Moreno Valley College
Dental Hygiene Program Application Checklist

2019-2020 APPLICATION CHECK LIST

Name:_____________________________ Moreno Valley College Student ID #:____________________

Please read carefully and follow the instructions. Use only the forms provided in this application packet. The following MUST be submitted as one packet to the proposed MVC Dental Hygiene Program in order for your application to be evaluated for acceptance into the program.

☐ **APPLICATION**: Complete, sign, and date the proposed Dental Hygiene Program application. Any falsification, omission, or misrepresentation will negate an application being reviewed or considered. Do not leave any item blank; answer every question. **DO NOT** submit your resume to substitute for or as an addendum to any portion of the application. Submission of additional/unsolicited materials will void your application.

☐ **OFFICIAL TRANSCRIPTS**: Submit official transcripts, no more than **90 days old**, from all colleges and universities attended and **official transcripts from ALL courses in progress**. This is required whether related to the Dental Hygiene Program or not, whether U.S. or not, regardless of attendance, or whether the work was completed. All transcripts must be in a sealed institution envelope and stapled to your MVC Dental Hygiene Application. Opened envelopes or copies of transcripts are not acceptable, will not be considered, and therefore, your application will be considered incomplete. Applications that do not include transcripts will be considered incomplete with the exception of Riverside Community College District (RCCD) transcripts. RCCD transcripts do not need to be sent with your application.

☐ **HIGH SCHOOL VERIFICATION**: Proof of high school or equivalent (G.E.D. or high school proficiency examination) completion must be submitted with Dental Hygiene Application. Applications that do not include proof of high school completion or its equivalency will be considered incomplete.

Application to Moreno Valley College is **required prior** to submission of the MVC Dental Hygiene Program application. You can submit your Moreno Valley College application through the Moreno Valley College website at [http://www.mvc.edu](http://www.mvc.edu). **Failure to submit** a Moreno Valley College application prior to submitting a Dental Hygiene Program application will **void** your Dental Hygiene Program application.

I understand and have submitted the above data (including this checklist). I understand that I am responsible to submit the required data, and that the MVC Dental Hygiene Program is under no obligation to notify me of missing materials. I understand that all application materials become the sole property of the MVC Dental Hygiene Program and that the MVC Dental Hygiene Program reserves the right to verify any and all information related to my application. I understand that my completed application packet to the Program is submitted at my expense.

Applicant Signature:______________________ Date:_____________________

**THIS CHECKLIST MUST BE RETURNED WITH YOUR APPLICATION PACKET.**
Moreno Valley College
Dental Hygiene Program

2019-2020 APPLICATION OF ADMISSION

Use only the forms provided, do not duplicate unless otherwise indicated.
Type or print legibly in black ink.

Name (Last, First, M.I.): ________________________________________________________________

Other name(s) used: __________________________ MVC ID#: __________________________

Gender: ☐ Male  ☐ Female  Date of Birth: ____/____/____  Place of birth: ______________________

Address: ____________________________________________ City: __________________________

County: __________________________ State: __________________ Zip code: __________________

Home phone: (___)_________ Work phone: (___)_________ Cell phone: (___)_________

E-Mail Address: __________________________________________

IT IS YOUR RESPONSIBILITY TO ADVISE THE PROGRAM
OF ANY ADDRESS/PHONE NUMBER CHANGES.

EDUCATION:
(Please list in reverse chronological order. If additional space is needed, please attach a separate sheet).

College: __________________________________________ State: _______ From: _______ To: _______

Major: __________________________________________ Units completed: (qtr) ______ (smstr) ______ GPA: ______

Degree received:  AA    AS    BA/BS   MA/MS   PhD    Other: __________________________

College: __________________________________________ State: _______ From: _______ To: _______

Major: __________________________________________ Units completed: (qtr) ______ (smstr) ______ GPA: ______

Degree received:  AA    AS    BA/BS   MA/MS   PhD    Other: __________________________

College: __________________________________________ State: _______ From: _______ To: _______

Major: __________________________________________ Units completed: (qtr) ______ (smstr) ______ GPA: ______

Degree received:  AA    AS    BA/BS   MA/MS   PhD    Other: __________________________

TOTAL UNITS COMPLETED: (qtr)__________ (smstr)__________ Cumulative GPA: __________

High School: __________________________________________

Address: __________________________________________

Earned: Diploma/G.E.D./High School Proficiency Examination Year completed: ________________

Name used while attending________________________________________
Provide information on all prerequisites below.

<table>
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<tr>
<th>Prerequisites</th>
<th>College/University Where Taken</th>
<th>Write Department Name Course Number &amp; Complete Course Title</th>
<th>Sem./Qtr. Units</th>
<th>Year/Term Taken</th>
<th>Final Grade</th>
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<td>Math 52</td>
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<td>Microbiology 1*</td>
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<td>Sociology 1</td>
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</table>

*Must have a lab.

THIS LIST IS ONLY A GUIDELINE. ALL COURSE WORK WILL BE REVIEWED FOR ACCEPTABILITY AND ACCURACY.
ADDITIONAL INFORMATION:

1. Have you ever been enrolled in a dental hygiene program? ☐ Yes ☐ No

Please note: Errors, omissions, or falsification in any part of the application or supporting materials will result in ineligibility in the application process.

CERTIFICATION

I certify that all responses to the questions and any information given herein are my own. For the purpose of determining admission, I hereby consent to and authorize any educational institution I have attended to release academic and/or disciplinary information to the MVC Dental Hygiene Program. I understand that information submitted relative to this application becomes property of the MVC Dental Hygiene Program. I further understand that the MVC Dental Hygiene Program reserves the right to verify any or all data that I or others have provided, whether solicited by me or not.

I further certify that I understand that if selected to the MVC Dental Hygiene Program that I must comply with the Health and CPR requirements and deadlines. I understand that I must purchase the instrument issue and magnification glasses by the designated deadlines. I understand that failing to adhere to the stated deadlines will result in forfeiting my space in the program.

I further certify that I understand that for licensure in California, I must be fingerprinted, report information related to the illegal use of controlled substances, and any convictions or pleas of nolo contendere even if the charges were dismissed. In addition, the application requires specific information related to convictions, misdemeanor or felony, associated with state or federal action. I understand that if I have the before mentioned history, it may prevent me from becoming licensed as a Registered Dental Hygienist in the State of California.

Applicant Signature: _______________________________ Date: __________________

APPLICATION PERIOD: December 1, 2019 – March 15, 2020

Applications must be mailed directly or hand delivered to the Dental Hygiene Program. Hand delivered applications will only be accepted by the Dental Hygiene Program at the Dental Education Center located on the Moreno Valley College campus. Hand delivered applications will be accepted up till 4:00 p.m. on March 15, 2020. Applications hand delivered after 4:00 p.m. on March 15, 2020, will not be accepted for consideration. Application sent by mail must be postmarked no later than March 15, 2020. Applications postmarked after March 15, 2020, will not be accepted for consideration.

Mail the completed application to:

Moreno Valley College
Attn: Dental Hygiene Program
16130 Lasselle Street
Moreno Valley, CA 92551-2045

RCCD complies with Titles VI and VII of the Civil Rights Act of 1994, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, Sections 102 and 103 of the Americans with Disabilities Act of 1990. We do not discriminate on the basis of race, color, national origin, religion, handicap, or sexual orientation in any of our policies, procedures, or practices.