

**EAST TENNESSEE STATE UNIVERSITY**

College of Public and Allied Health

Department of Dental Hygiene

P.O. Box 70690

Johnson City, Tennessee 37614

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[www.etsu.edu/cpah/dental](http://www.etsu.edu/cpah/dental) [vancep@mail.etsu.edu](mailto:vancep@mail.etsu.edu)

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(REQUIRED)**

For identification  
purposes only

**APPLICATION FOR ADMISSION  
DEPARTMENT OF DENTAL HYGIENE**

**Application for Fall Semester 20 \_\_\_\_\_**

**~ Due to the department office no later than March 1 ~**

Current Date \_\_\_\_\_

***PERSONAL HISTORY*** (Please print or type)

Name \_\_\_\_\_  
Last First Middle

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

Present Mailing Address \_\_\_\_\_  
Street City State Zip

Daytime Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Legal Residence \_\_\_\_\_

Legal Guardian

\_\_\_\_\_  
Name Address City, State, Zip

***EDUCATION HISTORY***

High School Attended \_\_\_\_\_ Date of Graduation \_\_\_\_\_ GPA \_\_\_\_\_

Have you taken the ACT/SAT exam? Yes  No  Please indicate score below:

ACT (Comp) \_\_\_\_\_ Math \_\_\_\_\_ Science \_\_\_\_\_ English \_\_\_\_\_ Reading \_\_\_\_\_

SAT \_\_\_\_\_

Status of your application to ETSU: Applied  Accepted  Currently enrolled

**You may apply to the Dental Hygiene Program while your acceptance to ETSU is pending. Please note the application process to ETSU is separate and handled through the Office of Admissions.**

List the colleges/universities that you are presently attending or have attended in the past, beginning with the most recent:

<i>Institution</i>	<i>Dates Attended</i>	<i>GPA</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List College Science courses taken:

<u>Course</u>	<u>Final Grade</u>	<u>Institution</u>
Anatomy & Physiology I Lab	_____	_____
Anatomy & Physiology II Lab	_____	_____
Microbiology	_____	_____
Chemistry	_____	_____
Other: _____	_____	_____

Have you attended another School of Dental Hygiene? Yes  No

***PERSONAL EXPERIENCE***

Have you worked in a dental office? Yes  No

<u>Name of Dentist</u>	<u>Length of time employed</u>	<u>Hours per week</u>	<u>Duties</u>
_____	_____	_____	_____
_____	_____	_____	_____

Have you spent time observing a dentist, hygienist, or assistant? Yes  No

<u>Name of person observed</u>	<u>Period of time spent observing</u>
_____	_____
_____	_____

What other work experience have you had?

<u>Employer</u>	<u>Title</u>	<u>Full or Part Time</u>	<u>Length of Employment</u>
_____	_____	_____	_____
_____	_____	_____	_____

***It is your responsibility to determine whether or not your application to the department is complete. You should contact the departmental secretary (by phone or email) before February 1<sup>st</sup> to be certain your file is in order.***