

DENTAL HYGIENE PROGRAM

SPRING 2025 APPLICATION INFORMATION

The application period is June 3, 2024 – August 1, 2024.

Application and supporting documents/materials must be received by 5:00 p.m. on the August 1, 2024 closing/deadline date to be considered.

Official college transcripts for summer courses ending by July 31, 2024 must arrive by August 8, 2024 to be considered. All other transcripts must arrive by the August 1, 2024 deadline to be considered.

Application materials must be submitted as follows:

Email application materials to: https://example.com/hep-le-tail/ Application materials can be also be mailed or delivered to: North Idaho College, Cardinal Central Office (Lee-Kildow Hall), 1000 West Garden Avenue, Coeur d'Alene, ID 83814.

Questions can be directed to:

Cardinal Central Office (208) 769-3311, or
Health Professions & Nursing (HPN) Admissions – email: https://example.com/health-professions & Nursing (HPN) Admissions – email: https://example.com/health-professions (208) 625-2320, Betsy.Conery@nic.edu
Janis McClelland, Program Director (208) 929-4014, Janis McClelland@nic.edu

Do not submit this page. Retain for your records.

Spring 2025 Dental Hygiene Application Information – Page 1

Dental Hygiene (DH) Program Application Information and Checklist

Read the entire application information packet before continuing to ensure you are ready for program application. This program requires specific prerequisite course completion to be considered for application eligibility. Information about the program and required prerequisite courses can be found on page 8 as well as the DH Program website via this link: https://www.nic.edu/dental-hygiene/. If ready for application, follow instructions for completing and submitting the necessary application materials. All required application materials must be completed/received by the set deadline(s).

Ste	p	1	:

Application to the North Idaho College Dental Hygiene Program Complete Incomplete Submit an electronic application by accessing https://www.nic.edu/start and clicking on the 'Apply Now' link. Indicate that you are applying as a degree-seeking student and select the Spring 2025 Dental Hygiene Program-AAS degree/pathway option. Program location selection is part of the online process.

Step 2:

Submit Official College & Other Required Transcripts

All official high school, college and military transcripts must be received in the Cardinal Central Office by the set application deadline. Courses completed at North Idaho College do not require transcript submission. Please be aware that transfer institution transcripts are not retained for a long period of time and you may need to reorder official transcripts. Only courses that appear on an originating educational institution's official transcript will be used to determine points for admission. Applicants using ACT or SAT scores to meet the English course requirement must submit a paper copy of the scores if the course credit does not appear on the transcript. Test scores are valid for four years from the test date. International college/university transcripts must be professionally evaluated by WES or a similar NACES-member organization. It is recommended an applicant choose course-by-course

Step 3:

Submit Supporting Dental Hygiene Application Materials - Refer to Following List:

evaluation and pay to have records retained with these organizations for potential future use.

Materials in support of your electronic application must be submitted as follows: Applicants can email application materials to HPN@nic.edu or materials can be mailed or delivered to: North Idaho College, Cardinal Central Office (Lee-Kildow Hall), 1000 West Garden Avenue, Coeur d'Alene, ID 83814.

Dental Assistant Certification or Work Experience (If Applicable) Complete Documentation for current DANB exam(s), NELDA or other approved national Dental Assistant certification or documentation of previous dental assistant work experience equal to a minimum of 6 months or 500 hours may be submitted for consideration of additional points as noted on page 10.

Do not submit this page. Retain for your records.

Dental Hygiene (DH) Program Application Information and Checklist (continued) Step 3 (continued): **Submit Supporting Dental Hygiene Application Materials – Continuing List Follows:** ☐ Complete ☐ Incomplete Prerequisite Course Info & Enrollment Detail (If Applicable) Applicants completing prerequisite courses at a school other than NIC during the summer term prior to the program start date must complete and submit a completed prerequisite course information sheet (page 11) along with required enrollment documentation by the August 1, 2024 application cycle deadline. The summer course must be completed by July 31, 2024 and an official college transcript with final summer course grade(s) MUST be received at NIC by the August 8, 2024 transcript deadline as noted to be considered for this program application cycle. ☐ Complete ☐ Incomplete **Previous Program Statement (If Applicable)** Applicants who have previously attended any dental hygiene program other than NIC must submit a letter of good standing from their previously attended institution. The statement must be documented on institutional letterhead, signed by an instructor or administrator, and indicate the student was not dismissed due to unethical circumstances or other unfavorable situations. Step 4: Review Online Checklist/Transfer Credits - May Need To Review As Incoming Application Items **Are Received And Posted To Your Application File** ☐ Complete ☐ Incomplete The applicant is responsible to ensure that all required information is included in the application submission. Once your electronic application (Step 1) is complete, an online checklist regarding required application materials will be created. This online checklist process can take between three to

After the checklist is created, an applicant may verify application documents received on their MyNIC account. To view the checklist, you must log into your MyNIC account. Select Self Service under the Services area. Once you are within Self Service, on the left-hand side panel, select the person avatar icon (User Options) and select My Documents. If the Status column says Not Received for the Requesting Office of Admissions, we will need that document for your program application file. No verbal or other written verification will be given. No recognition is given for requirements/courses without documentation.

five business days to generate. If you are applying close to a deadline, you may not be able to review your checklist before the deadline date. Plan ahead for applying so you have time to review your online

checklist.

It is also highly recommended that applicants with transfer credits view their transcript evaluations <u>before</u> the application deadline to ensure that they have courses which meet the prerequisite admission requirements for the Dental Hygiene Program at North Idaho College. The transcript evaluation may be viewed on the applicant's MyNIC account. Once logged into your MyNIC account, at the top of the screen in the **Search** box type '**Transcript Credits**' and find the search result for **View Transfer Credits**.

Questions can be directed to:

Cardinal Central Office (208) 769-3311, or

Health Professions & Nursing (HPN) Admissions – email: https://example.com/health-professions (208) 625-2320, https://example.com/health-professions (208) 625-2320, https://example.com/Betsy.

Do not submit this page. Retain for your records.

Dental Hygiene (DH) Program Additional Information

- An online information session regarding the Dental Hygiene Program Application process is scheduled prior to the application cycle deadline. Please use the following Zoom link to join the session: June 19, 2024 12:00 to 1:00 pm-PDT. You may also access the session using the following Zoom Meeting detail: https://nic.zoom.us/j/83596775721. Application requirements will be reviewed during the session. Attendance is NOT required; however, we welcome participation if you have any questions related to the application process. Review the application information packet prior to the Zoom session and have questions ready for discussion. In the unlikely event the information session is not available as planned or if an applicant is unable to attend the scheduled session, it is still the applicant's responsibility to thoroughly read and understand application requirements. If application information or assistance is needed, applicants are encouraged to contact the Cardinal Central Office or the Student Success Navigator as noted on pages 1 and 3.
- Applicants must access the <u>Dental Hygiene Program</u> website and read the "Dental Hygiene Additional Program Information" document in the 'Student Resource' section to ensure awareness and understanding about the program, degree requirements, and accreditation details. Tuition and fee information can be found on the NIC https://www.nic.edu/tuition/website. In addition to tuition costs, program-specific course fees are estimated to be approximately \$14,000 over the course of the two-year program. Due to the high program costs, applicants are strongly encouraged to complete a FAFSA form ahead of time to assist in determining financial aid eligibility. Prior to accepting a position in the program, applicants will need to plan appropriately regarding payment for the tuition and course fees costs.
- ➤ Federal regulations require that persons operating x-ray equipment be eighteen years of age or older. Students accepted into the program must be 18 years old by the program start date scheduled to begin on January 21, 2025.
- ▶ Up to fifteen students will be admitted to the Spring 2025 Dental Hygiene Program (ten students at the North Idaho College campus location in Coeur d'Alene, Idaho and five additional students at the Lewis-Clark State College campus location in Lewiston, Idaho). The program is scheduled to begin at the start of the spring term on January 21, 2025. As part of the online application process, an applicant will select a preferred campus location (North Idaho College, Coeur d'Alene, ID or Lewis-Clark State College, Lewiston, ID) and answer whether there is willingness (yes or no) to attend the alternate campus location.
- ➤ Based on the required program prerequisites and the application point process, eligible applicants *may* be invited to participate in an interview process to determine final applicants accepted into the program. If eligible program applicant numbers do not exceed accepted/alternate seats available, the required program prerequisites and outlined application point process (w/out interviews) will determine the final applicants accepted to the program. Applicants selected for interviews will be notified about the interview process and scheduled interview time before the end of October. Interviews will be planned in mid/late October or early November. Once the interview process is complete, applicants will be notified about program acceptance before the end of November. Notification will be sent by email to the email address indicated on the program application. Please watch your incoming email messages (including junk mail) for any program status updates and be ready to return required documentation/forms if requested.

Additional Dental Hygiene Program Information (continued)

- If accepted into the program, an applicant will be required to attend a <u>mandatory Dental</u> <u>Hygiene Program orientation on Friday, December 13, 2024, 10:00 a.m.- 4:00 p.m.</u> (PST) at the North Idaho College campus. Students will be notified of the specific location when program acceptance information is distributed/mailed out in late November/early December.
- For those applicants accepted to the program, programmatic course registration for spring term will be completed during the program orientation in December. If an applicant needs to complete any general education or other non-program course(s), it will be important to register for these courses as soon as your assigned registration time opens to ensure the best chance at course availability. Do not wait to register for any non-programmatic courses! Let us know if you have any registration questions or need assistance with the general education course registration process. This includes registration for BIOL-207 and/or PHAR-150 if accepted to the program without these courses already completed.
- Program acceptance packet materials will be mailed by early December. If your address changes between applying to the program and the anticipated mailing date in late November/early December, be sure to notify the Student Success Navigator of your new address so program information and acceptance packet materials can be mailed to the correct location.
- Completion of a background check and drug screening will be required upon acceptance and/or before starting clinical work.
- Program cohort schedules, acceptance notification, deadlines and conditions are subject to change based on unforeseen developments including those surrounding COVID-19 and institutional accreditation status.

SPRING 2025 DENTAL HYGIENE PROGRAM OBSERVATION REQUIREMENT FORM INFORMATION

In order to be considered for application to the North Idaho College (NIC) Dental Hygiene Program, an applicant must observe a minimum of 20.0 hours (combined) of specified procedures with two different hygienists and a dentist. The NIC Dental Hygiene Program faculty believe prospective students will gain a better understanding of dentistry and dental hygiene practices through in-person observations. As such, we thank you and your staff for the consideration shown to this potential applicant in allowing for observation within such a valuable learning environment.

Please ensure the appropriate procedures/requirement(s) and hour completion are documented using the attached 'Observation Requirement' form. Be sure to include any additional comments that may be important for consideration as we evaluate applicant eligibility. An applicant may visit multiple clinics/offices to observe and acquire the needed hours and listed requirements. If doing so, a separate form is required of each clinic/office. If a particular procedure/requirement category is not part of the observation experience at your clinic/office, indicate 'N/A' in the signature and date area.

An applicant employed as a Dental Assistant may be eligible for waiver of the observation requirements and hours if there is an understanding in regards to the scope of dental hygiene practice and all requirements listed; however, the attached 'Observation Requirement' form must be completed by a supervising dentist to document and verify the Dental Assistant work experience as indicated. Waiver of these requirements does not earn an applicant any extra points in the application process related to work experience. For consideration of any Dental Assistant work experience for purposes of additional application points, please follow steps as outlined within the application to submit appropriate documentation related to your employment experience.

Completed 'Observation Requirement' form(s) must be submitted as part of the application process during the open application cycle dates to be considered for eligibility; however, an applicant can complete the requirements/hours prior to the application cycle opening. If requirements/hours are completed ahead, submission of the completed form(s) will be required during the open cycle dates. The Spring 2025 Dental Hygiene Program application cycle is scheduled to open in early June 2024 with a cycle closing date of August 1, 2024. Submission instructions are outlined in the Spring 2025 Dental Hygiene application information packet. Applicants should follow instructions to submit documentation by the set deadline.

The attached 'Observation Requirement' form (next page) includes the following sections. One form must be submitted for each clinic/office where observation experience occurred. Each form submitted must have appropriate information noted and required signatures to meet documentation eligibility. Indicate 'N/A' as noted above if a specific requirement is not observed. No electronic signatures permitted.

- Applicant Name Print name at top of form
- Dental Hygienist Observations Hygienist signature and date for each requirement met
- Dentist Observations Dentist signature and date for each requirement met
- Clerical Observations Appropriate staff signature and date for each requirement met
- Dental Assistant Work Experience Waiver Dentist to complete if applicant is employed as a Dental Assistant and waiver is sought for noted observation requirements and hours
- Additional Applicant Information & Comments Dentist and/or Hygienists to complete
- Applicant Name and Signature Applicant sign and date to verify noted documentation
- Hygienist Names and Signatures Sign and date to verify above noted documentation
- Dentist Name and Signature Dentist to complete form with total observation hours or Dental Assistant employment information and sign and date to verify all noted documentation
- Clinic/Office Information Include Clinic/Office name, address and phone detail

Observation Hour Requirement Info & Form-Provide pages 6 & 7 to office/clinic for documentation.

NORTH IDAHO COLLEGE - SPRING 2025 DENTAL HYGIENE PROGRAM

OBSERVATION REQUIREMENT FORM - Applicant Name: _____

DENTAL HYGIENIST OBSERVATIONS: (If not observed, indicate N/A in signature area)	SIGNATURE	DATE
1. Adult prophylaxis appointment		
2. Child prophylaxis appointment		
3. Periodontal scaling/debridement for a periodontally compromised patient		
4. Exposure of dental images, intraoral photos or scan		
5. Administration of local anesthesia		
6. Sealant application		
7. Infection control procedures in a dental office - Must include the following:		
operatory set up, breakdown, and sterilizing instruments		
DENTIST OBSERVATIONS: (If not observed, indicate N/A in signature area)	SIGNATURE	DATE
8. Restorative amalgam or composite procedure		
9. Tooth extraction by dentist		
CLERICAL OBSERVATIONS: (If not observed, indicate N/A in signature area)	SIGNATURE	DATE
10. Clerical office work - Must include the following:		
appointment scheduling, billing procedures, coding, etc.		
DENTAL ASSISTANT WORK EXPERIENCE WAIVER INFORMATION:	INDICATE RESPONSE: YES or NO	
Applicant has Dental Assistant work experience. If yes, provide required information.	YES	NO
*Observation hour requirements can be waived for an applicant employed as a Dental Assistant. For conside	eration, indicate the applicant's Dental Assistant e	mployment
information below. Include positon time for this clinic only. The supervising dentist must verify the work his	story/employment by signing and dating form belo	w.
Employment Dates (Start/End): Total	Employment Hours:	
ADDITIONAL APPLICANT INFORMATION:	INDICATE RESPONSE: YES or NO	
Applicant called to make an appointment.	YES	NO
Applicant was punctual.	YES	NO
Applicant was punctual. Applicant arrived at office properly attired and groomed.	YES YES	NO NO
Applicant arrived at office properly attired and groomed.	YES	NO
Applicant arrived at office properly attired and groomed. Applicant displayed a professional demeanor.	YES YES YES	NO NO
Applicant arrived at office properly attired and groomed. Applicant displayed a professional demeanor. Applicant appeared interested in dental hygiene procedures.	YES YES YES	NO NO
Applicant arrived at office properly attired and groomed. Applicant displayed a professional demeanor. Applicant appeared interested in dental hygiene procedures.	YES YES YES	NO NO
Applicant arrived at office properly attired and groomed. Applicant displayed a professional demeanor. Applicant appeared interested in dental hygiene procedures.	YES YES YES	NO NO
Applicant arrived at office properly attired and groomed. Applicant displayed a professional demeanor. Applicant appeared interested in dental hygiene procedures. Additional comments/impression regarding applicant (Regarding observation hour time or for I	YES YES YES Dental Assistant work experience):	NO NO
Applicant arrived at office properly attired and groomed. Applicant displayed a professional demeanor. Applicant appeared interested in dental hygiene procedures. Additional comments/impression regarding applicant (Regarding observation hour time or for I	YES YES YES Dental Assistant work experience):	NO NO
Applicant arrived at office properly attired and groomed. Applicant displayed a professional demeanor. Applicant appeared interested in dental hygiene procedures. Additional comments/impression regarding applicant (Regarding observation hour time or for I	YES YES YES Dental Assistant work experience):	NO NO
Applicant arrived at office properly attired and groomed. Applicant displayed a professional demeanor. Applicant appeared interested in dental hygiene procedures. Additional comments/impression regarding applicant (Regarding observation hour time or for I	YES YES YES Dental Assistant work experience):	NO NO
Applicant arrived at office properly attired and groomed. Applicant displayed a professional demeanor. Applicant appeared interested in dental hygiene procedures. Additional comments/impression regarding applicant (Regarding observation hour time or for I PROGRAM APPLICANT & HYGIENIST NAMES (Printed Name Below): Applicant Name: Observing Hygienist Name:	YES YES YES Dental Assistant work experience): SIGNATURES (Below)	NO NO NO DATE
Applicant arrived at office properly attired and groomed. Applicant displayed a professional demeanor. Applicant appeared interested in dental hygiene procedures. Additional comments/impression regarding applicant (Regarding observation hour time or for I	YES YES YES Dental Assistant work experience): SIGNATURES (Below) DENTIST SIGNATURE (Below)	NO NO DATE DATE
Applicant arrived at office properly attired and groomed. Applicant displayed a professional demeanor. Applicant appeared interested in dental hygiene procedures. Additional comments/impression regarding applicant (Regarding observation hour time or for I PROGRAM APPLICANT & HYGIENIST NAMES (Printed Name Below): Applicant Name: Observing Hygienist Name: Observing Hygienist Name: SUPERVISING DENTIST NAME & VERIFICATION OF ABOVE INFORMATION: Dentist Name (Printed): Supervising dentist - I verify this applicant has observed the above noted procedures in our office/clinic.	YES YES YES Dental Assistant work experience): SIGNATURES (Below) DENTIST SIGNATURE (Below)	NO NO NO DATE DATE dabove.
Applicant arrived at office properly attired and groomed. Applicant displayed a professional demeanor. Applicant appeared interested in dental hygiene procedures. Additional comments/impression regarding applicant (Regarding observation hour time or for I PROGRAM APPLICANT & HYGIENIST NAMES (Printed Name Below): Applicant Name: Observing Hygienist Name: Observing Hygienist Name: SUPERVISING DENTIST NAME & VERIFICATION OF ABOVE INFORMATION: Dentist Name (Printed): Supervising dentist - I verify this applicant has observed the above noted procedures in our office/clinic.	YES YES YES Dental Assistant work experience): SIGNATURES (Below) DENTIST SIGNATURE (Below) Those not observed are marked 'N/A' as indicate exclaim. Indicate total observation hours spent in the second of the second observation hours spent in the second observation hours have been also because the second observation hours have been	NO NO NO DATE DATE dabove. this clinic only.
Applicant arrived at office properly attired and groomed. Applicant displayed a professional demeanor. Applicant appeared interested in dental hygiene procedures. Additional comments/impression regarding applicant (Regarding observation hour time or for Interested in dental hygiene procedures. PROGRAM APPLICANT & HYGIENIST NAMES (Printed Name Below): Applicant Name: Observing Hygienist Name: Observing Hygienist Name: SUPERVISING DENTIST NAME & VERIFICATION OF ABOVE INFORMATION: Dentist Name (Printed): Supervising dentist - I verify this applicant has observed the above noted procedures in our office/clinic. In also verify this applicant has completed	YES YES YES Dental Assistant work experience): SIGNATURES (Below) DENTIST SIGNATURE (Below) Those not observed are marked 'N/A' as indicate exclain. Indicate total observation hours spent in thour requirements based on current Dental Assistant and the property of the	DATE DATE d above. this clinic only. tant employment in
Applicant arrived at office properly attired and groomed. Applicant displayed a professional demeanor. Applicant appeared interested in dental hygiene procedures. Additional comments/impression regarding applicant (Regarding observation hour time or for I PROGRAM APPLICANT & HYGIENIST NAMES (Printed Name Below): Applicant Name: Observing Hygienist Name: Observing Hygienist Name: SUPERVISING DENTIST NAME & VERIFICATION OF ABOVE INFORMATION: Dentist Name (Printed): Supervising dentist - I verify this applicant has observed the above noted procedures in our office/clinic. I also verify this applicant has completed	YES YES YES Dental Assistant work experience): SIGNATURES (Below) DENTIST SIGNATURE (Below) Those not observed are marked 'N/A' as indicate exclain. Indicate total observation hours spent in thour requirements based on current Dental Assistant and the property of the	DATE DATE d above. this clinic only. tant employment in
Applicant arrived at office properly attired and groomed. Applicant displayed a professional demeanor. Applicant appeared interested in dental hygiene procedures. Additional comments/impression regarding applicant (Regarding observation hour time or for I PROGRAM APPLICANT & HYGIENIST NAMES (Printed Name Below): Applicant Name: Observing Hygienist Name: Observing Hygienist Name: SUPERVISING DENTIST NAME & VERIFICATION OF ABOVE INFORMATION: Dentist Name (Printed): Supervising dentist - I verify this applicant has observed the above noted procedures in our office/clinic. I also verify this applicant has completed	YES YES YES Dental Assistant work experience): SIGNATURES (Below) DENTIST SIGNATURE (Below) Those not observed are marked 'N/A' as indicate exclain. Indicate total observation hours spent in thour requirements based on current Dental Assistant and the property of the	DATE DATE d above. this clinic only. tant employment in
Applicant arrived at office properly attired and groomed. Applicant displayed a professional demeanor. Applicant appeared interested in dental hygiene procedures. Additional comments/impression regarding applicant (Regarding observation hour time or for I PROGRAM APPLICANT & HYGIENIST NAMES (Printed Name Below): Applicant Name: Observing Hygienist Name: Observing Hygienist Name: SUPERVISING DENTIST NAME & VERIFICATION OF ABOVE INFORMATION: Dentist Name (Printed): Supervising dentist - I verify this applicant has observed the above noted procedures in our office/clinic. I also verify this applicant has completed	YES YES YES Dental Assistant work experience): SIGNATURES (Below) DENTIST SIGNATURE (Below) Those not observed are marked 'N/A' as indicate exclosion. Indicate total observation hours spent in thour requirements based on current Dental Assistice (for observation hours or employment waiver	DATE DATE d above. this clinic only. tant employment in j is provided below.

Applicant to submit the completed form (or multiple forms) as noted by the application deadline.

Spring 2025 Dental Hygiene Application Points Calculation Sheet

Name Student 1D	Name	Student ID
-----------------	------	------------

<u>Shaded courses</u> = Minimum prerequisite courses required to apply must be completed by application deadline. Minimum grades of C+/2.3 GPA or higher are required to meet program application eligibility and qualify for application points as noted below. It is important to note that lab science courses (BACT, BIOL, and CHEM) must be no older than 7 years at program start date. BIOL-207 and PHAR-150 are courses taught as part of the program curriculum; however, these two courses may be completed by the application cycle deadline for purposes of additional application points. Only B/3.0 GPA or higher grade(s) will qualify for application points for these two courses as noted below.

Prerequisite Courses	Scale	Grade	Points
BACT-250/250 Lab (General Microbiology)	A = 8 A- = 7 B+ = 6 B = 5 B- = 4 C+= 3		
BIOL-227/227 Lab (Human Anatomy and Physiology I)	A = 8 A- = 7 B+ = 6 B = 5 B- = 4 C+= 3		
CHEM-102/102 Lab (Essentials of Organic and Biochemistry) or CHEM-105/105 Lab (General, Organic and Biochemistry)	A = 8 A- = 7 B+ = 6 B = 5 B- = 4 C+= 3		
GEM MATH-123 (Math in Modern Society) or higher GEM 3 MATH	A = 8 A- = 7 B+ = 6 B = 5 B- = 4 C+= 3		
COMM-101 (Fundamentals of Oral Communication)	A = 4 A- = 3.5 B+ = 3 B = 2.5 B- = 2 C+ = 1.5		
ENGL-101 (Writing & Rhetoric I) or ENGL-102 (Writing & Rhetoric II)	A = 4 A- = 3.5 B+ = 3 B = 2.5 B- = 2 C+ = 1.5		
PSYC-101 (Introduction to Psychology)	A = 4 A- = 3.5 B+ = 3 B = 2.5 B- = 2 C+ = 1.5		
SOC-101 (Introduction to Sociology)	A = 4 A- = 3.5 B+ = 3 B = 2.5 B- = 2 C+ = 1.5		
BIOL-207 (Concepts in Human Nutrition)	A = 8 A- = 7 B+ = 6 B = 5		
PHAR-150 (Introduction to Pharmacology)	A = 8 A- = 7 B+ = 6 B = 5		
Additional Points Awarded			
Residency in Idaho's Region 1 or Region 2 Counties Region 1: Benewah Bonner Boundary Kootenai Shosho Region 2: Clearwater Idaho Latah Lewis Nez Pe		1	

Additional Points Awarded		
Residency in Idaho's Region 1 or Region 2 Counties Region 1: Benewah Bonner Boundary Kootenai Shoshone Region 2: Clearwater Idaho Latah Lewis Nez Perce	1	
Bachelor's degree or higher from a U.S. Dept. of Education accredited institution as recognized by NIC	2	
Observation Hour Requirement Form(s) - Appropriate documentation of all required components with a minimum of 20.0 or more total (combined) hours must be submitted to meet application eligibility!	3	
Dental Assistant Certification (active/current DANB exam(s), NELDA) w/ or w/out work experience = 5 points Dental Assistant Work Experience w/out Dental Assistant Certification = 3 points Points will not be awarded for both categories. Documentation must be submitted as outlined on page 10.	3 or 5	

Initial Point Calculation (Course Grades & Other Noted Point Criteria) - Potential Points = 75

Point Calculation for Applicants Selected to Interview (if applicable) - Potential Points = 25

Total Potential Point Calculation Possible (if selected for interview) - Total Points = 100

Do not submit this page. Retain for your records.

Spring 2025 Dental Hygiene Application Admission Selection Criteria

- A. The Spring 2025 program cohort will admit students as follows:
 - 5 students at Lewis-Clark State College (LCSC) campus in Lewiston, and
 - 10 students at North Idaho College (NIC) campus in Coeur d'Alene

Selection to the program sites will be dependent on an applicant's campus location choice(s) made during the online application process as well as per the pre-determined point process as defined within this application information packet. Please refer to the Point Calculation Sheet (page 8) regarding the potential point categories and available points in each category.

- B. Points will be awarded for minimum prerequisite courses and other courses as noted on the Points Calculation sheet. Courses must be completed with a grade of C+/2.3 GPA or higher to meet application eligibility and qualify for application points. Additionally, lab science courses (BACT, BIOL, and CHEM) must be no older than 7 years at program start date. If completed by application deadline, BIOL-207 and PHAR-150 must have a grade of B/3.0 GPA or higher for purposes of meeting minimum program degree requirements and to qualify for extra points.
- C. Points will be awarded for grades earned in courses appearing on the official transcript(s) if received by the application deadline and if meeting the requirements for the Dental Hygiene Program, as detailed on the program application packet.
 - Courses with grades of P (pass) or S (satisfactory) or courses that have not received a
 grade due to advance placement scores will be awarded 3 points.
 - Courses which have been documented as waived do not receive grades or credits and will not be awarded points, but will be accepted as meeting program requirements.
 - Courses in-progress at the time of the application deadline receive no points.
 - Courses may be repeated more than once to improve a grade. If repeated, the most recent course grade will be used in the program application scoring process.
 - If more than one course will meet a degree requirement (i.e. ENGL 101 and ENGL 102, or two or more GEM 3, MATH 123, or higher courses), the course with the highest grade will be used in the point calculation.
- D. One point will be awarded to applicants who are residents of Idaho's Region 1 or Region 2 counties. Residency status will be determined based on information submitted on the North Idaho College application.
- E. Two points will be awarded to applicants who have completed a Bachelor's degree or higher from an accredited U.S. Department of Education institution that is recognized by NIC. Official transcripts reflecting the degree detail must be received by the application deadline.
- F. Up to three points will be awarded to each applicant for the appropriately documented clinical observation hours form submission as noted on the Point Calculation Sheet. The 'Spring 2025 Dental Hygiene Observation Hour Requirement' Form (pages 6 & 7) is included within this information packet. The form is also available on the Dental Hygiene Program website. An applicant MUST complete and submit the required observation hours and appropriate documentation/form to be considered for program application and for purposes of point calculations.

Spring 2025 Dental Hygiene Application Admission Selection Criteria (continued)

- G. Points may be awarded for active/current DANB exam(s), NELDA or other national Dental Assistant Certification or related Dental Assistant work experience as defined and granted through the application process. Complete documentation is required by the application deadline for consideration. Points will not be awarded for both categories.
 - Five points = Dental Assistant certification (active/current certification through DANB, NELDA or other national certification as allowed/granted through application process).
 Please note: Certification through a state-approved training program does NOT necessarily meet the national certification requirements and may not be eligible for application points.
 - Three points = Related and substantiated Dental Assistant work experience. Work
 experience shall mean the applicant has been employed by a dentist for a minimum of 6
 months or 500 hours. Work experience must be documented by a letter on official company
 letterhead and signed/dated by the applicant's supervising dentist. The applicant's name
 with specific job title, work-related duties, specific employment dates (starting/ending dates)
 and total hours worked detail must be included in the letter.

H. Additional Information:

- Initial point calculation for eligible applicants, as defined above, will result in a narrowing of the applicants to a pool of up to thirty (twenty for the NIC campus selection process and ten for LCSC campus selection process) applicants. These applicants may be invited to participate in a mandatory interview where up to 25.0 additional points will be awarded through the interview process. These interview points will be added to the initial point calculation numbers to arrive at a total point calculation. If interviews are conducted, this total point calculation will be used to determine the final selection of program participants. Up to five participants and two alternates will be selected for the LCSC cohort in Lewiston, and up to ten participants and two alternates will be selected for the NIC cohort in Coeur d'Alene.
- If necessary, GPA for program eligibility will be calculated on courses that meet degree requirements for the Dental Hygiene Program.
- In the event there are applicants with an equal number of points, and the number of tied applicants outnumber the remaining open positions in the program, the following system will be used to determine who is selected:
 - Applicants with an equal number of points (tied) who have provided appropriate documentation of military service will be put at the top of their point category.
 If there continues to be a tie, then:
 - 2. GPA, as defined above, will be used to rank the remaining tied applicants. If there still continues to be a tie, then:
 - 3. A random drawing of all the remaining tied applicants will be held for the final seat.

Prerequisite Course Information Sheet

Applicants completing prerequisite courses at a school <u>other than NIC</u> during the summer term prior to the program start date must complete and submit this prerequisite course information sheet along with required enrollment documentation. Please note – the summer term must end by July 31, 2024 to ensure official college transcripts with final course grades can be received by the August 8, 2024 transcript deadline.

The completed document and documentation of enrollment in the prerequisites listed below must be submitted with the application in order to provide evidence of program eligibility. Student name: Prerequisite course/s I am currently enrolled in or will be enrolled in during the summer term preceding the program start date: Name of college: Course/s will be completed on (date):

Evidence of registration for prerequisite courses must be submitted to Cardinal Central on or before August 1, 2024 to be considered for application eligibility.

An official transcript with final grade details for all summer courses listed on form must be received in the Cardinal Central Office by August 8, 2024 to meet application eligibility and the set application cycle transcript deadline. All other transcripts must meet the August 1, 2024 deadline to be considered.