Moreno Valley College
Dental Hygiene Program

2026/2027 Application Checklist

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 **or stapled or sent electronically** 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 electronic transcripts and 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 the 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. **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

2026/2027APPLICATION 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_____

PREREQUISITE COURSES: Name: _____

MVC Student ID #: _____

Provide information on all prerequisites below.

Prerequisites	College/University Where Taken	Write Department Name Course Number & Complete Course Title	Sem./Qtr. Units	Year/Term Taken	Final Grade
Anatomy & Physiology 2A*					
Anatomy Lab					
Anatomy & Physiology 2B*					
Physiology Lab					
Chemistry 2A*					
Chemistry 2B*					
English 1A					
Mathematics-college level math course (course that satisfies associate requirement)					
Microbiology 1*					
Microbiology Lab					
Kinesiology 4-Nutrition					
Psychology 1					
Speech 1-Public Speaking					
Sociology 1					

*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, 2026 – March 15, 2027

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 until 4:00 p.m. on March 15, 2027. Applications hand delivered after 4:00 p.m. on March 15, 2027, will not be accepted for consideration. Application sent by mail must be postmarked no later than March 15, 2027. Applications postmarked after March 15, 2027, 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.