



FLINT HILLS TECHNICAL COLLEGE

3301 West 18th Avenue
Emporia, Kansas 66801

Fall 2024 Dental Hygiene Admissions Criteria

The Faculty and Staff of the Flint Hills Technical College Dental Hygiene Program appreciate your interest in our program. The following documents will guide you through the Application Process and provide you with information about our Admissions Criteria and Selection Process.

Admission into the program is competitive. Applicants must submit a non-refundable \$50 application fee in order to have their Dental Hygiene application processed. In addition, applicants must meet the minimum requirements of Flint Hills Technical College and of the Dental Hygiene department for admission into the program.

The program is designed as a two-year curriculum and is accredited by the Commission on Dental Accreditation. Upon completion of the program, students will earn an Associate of Applied Science in Dental Hygiene.

DEADLINES: FHTC will be closed from December 25th, 2023, through January 3rd, 2024; plan accordingly.

- Your FHTC Admission Application must be **submitted by December 1st, 2023.**
- All required documents must be **received by January 15th, 2024.**
- **\$50 non-refundable fee is due as follows or your application will be archived:**
 - **within 30 days** for applications submitted before November 1st, 2023.
 - **by noon December 1st, 2023,** for applications submitted on or after November 1st, 2023.

Three easy ways to pay your \$50 non-refundable fee:

- In person: Stop by the Student Success Center with a personal check, cash, or credit/debit card.
- Mail: Remit payment by check to FHTC Admissions, 3301 W 18th Avenue, Emporia, KS 66801.
- Phone: Pay with a credit or debit card by calling 620-343-4600, ext. 2.

Questions about the program or admissions process can be answered by contacting the Health and Human Services Administrative Assistant at **620-341-1336** or **800-711-6947** ext. **#1336.**

Please refer to www.fhtc.edu/dentalhygiene for additional information on program information, curriculum content, employment opportunities, costs, etc.

We look forward to your application.

Academic Criteria

To be considered for admission in the Dental Hygiene Program, applicants must meet the following criteria and submit all requested credentials and documentation:

FOUR Pre-Requisite Courses Required (MUST be completed by December 30th, 2023; all are offered at FHTC):

- Anatomy and Physiology - 5 to 8 credit hours *
- Microbiology (must include a lab) - 4 to 5 credit hours *
- Chemistry - 5 credit hours *
- English Composition I – 3 credit hours

Pre-Requisite SCIENCE* Courses above:

- * Must have been completed between December 2018 & December 2023
- * May require pre-requisite courses
- * Must obtain a minimum 2.00 GPA (grade of 'C') for each pre-requisite course

NOTE: You must obtain a minimum cumulative 2.80 GPA for the above four courses

Although not required, it is highly recommended that applicants complete all General Education requirements below prior to beginning the program. (These courses are offered at FHTC.)

- **General Education Requirements**
 - Psychology – 3 credits
 - Sociology – 3 credits
 - Communication – 3 credits (Public Speaking or Interpersonal Communications)
 - College Algebra – 3 credits

Applicants that have completed an accredited CODA Dental Assisting Program within 3 years of August 2024 may be able to transfer the following courses into the Dental Hygiene Program.

- Dental Materials – 2 credits
- Radiography – 2 credits
- Nutrition and Oral Health – 2 credits
- Nitrous Oxide Sedation – 1 credit

Note: Applicants may be required to pass an entrance exam of 75% or higher in each of these Dental Assisting courses PRIOR to beginning the program. If unable to pass, the applicant may be required to retake these courses within the Dental Hygiene Program.

The following criterion applies to all applicants:

- Applicants must have completed all four sections of the Test of Essential Academic Skills (TEAS) within 5 years of December 2023; scores will be utilized as part of the selection process. TEAS tests are limited to two attempts in a six-month period. Applicants must achieve a minimum 'Adjusted Individual Total Score' of 58.0%
 - **To SCHEDULE your TEAS test at FHTC**, select the 'Schedule for the TEAS test at FHTC' link at <https://www.fhtc.edu/admissions/testing-services/>. Fill in and submit your information.
 - To take your TEAS test at another institution, register for the TEAS at www.atitesting.com

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Applicants must have completed all four sections of the ACT within 5 years of December 2023; scores will be utilized as part of the selection process. Applicants must achieve a minimum composite score of 18.

- Register for the ACT at www.act.org

Acceptance Process

Admission to the FHTC Dental Hygiene program is determined through a competitive selection process; submission of an application does not guarantee a position in the program.

After the application deadline, completed files will be reviewed and the top applicants with the highest scores from the initial evaluation will be scheduled for personal interviews. Using a rubric based on points, the following criteria will be used in the selection process:

- Scores from the personal interview
- Four prerequisite college courses-minimum cumulative GPA of 2.80
- Former/Current Dental Assisting student, DANB, Dental Assisting Certification and/or minimum 6 months Dental Assisting work experience.
- Dental Hygiene shadowing – minimum of 40 hours (Dental Hygiene Shadowing/Observation Hours log sheet-Page 5)
- TEAS Adjusted Individual Total Score or ACT Composite Score
- Scores from 2 work related reference questionnaires
- Skills Test (given at interview)
- Reading/Writing exercise (given at interview)

TIME LINE - Prior to August 2024 program start date:

- **END OF JANUARY/EARLY FEBRUARY** - Qualified applicants – interviews will be scheduled and conducted.
- **UPON COMPLETION OF INTERVIEWS** - ALL applicants will be notified in writing of their status. Sixteen (16) students will be accepted into the FHTC Dental Hygiene Program. Upon acceptance, a letter of intent (form will be provided) and a \$100 nonrefundable deposit (deposit amount subject to change without notice) will be required within the timeframe outlined in the acceptance letter to hold your place in the Dental Hygiene program.
- **LATE APRIL/EARLY MAY** – Upon acceptance, attend an initial Dental Hygiene orientation where you will complete the enrollment process, meet classmates/faculty, receive important information, etc. (date to be determined).

Student Responsibilities

After acceptance to the program, students will be required to attend a Dental Hygiene orientation; acceptance letter will include the date and time of this orientation. Students are also required to provide documentation of the following items **ON THE FIRST DAY OF CLASS:**

- **Health Insurance**—Students are required to have an individual health insurance policy to cover any illness or injury that may occur while enrolled in the program.
- **Comprehensive Physical Exam** — a ‘Physical Exam’ form will be provided. Students are required to have a current physician’s exam within six (6) months of August 2024.
- **Comprehensive Eye Exam** – Students are required to have a current eye exam within six (6) months of August 2024 to verify there are no major vision issues that may affect full participation in the Dental Hygiene program including clinical and lab exercises. **A written script of vision correction is required.**
- **Vaccinations**- students are required to provide documentation (PROOF) of the following vaccines and dates: **Tetanus/Diphtheria** <10 yrs.; **MMR** (measles, mumps, rubella) - if born after 1957, you must have 2 immunizations or a documented positive titer; **Varicella** (Chicken Pox) – you must have 2 immunizations or a documented positive titer; and 3 **Hepatitis B** immunizations or a documented positive titer; **Meningococcal** immunization(s) and **COVID 19** immunization(s) along with recommended booster. A vaccination checklist will be provided during the initial Dental Hygiene Orientation.
 - NOTE: FHTC ‘Immunization Exemption Statement’ form available upon request. However, it is at the discretion of the contracted clinical affiliation partners to accept or deny it.
- **TB Skin Test**—Students are required to have a TB Skin test performed and provide documentation of the test results.
- **FLU immunization** – When administered, it is the student’s responsibility to provide a copy of this immunization record to the Director of the program. Must be immunized ANNUALLY when vaccine becomes available.
- **Background Check** - <http://www.kansas.gov/kbi/criminalhistory/> (Instructions will be provided; the student is responsible for this additional fee).

Application Checklist

To be considered for admission to the FHTC Dental Hygiene program, the following documentation must be received by deadlines specified:

Submit the following to Admissions at FHTC by respective deadlines:

DEADLINE for the following – December 1st, 2023

- _____ Submit an online Flint Hills Technical College Admissions Application; select Dental Hygiene as your program choice
- _____ Pay non-refundable \$50 application fee (call 620-343-4600 ext. 2 or come in)
- _____ Provide TWO **Work Related References** – these are required fields when completing your FHTC admissions application! A questionnaire will be sent to your work references to complete and return on your behalf. Follow up with your work references! PLEASE NOTE: the completed reference forms **MUST** be **received** by the January 15th, 2024, deadline.

DEADLINE for the following - January 15th, 2024

- _____ TEAS Adjusted Individual Total Score or ACT Composite Score
- _____ Official High School or GED Transcript
- _____ **Official** Transcripts from ALL current and previously attended Colleges/Universities (Current transcript can be unofficial showing Work In-Progress until December 2023 semester is complete)
- _____ Dental Assisting College transcript (if applicable)
- _____ Documentation of previous dental field work opportunities in a simple resume format (if applicable)
- _____ Photo Identification (valid driver's license, college photo ID, etc.)
- _____ Completed Dental Hygiene Shadowing/Observation Hours form (Page 5)
- _____ DANB (if applicable)
- _____ Nitrous Oxide Sedation certification (if applicable)

***REMINDER - ALL items must be received by their respective deadlines to be considered for admission.
Incomplete applications will not be reviewed.***

Reapplication

Applicants who are not selected for admission are encouraged to submit a new Flint Hills Technical College Admissions Application for the Dental Hygiene program for the following year. A non-refundable application fee (amount to be determined) is required in order to have the new Dental Hygiene application processed. Any applicant that is not accepted is encouraged to apply for the FHTC Dental Assisting Program.

Dental Hygiene Shadowing/Observation Hours

To become more familiar with the profession of Dental Hygiene and the career opportunities that exist within it, all applicants are required to shadow and observe a Registered Dental Hygienist (cannot be a Dental Hygiene student) for a *minimum* of **40 hours within one year** of December 30th, 2023.

It is highly recommended that applicants shadow at various dental offices and clinics to appreciate the variety in work environments that dental hygiene offers.

For verification of shadowing experiences, please complete the following log. Applicants may copy this form for additional space if needed.

APPLICANT'S NAME: _____

The above-named applicant has spent _____ hours shadowing in the office/clinic at:

Name of office: _____

The applicant has observed the following procedures:

Signature of Dental Hygienist: _____ Date: _____

Printed Name of Dental Hygienist: _____

Office Phone number: _____

The above-named applicant has spent _____ hours shadowing in the office/clinic at:

Name of office: _____

The applicant has observed the following procedures:

Signature of Dental Hygienist: _____ Date: _____

Printed Name of Dental Hygienist: _____

Office Phone number: _____
