



School of Dentistry
Division of Dental Hygiene

INSTRUCTIONS ON APPLYING FOR ADMISSION TO THE DEGREE COMPLETION DENTAL HYGIENE PROGRAM

Step 1: Consult the UMKC General Catalog or with the Director, Degree Completion Studies in Dental Hygiene at the School of Dentistry concerning your eligibility for admission. The following are specifically required for admission:

- a. Graduation from an accredited school or program of dental hygiene.
- b. Results and successful completion of the National Board Examination for dental hygienist or a copy of state dental hygiene licensure.

Step 2: Read and fully complete a UMKC application form with a nonrefundable application fee (please print or type.) \$35.00 application fee for online applications, \$45.00 for paper application. Must be received in the division of dental hygiene office by the **deadline of February 1.**

NOTE: Failure to complete the form fully and accurately voids the application, and subsequent revelation of inaccurate or incomplete information of substantive nature may result in dismissal.

Step 3: If completing a UMKC paper application, please return the completed application to: **Director, Degree Completion Studies, Division of Dental Hygiene; UMKC School of Dentistry; 650 East 25th Street; Kansas City, MO 64108.** The **deadlines** for applying for admission are: February 1 of each year. The graduate program commences in August of each year.

Step 4: Request official transcripts of all your previous academic work, and have them sent directly to: **Director, Degree Completion Studies, Division of Dental Hygiene ; UMKC School of Dentistry; 650 East 25th Street; Kansas City, MO 64108.** Must be received in the division of dental hygiene office by the **deadline of February 1.**

Step 5: Request completion of three (3) reference forms, one of which must be completed by the Director of the Dental Hygiene program from which you graduated. Have them sent directly to: **Director, Degree Completion Studies, Division of Dental Hygiene; UMKC School of Dentistry; 650 East 25th Street; Kansas City, MO 64108.** Must be received in the division of dental hygiene office by the **deadline of February 1.**

Step 6: Send completed Supplementary Application form directly to: **Director, Degree Completion Studies, Division of Dental Hygiene; UMKC School of Dentistry; 650 East 25th Street; Kansas City, MO 64108.** Must be received in the division of dental hygiene office by the **deadline of February 1.**

Step 7: You will be notified in writing as soon as all forms and credentials have been **received** and **evaluated.**



School of Dentistry
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SUPPLEMENTAL APPLICATION TO THE BACCALAUREATE DEGREE COMPLETION PROGRAM

Date _____

Name _____
(Last) (First) (Middle)

Current Address _____

City: _____ State: _____ Zip: _____

Email Address _____ Cell Phone: _____

Telephone Number () _____ () _____
Area code Home Area code Business

Application for Admission Beginning _____
(Semester) (Year)

Student Status: Full-Time / Part-Time Distance/On Campus
(Circle one) (Circle one)

National Board Certificate/Year of Successful Completion: _____

State Dental Hygiene Licenses Presently Held: _____

List All Positions Held in Dental Hygiene (Most Current First):

Dates	Position	Employers

Please Indicate Present and Past Offices Held, or Committees Served on, in Professional Associations or Honorary Societies

Please Indicate Memberships and Presently Held Positions in Professional Associations or Honorary Societies, also Indicate Professional Honors and Awards Received:

Please Indicate Meetings Attended on a National, State and /or Local Level for the Past Two Years:

Please Indicate Continuing Education Programs Attended During the Past Two Years:

Course Title	Course Dates	Presenter
_____	_____	_____
_____	_____	_____
_____	_____	_____

References: A total of **three** references are required. One reference form must be completed by the Director of the undergraduate basic preparation dental hygiene program you completed. Two additional representative individuals not related to you by birth or marriage, should also submit recommendations using UMKC's reference forms.

	NAME	TITLE	ADDRESS
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Grade Point Average: Please Indicate Your Grade Point Average on a 4.0 Scale

1. Overall undergraduate coursework (in college): _____
2. Dental hygiene coursework: _____
3. Basic Science coursework: _____
4. Graduate coursework: _____

Please Briefly Indicate Your Career Goals (i.e. Teaching, Administration, Research, Oncology, Gerontology).

Must be received in the division of dental hygiene office by the deadline of Feb. 1st

UMKC SCHOOL OF DENTISTRY — DIVISION OF DENTAL HYGIENE
General Education Worksheet — B.S. in Dental Hygiene - Degree Completion

Name: _____ **Date:** _____

Students must complete a **minimum of 60 semester hours** prior to entry. Credit will be granted for courses taken at other institutions, which are substantially equivalent to those offered at the University of Missouri-Kansas City, **provided a grade of C or above was received.** Credit hours listed with the required courses shown below may vary according to the educational institution.

Please fill in the worksheet below, and return to the **Dental Hygiene** office by deadline of **Feb. 1**. This will provide an idea of the requirements you have completed, and those you are missing. All coursework must be approved by the director of the program prior to enrollment.

Requirement	Credit Hours	Grade	Institution	Notes
Communicating/English	9			
Comp/Engl I	3			
Comp/Engl II	3			
Speech/Public Speaking	3			
Mathematics	3			
College Algebra	3			
Higher-Order Thinking, Managing Information, and Valuing	6			
Chosen from at least two different fields from the following list: Philosophy 200 level or higher, History 200 level or higher, Anthropology, Computer Science, or Math 160 or higher	6			
Humanities and Fine Arts	6			
One 3 credit hour course chosen from Engl, ComS, Foreign Language, or Phil	3			
AND				
One 3 credit hour course chosen from Art/Art History, conservatory or theater	3			
Social and Behavioral Sciences	9			
General Sociology	3			
General Psychology	3			
US Constitution course	3			
Biological and Physical Sciences	13-19			
Chemistry (Chemistry must be a course for Health Science majors which includes a lab & organic chemistry components.)	4-6			
Microbiology				
Anatomy	3-5			
Physiology	3-4			
(If taking a combined Anatomy & Physiology, it must be a sequence of two semesters.)	3-4			
Electives	10-15			
Computer appl. (highly recommended)				



School of Dentistry
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BACCALAUREATE DEGREE COMPLETION PROGRAM IN DENTAL HYGIENE REFERENCE FORM

To the Applicant: Please secure three references from college faculty members/administrators who can inform us as thoroughly as possible of your academic and personal qualities and achievements as a total person. If you are not presently in an academic institution, current references may best be obtained from persons who are familiar with your current professional qualifications. One form (the director’s reference form) must be completed by the Director of the Dental Hygiene program from which you graduated.

Applicant: Complete the top part of this form and give to your reference individual for completion

FULL NAME: _____
(Last) (First) (Middle)

DATE: _____

PRINT NAME OF REFERENCE: _____

Applicant is not to write below this line

To the Reference: A strictly confidential evaluation of this applicant for use by the University of Missouri-Kansas City will be appreciated. Please mail this form prior to deadline of Feb. 1st directly to: *DIRECTOR, DEGREE COMPLETION STUDIES, UMKC School of Dentistry, 650 E. 25th Street Room 415, Kansas City, MO 64108.*

1. How well and in what capacity have you know the applicant?

2. Do you feel that the applicant would be able to adjust to the demands of an intensive year-round education program without undue difficulty? _____

If not, please explain: _____

3. Please rate the applicant's achievement and potential by entering an X in the appropriate spaces below, comparing the applicant with others in his/her field that you have known in recent years.

	Exceptional Top 10%	Above Average Top 25%	Average Top 50%	Below Average Lower 50%	Unable To Judge
Academic achievement					
Non-academic achievement (activities, accomplishments and leadership)					
Intellectual potential Intellectual interests and breadth of general knowledge					
Sense of responsibility					
Integrity					
Maturity					
Stress management					
Ability to work with others					
Clinical competency					
Communication skills					
Writing skills					
Critical thinking skills					
Decision-making skills					
Motivation for Dental Hygiene					

4. Please write a brief statement indicating the student's critical thinking skills, decision-making skills, strengths and weaknesses. (Attach a separate sheet if desired)

5. Please check one: () Recommend enthusiastically () Recommend with Reservations
() Recommend () Do Not Recommend

Comments: _____

Signature: _____

Position: _____

Institution: _____

Date: _____



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Applicant: Complete the top part of this form and give to your reference individual for completion

FULL NAME: _____
(Last) (First) (Middle)

DATE: _____

PRINT NAME OF REFERENCE: _____

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4. Please write a brief statement indicating the student's critical thinking skills, decision-making skills, strengths and weaknesses. (Attach a separate sheet if desired)

5. Please check one: () Recommend enthusiastically () Recommend with Reservations
() Recommend () Do Not Recommend

Comments: _____

Signature: _____

Position: _____

Institution: _____

Date: _____



School of Dentistry
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BACCALAUREATE DEGREE COMPLETION PROGRAM IN DENTAL HYGIENE DIRECTOR'S REFERENCE FORM

To the Applicant: Please secure three references from college faculty members/administrators who can inform us as thoroughly as possible of your academic and personal qualities and achievements as a total person. If you are not presently in an academic institution, current references may best be obtained from persons who are familiar with your current professional qualifications. One form (the director's reference form) must be completed by the Director of the Dental Hygiene program from which you graduated.

Applicant: Complete the top part of this form and give to your reference for completion.

FULL NAME: _____
(Last) (First) (Middle)

DATE: _____

PRINT NAME OF REFERENCE: _____

Applicant is not to write below this line

To the Reference: A strictly confidential evaluation of this applicant for use by the University of Missouri-Kansas City will be appreciated. Please mail this form prior to deadline of Feb. 1, directly to: *DIRECTOR, DEGREE COMPLETION STUDIES, UMKC School of Dentistry, 650 E. 25th Street, Room 415, Kansas City, MO 64108.*

1. How well and in what capacity have you know the applicant?

2. Do you feel that the applicant would be able to adjust to the demands of an intensive year-round education program without undue difficulty? _____

If not, please explain: _____

3. Please rate the applicant's achievement and potential by entering an X in the appropriate spaces below, comparing the applicant with others in his/her field that you have known in recent years.

	Exceptional Top 10%	Above Average Top 25%	Average Top 50%	Below Average Lower 50%	Unable To Judge
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Maturity					
Stress management					
Ability to work with others					
Clinical competency					
Communication skills					
Writing skills					
Critical thinking skills					
Decision-making skills					
Motivation for Dental Hygiene					

4. Please write a brief statement indicating the student's critical thinking skills, decision-making skills, strengths and weaknesses. (Attach a separate sheet if desired)

5. Please indicate the student's rank in class: _____ (if not system of ranking exists, please provide an estimate)

6. Please indicate the student's GPA in Dental Hygiene as follows:
 _____ (Overall) _____ (Basic Science GPA) _____ (Clinical GPA)

7. Please check one: () Recommend enthusiastically () Recommend with Reservations
 () Recommend () Do Not Recommend

Comments: _____

Signature: _____

Position: _____

Institution: _____

Date: _____