



School of Dentistry
Division of Dental Hygiene

SUPPLEMENTAL APPLICATION TO THE GRADUATE DENTAL HYGIENE PROGRAM

Date _____

Name _____
(Last) (First) (Middle)

Current Address _____

City: _____ State: _____ Zip: _____

Email Address: _____ Cell: _____

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 Memberships Presently Held in Professional Associations or Honorary Societies:

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

Please 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, including your class rank upon graduation. 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).

Master of Science Degree in Dental Hygiene Education Narrative Statement

Please complete the following Narrative Statement as described below. The Narrative Statement must be typed on a separate sheet of paper and attached to this supplemental application form. This narrative statement gives you the opportunity to present to the faculty of the Master of Science Degree in Dental Hygiene Education Program.

Explain why you decided to apply to graduate school. Discuss and support the arguments for your admissions into the program. Include how your educational goals and research plans could contribute to our program. In addition to your objective records, this narrative could be the most important factor in the interview and admission decision. Convince us to admit you in 1,200 words or less. If you are applying to the distance option, please include your prior experience with distance learning and/or technology.



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GRADUATE DENTAL HYGIENE PROGRAM 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 the 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 directly to:
DIRECTOR, GRADUATE DENTAL HYGIENE EDUCATION, UMKC School of Dentistry, 650 E. 25th Street, 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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Position: _____

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MASTER OF SCIENCE DEGREE PROGRAM IN DENTAL HYGIENE EDUCATION

Name: _____ Date: _____

**Please select the area of concentration that you wish to pursue for the
Master of Science Degree Program:**

_____ **Teacher Preparation/Research**

_____ **Gerontology**

_____ **Special Patient Care/Oncology**

_____ **Health Services Administration**

- **Managed Care**
- **Long Term Care**
- **Health Services**

Additional Notes: _____

UNIVERSITY OF MISSOURI-KANSAS CITY

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www.umkc.edu/dentistry • dh@umkc.edu

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