completed by Person Providing Report:**

Your Name \_\_\_\_\_

School Name & Address \_\_\_\_\_

Please comment on those factors which you feel have any bearing on this person's application, such as motivation, scholarship, integrity, emotional stability, rapport with others, initiative, or any other factors. Use the back of the sheet if needed.

I consider this applicant's qualifications for admission to be:

Very desirable \_\_\_\_\_ Desirable \_\_\_\_\_ Fairly Desirable \_\_\_\_\_ Undesirable \_\_\_\_\_

What is Your Contact With Applicant: \_\_\_\_\_

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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I consider this applicant's qualifications for admission to be:

Very desirable \_\_\_\_\_ Desirable \_\_\_\_\_ Fairly Desirable \_\_\_\_\_ Undesirable \_\_\_\_\_

What is Your Contact With Applicant: \_\_\_\_\_

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

WVU Division of Dental Hygiene  
Skill Assessment for Dental Hygiene Applicants

Skill	Lab Competency	Clinic Competency	No Experience	Some Experience
1. Alginate Impressions				
2. Pour Models				
3. Trim models				
4. P & F Amalgam				
5. Sealant				
6. Base				
7. Liner				
8. Varnish				
9. Place a Temporary Restoration				
10. Place & Remove Tofflemire Retainer				
11. Place & Remove Matrix Band				
12. Place & Remove a Rubber Dam				
13. Place & Remove Gingival Retraction Cord				
14. Place & Remove Periodontal Dressings				
15. Place & Remove Post-op Dressing				
16. Place, Condense, Carve Amalgam				
17. Fabricate a Custom Tray				
18. Fabricate & Place a Temporary Crown				
19. Fabricate a Bleaching Tray				
20. Remove Sutures				
21. Use of XCP				
22. Use of Snap a Ray				
23. Use of Digital Radiology				

### Skill Assessment for Dental Hygiene Applicants Continued

Skill	Lab Competency	Clinic Competency	No Experience	Some Experience
24. Expose Pan X-ray				
25. Expose FMX, BW				
26. CPR Certified (Current)				
27. Perform Caries Risk				
28. Provide Nutritional Counseling				
29. Brush Biopsy				
30. Provide Tobacco Cessation Program				
31. Select & Presize Bands				
32. Place & Remove Separators				
33. Select & Presize Archwires				
34. Place & Remove Ligatures				
35. Administer Local Anesthesia				
36. Monitor Nitrous Oxide				
37. Finish & Polish Acrylic Dentures				
38. Mix Cements, ZOE, IRM, Zinc Phosphate, Polycarbolyate				
39. Debonding				
40. Apply Topical Anesthetic				
41. Perform Microbiological Sampling				
42. Perform TMJ Evaluation				
43. Apply Antimicrobial Agent (Atridox, Arestin, etc.)				
44. Use Chlorhexidine Rinse				
45. Apply Fluoride Varnish				
46. Apply Fluoride Treatment				
47. Mount X-rays				

