**Dental Hygiene Bachelor of Science Degree Completion Program Application**

**(RDH to BSDH Degree Completion)**

This application is a requirement to apply to the BSDH Degree Completion program. To see all materials required to apply, please visit the program [website](https://catalog.pueblocc.edu/preview_program.php?catoid=6&poid=1177).

The following application must be typed and submitted with all other application materials. If you have any questions regarding this application, please contact the Dental Hygiene department at 719-549-3286 or 719-549-3458.

First Name: M.I. Last Name:

Maiden Name (if applicable): S #:

Phone #: Student (CCCS) Email Address:

Provide address to which materials related to admission should be sent:

Street Address: City: State: Zip

**Current Dental Hygiene Licensure – copy must be provided with application:**

Initial date of licensure: Current license renewal cycle:

**Post-secondary Education History – Please provide the names of other colleges/universities from which you have earned a degree. Use additional sheet of paper if necessary.**

Name: City/State:

Degree earned: Date received:

Name: City/State:

 Degree earned: Date received:

Name: City/State:

 Degree earned: Date received:

Name: City/State:

 Degree earned: Date received:

**Dental Hygiene Work Experience – List all positions held in the field of dental hygiene (most current first). Use additional sheet of paper if necessary.**

Dates of Employment (Month/Year): to

Employer (Company/Business Name):

Street Address: City: State: Zip

Phone #:

Describe duties in box below:

Dates of Employment (Month/Year): to

Employer (Company/Business Name):

Street Address: City: State: Zip

Phone #:

Describe duties in box below:

Dates of Employment (Month/Year): to

Employer (Company/Business Name):

Street Address: City: State: Zip

Phone #:

Describe duties in box below:

**Narrative Statement**

On a separate sheet of paper, ***explain why you decided to apply to the degree completion program at Pueblo Community College, include your career goals, and describe prior experiences with distance learning and/or technology.***

Please consider this narrative statement a critical component of your application packet. Your statement must include your name and date. There is no page limit or margin/line spacing requirements. Mail the narrative statement along with the application and the other application materials to:

Pueblo Community College

Dental Hygiene Program

900 W. Orman Ave.

Pueblo, CO 81004

Or email to:

Lisa.stiner@pueblocc.edu

I hereby certify that to the best of my knowledge the information furnished is true and complete without evasion or misrepresentation. I understand that, if it is found to be otherwise, it is sufficient cause for rejection or dismissal. Further, I have read the requirements for program admission.

Printed Name:

Signature: Date: