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# DATES TO REMEMBER

- Scrubs and shoes purchased by ........................................ August 22, 2017
- Books purchased by ............................................................. August 22, 2017
- SADHA dues are due on ..................................................... August 22, 2017
- Instrument kit received (paid for by DH207C class fees) .... August 22, 2017
- Vital signs equipment purchased on ................................ August 22, 2017

# FORMS DUE DATES

- Dental Hygiene Regulations ............................................. August 4, 2017
- Disclosure Statement ......................................................... August 4, 2017
- Acknowledgment of Hepatitis, TB and Latex Allergy Info ...... August 4, 2017
- Immunization Forms .......................................................... August 4, 2017
- Copy of CPR certification .................................................... August 4, 2017
2017 MEMORANDUM

TO: Sophomore Dental Hygiene Students (Class of 2020)

FROM: Faith Y. Miller, RDH, MSEd
       Dental Hygiene Program Director

DATE: May 5, 2017

SUBJECT: Orientation Package

Welcome and congratulations on your acceptance into the Dental Hygiene program! The faculty and students are looking forward to meeting you. You have an exciting professional future ahead of you, and we are pleased to be a part of it.

This packet contains announcements, information about instruments, scrubs, CPR, immunizations and many other items. Please read all the material carefully. We are continuing with our “go green” initiative in terms of reducing the amount of paper used for patient information and student evaluations, so to that end, we request that incoming students have a notebook, (e.g., PC or tablet (iPad) to upload materials, videos, and any other instructional and evaluation materials used in the program.

Please read the Policy and Procedure Manual for Dental Hygiene on the SIU Dental Hygiene website (http://sah.siu.edu/undergraduate/dental-hygiene/). Please sign and date page 3 of the Policy and Procedure Manual for Dental Hygiene and bring it with you on Tuesday, August 22, 2017.

Enjoy the remainder of your summer. We will see you on Tuesday, August 22, 2017.
HELPFUL SUGGESTIONS FOR INCOMING SIU DENTAL HYGIENE STUDENTS

- Please refrain from having your dentist office or clinic expose full mouth radiographs (FMX) PRIOR to entry into dental hygiene school. You will be exposing images on a partner your second year of the program, so to prevent overexposure, follow these suggestions.

- Please do not allow upper classmen in the SIU Dental Hygiene program to expose radiographs of any kind due to the chance of overexposure. If there is an emergency or you are having problems with your teeth, please alert a faculty member and they can decide on proper procedure and protocol.

- You may NOT want to consider buying textbooks from current SIU Dental Hygiene students due to the changes in textbooks and editions!!!

- Please wait to purchase textbooks after the first class meeting or before you get the syllabus (sometimes bookstores have the wrong information).
ANNOUNCEMENTS

CPR/BLS Certification

We require all students to be certified in CPR PRIOR to patient contact in September 2017. You MUST complete the CPR course before fall classes begin. Only CPR certifications from the American Heart Association for Health Care Providers or the American Red Cross CPR/AED for Professional Rescuer are accepted. Generally the certification is good for TWO years. Please ask BEFORE taking a course how long the certification is. CPR courses are taught at a variety of locations in the communities such as hospitals, fire stations, and ambulance services. It is a skill that must be practiced, therefore, online courses are NOT acceptable. Please make two photocopies (front and back) of your CPR certification card. Send one of the copies with the immunization forms and keep the second one for future use.

Clinical Rotation Sites

This degree program requires the successful completion of Clinical Rotations. In accordance with guidelines, these affiliation sites will require students to undergo a criminal background check (including fingerprints) and drug screening.

Financial Aid

There are a limited number of scholarships and tuition waivers specifically for dental hygiene students. However, students are not eligible for most of the awards until they have completed their first year in dental hygiene.

Financial aid such as grants, loans, and tuition waivers should be discussed with the Office of Financial Aid in SIU Carbondale, 1263 Lincoln Drive, Student Services Building, 2nd floor, Carbondale, Illinois 62901. Hours: 8:00 - 4:30 Monday – Friday Phone: (618) 453-4334 Fax: (618) 453-7305 E-mail: fao@siu.edu

A memorandum of expenses specifically for dental hygiene students is included in the packet. Financial aid personnel usually request a copy of the memo so they may arrange additional funding. You may also obtain scholarship information by visiting the web sites of the American Dental Hygienists’ Association (www.adha.org) or https://www.adha.org/iod/programs/scholarship_list.htm and the American Dental Association (www.ada.org). In addition, there are scholarships available to minority students and we encourage you to apply. Some examples: National Dental Hygienists’ Association (http://www.ndhaonline.org/#!scholarship-c1mh) Membership is required to apply. Check online for the current student fee.

If you are a sophomore transfer student, you may apply for the New Student Tuition Waiver Scholarship. New sophomore transfer students will find a scholarship application enclosed. Please return by July 1, 2017. The form is also on the dental hygiene program website.

Registration

If you have any questions or concerns regarding your class schedule, please contact Robert Broomfield at (618) 453-7287 or broomr@siu.edu.
Approximate Costs for 2017-2018 Supplies/Expenses

An instrument/supply kit must be purchased from approved dental vendors. The contents of the kit have been carefully selected by the Dental Hygiene faculty. The kit will be your major expense for the sophomore year of the program and is covered by the $1700 class fee for DH207C. The following additional costs list is provided to help you plan for your first year expenses. These costs are estimated and may change due to price fluctuations.

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Books</td>
<td>$750.00 (estimated costs for 3 years-some books are used for more than one course)</td>
</tr>
<tr>
<td>Vital signs equipment</td>
<td>$57.00 (Sophomore Year only)</td>
</tr>
<tr>
<td>Instruments &amp; Supplies kit</td>
<td>$1700 (Covered by DH207C Class fee. Sophomore Year only; costs for junior and senior year on a separate page)</td>
</tr>
<tr>
<td>Clinic attire</td>
<td>$300.00 (Sophomore Year only)</td>
</tr>
<tr>
<td>Professional meetings</td>
<td>$45.00 (Sophomore Fall semester)</td>
</tr>
<tr>
<td>SADHA dues</td>
<td>$65.00 (one year, Professional Association, Student member)</td>
</tr>
<tr>
<td>Pinning Ceremony Pin</td>
<td>$6.00 (Initiation/ADHA pin)</td>
</tr>
<tr>
<td>Estimated total – minus instruments &amp; Supplies kit</td>
<td>$1233</td>
</tr>
</tbody>
</table>

***Important purchasing information:

- Books should be purchased prior to the first day of class. (A listing of books are on the program website. The costs will vary depending upon where students purchase the books.)
- **Check or money order for $167.00 made payable to: the Student American Dental Hygienists’ Association, or SADHA** This check or money order will cover the vital signs equipment, professional meetings, association dues and an initiation pin. It will be due on Tuesday, August 22, 2017.
- Shoes should be purchased prior to coming to SIUC. They MUST be:
  - WHITE OR BLACK (completely white or black with no color)
  - SOFT SOLED
  - NO MESH
  - NEWLY PURCHASED
  - They must NOT be Crocs, sandals, clogs, slingbacks, or canvas or have ANY color. (Prices will vary per individual preferences)
- Scrubs (approximately $300) should be purchased prior to the first day of class Tuesday, August 22, 2017. (Tops and jackets will be monogrammed for $6.00 per item. This will be arranged by the program, so do not have anything monogrammed beforehand.) **Payment for monogramming is due Tuesday, August 22, 2017.** Please see pages 7-8 for more details about scrubs for men and women.
Congratulations on your acceptance in the SIUC Dental Hygiene Program. The Medicine Shoppe will be providing your vital sign kits for the 2017-2018 school year.

The vital sign kit will include the following items:
- Stethoscope (latex-free)
- Blood pressure cuff (nylon covered)
- Thermometer and Probe covers
- Matching carrying case (4 x 7” included)

The cost for the adult standard kit will be approximately $57.00.

*Linda Black, The Medicine Shoppe*
Scrubs for Women

You are required to purchase three black Cherokee-brand uniform sets (scrubs) and a warm-up jacket prior to coming to campus.

During the first week of classes, the uniform tops will be collected and taken to a private monogramming service for monogramming. Monogramming for the warm-up jacket is optional and will be at the same price as the uniform tops.

The cost for monogramming is $6 per item.

You must purchase three tops and three pants from the following Cherokee styles. (You may purchase all three of the same style. You DO NOT NEED one of each of the following. PLEASE SELECT THE STYLE THAT GIVES YOU THE BEST FIT AND COVERAGE. WHEN TRYING THEM ON, SQUAT AND BEND OVER TO BE SURE ALL BODY PARTS ARE WELL COVERED.)

You may purchase the scrubs from any uniform business that carries the Cherokee brand.

The color of the scrub sets must be **BLACK**.

**Tops**
- Style 1999 - Luxe V-Neck Top
  Sz XXS-5XL
- Style 1845 - Luxe V-Neck Top
  Sz XS-5XL
- Style 1841 - Luxe Mock Wrap Top
  Sz XXS-5XL
- Style 2874 & 2968 - Flexibles V-Neck Top
  Sz XS-5XL
- Style 4727, 4728 & 4700 – Workwear V-Neck Top
  Sz XXS-5XL
- Style 4801 – Workwear Mock-wrap tunic
  Sz XXS-5XL
- Style 4824 – Workwear Round Neck Top
  Sz XS-3XL
- Style 4725 – Workwear Unisex V-Neck
  Sz XS – 5XL

**Pants**
- Style 1066 – Luxe drawstring pant
  Regular, petite, tall
- Style 1031 – Flexibles mid-rise pull-on pant
  Regular, petite, tall
- Style 2085 – Flexibles cargo pant
  Regular, petite, tall
- Style 4001 – Workwear Pull-on Pant
  Regular, petite, tall
- Style 4044 - Workwear Drawstring pant
  Regular petite, tall

**Warm-Up Jacket**
- Style 4350 – Workwear Warm-up jacket
- Style 1330 – Luxe Warm-up jacket
- Style 2306 - Flexibles Zip Front Warm-Up Jacket

The warm up jacket ONLY, may be purchased in black, white or wine color.

**Uniform stores in the Carbondale area:**
- Jenny’s Uniforms
  810 W Broadway, Johnston City, IL
  Phone: 618.952.1277
- Uniforms & More
  2355 Sweets Dr., Carbondale, IL
  Phone: 618.457.1603
**Scrubs for Men**
You are required to purchase three black Cherokee-brand uniform sets (scrubs) and a warm-up jacket prior to coming to campus.

During the first week of classes, the uniform tops will be collected and taken to a private monogramming service for monogramming. Monogramming for the warm-up jacket is optional and will be at the same price as the uniform tops.

The cost for monogramming is $6 per item.

You must purchase three tops and three pants from the following Cherokee styles. (You may purchase all three of the same style. You DO NOT NEED one of each of the following. PLEASE SELECT THE STYLE THAT GIVES YOU THE BEST FIT AND COVERAGE. WHEN TRYING THEM ON, SQUAT AND BEND OVER TO BE SURE ALL BODY PARTS ARE WELL COVERED.)

You may purchase the scrubs from any uniform business that carries the Cherokee brand.

The color of the scrub sets must be **BLACK**.

### Tops
- Style 4725 – Workwear Unisex V-Neck  
  Sz XS-5XL
- Style 4876 – Workwear Unisex V-Neck  
  Sz XXS–5XL
- Style 4777 – Workwear Unisex V-Neck Tunic  
  Sz XXS–5XL
- Style 4789 – Workwear Men’s V-Neck  
  Sz S-5XL
- Style 1929 – Luxe Men’s V-Neck  
  Sz S-5XL

### Pants
- Style 4243 – Workwear Drawstring pant  
  Regular, tall
- Style 4000 & 4100 – Workwear Drawstring pant  
  Regular, short, tall
- Style 1022 – Luxe Fly Front Drawstring pant

### Warm-up Jacket
- Style 4450 – Workwear Men’s Warm-up jacket  
  The warm up jacket ONLY, may be purchased in black, white or wine color.
DENTAL HYGIENE REGULATIONS  
SOUTHERN ILLINOIS UNIVERSITY CARBONDALE

General Regulations:

1. Student must purchase three uniforms (scrubs) selected by the faculty.
2. Student must purchase one pair of white or black shoes according to enclosed criteria.
3. Student must purchase instruments and supplies selected by the faculty.
4. Student must wear personal protective equipment. Specific requirements will be discussed in class.
5. Student must purchase some expendable supplies each semester.

Regulations concerning personal appearance:

1. Instrumentation Lab, Radiology Lab, and Assessment Lab: Professional attire is required, consisting of:
   a. School scrubs
   b. Disposable gown
   c. White or black clinic shoes
   d. Crew Socks (socks that will completely cover from calf down)
   e. NO jewelry (including watches, earrings, rings, etc.)
   f. Short bare fingernails (no nail polish)
   g. Clean, freshly washed uniform (no tobacco or perfume odor)

Regulations concerning professional meetings and continuing education programs:

It is your obligation to attend professional meetings as announced. Several continuing education courses will be required during the program. Registration fees must be paid by the student.

I have read, fully understand, and will comply with and adhere to the above stated regulations.

Signed: ___________________________ Dated: ___________________________

I have read and understand that the approximate total cost for the three years of the Dental Hygiene professional sequence (in addition to tuition, fees, and housing) is approximately $4700. I understand these additional costs cannot be charged to my Bursar's bill.

Financially Responsible Party:

Signed: ___________________________ Dated: ___________________________

Return this copy by August 4, 2017 to:

Shelly A File  
School of Allied Health  
Mailcode: 6615  
Southern Illinois University  
Carbondale, IL 62901  
(618) 453-7211  
safrdh@siu.edu
DENTAL HYGIENE REGULATIONS
SOUTHERN ILLINOIS UNIVERSITY CARBONDALE

General Regulations:

1. Student must purchase three uniforms (scrubs) selected by the faculty.
2. Student must purchase one pair of white or black shoes according to enclosed criteria.
3. Student must purchase instruments and supplies selected by the faculty.
4. Student must wear personal protective equipment. Specific requirements will be discussed in class.
5. Student must purchase some expendable supplies each semester.

Regulations concerning personal appearance:

1. Instrumentation Lab, Radiology Lab, and Assessment Lab: Professional attire is required, consisting of:
   a. School scrubs
   b. Disposable gown
   c. White or black clinic shoes
   d. Crew Socks (socks that will completely cover from calf down)
   e. NO jewelry (including watches, earrings, rings, etc.)
   f. Short bare fingernails (no nail polish)
   g. Clean, freshly washed uniform (no tobacco or perfume odor)

Regulations concerning professional meetings and continuing education programs:

It is your obligation to attend professional meetings as announced. Several continuing education courses will be required during the program. Registration fees must be paid by the student.

__________________________________________________________________________________________

I have read, fully understand, and will comply with and adhere to the above stated regulations.

Signed: ___________________________ Dated: ___________________________

I have read and understand that the approximate total cost for the three years of the Dental Hygiene professional sequence (in addition to tuition, fees, and housing) is approximately $4700. I understand these additional costs cannot be charged to my Bursar's bill.

Financially Responsible Party:

Signed: ___________________________ Dated: ___________________________

RETAINTHIS COPY FOR YOUR FILES.
Information About Hepatitis, TB and Latex Allergy

As a dental hygiene student, you will come in contact with many people who may be carrying an infectious disease. For this reason, the SIUC Dental Hygiene program strictly adheres to the Centers for Disease Control and Prevention’s guidelines and the Occupational Safety and Health Administration’s requirements in the use of Universal / Standard precautions.

We want you to be aware of some of the pathogens a patient could possibly be infected with that you may encounter in our clinic.

◆ **HIV/AIDS** – the virus that causes AIDS is HIV. It is estimated that 1 million Americans are infected with it. This virus can be occupationally transmitted through blood and saliva in the dental setting. There is no immunization or cure for HIV/AIDS.

◆ **Hepatitis B** – This virus can cause liver disease and death in a small number of those infected with it. It is estimated that 250,000 Americans each year are newly infected with hepatitis B and 8-14% become carriers (able to infect others). This virus is occupationally transmitted through blood and saliva in the dental setting.

**HBV Vaccination** – Fortunately, there is a safe and effective vaccination available to prevent hepatitis B infection. The series of three injections is given over a six-month period. For most people, the only side effect is a sore arm (see next sheet for more details).

Due to the real risk of occupational exposure, all dental hygiene students are required to obtain this immunization prior to seeing patients Fall semester. The student is also required to obtain hepatitis B antibody testing two (2) months following the third immunization. Documentation of the three immunizations and antibody testing must be given to the program director. Proof of beginning the HBV series must be presented the first week of class.

◆ **Hepatitis C** – This virus is the number one cause of liver disease in the United States. It is estimated that 35,000 Americans each year are newly infected with hepatitis C and 80-100% become carriers (able to infect others). This virus is occupationally transmitted through blood and saliva in the dental setting. There is no immunization or cure for hepatitis C.

◆ **Tuberculosis** – This bacteria is spread mainly through the cough, sneeze or talking of a person with active TB disease. The bacterium is then breathed in and can start an infection in other people. Nationwide, the number of TB cases continues to decrease and currently around 18,000.

**TB Testing** – There is a small chance that a person with infective TB could present in our clinic due to the very diverse group of people that we see. Therefore, we require all students and faculty to be tested for TB annually. This test should be obtained prior to starting the fall semester and documentation sent to the program director by **August 4, 2017**.

◆ **Latex Allergy** – Though a latex allergy is not caused by a pathogen, we wanted to alert you to the increase in latex sensitivity among health care workers. A powder free, low protein latex glove policy is in place in order to reduce this risk. Symptoms of latex allergy include: flushing, itching, skin rash, nasal, eye, or sinus symptoms or asthma when around latex products.
Acknowledgment of Information Regarding
Hepatitis B and Latex Allergy in the Dental Environment
Southern Illinois University Carbondale
Dental Hygiene Program

Statement: It is accepted knowledge that hepatitis B is an occupational hazard in the dental setting. Dental personnel are at risk for the potential of acquiring hepatitis B while practicing their chosen profession because of continual exposure to saliva and blood from patients. In recognition of these facts, Southern Illinois University Dental Hygiene has informed dental hygiene students of this risk, potential implications associated with the risk, and the availability of preventive vaccination.

PLACE YOUR SIGNATURE ON ONE OF THE APPROPRIATE LINES BELOW.
CAREFULLY READ THE STATEMENTS BEFORE SIGNING AND SIGN ONLY THE APPLICABLE STATEMENT(S).

1. I have previously received the Hepatitis B vaccine. Please see health form for dates of all three injections.
   Signature ____________________________  Date ____________________

2. I have had a blood test that was positive for Hepatitis B antibodies.
   ___ I am a carrier  ___ I am not a carrier
   Signature ____________________________  Date ____________________

3. I have a Type I latex allergy and need special accommodation. Documentation of this condition has been attached.
   Signature ____________________________  Date ____________________

4. I may have a latex allergy and will follow this up with my doctor prior to class. I will send the doctor’s report to the Health and Safety Coordinator.
   Signature ____________________________  Date ____________________

Return this form by August 4, 2017 to:
Shelly A File
Dental Hygiene Mailcode: 6615
School of Allied Health
Southern Illinois University
Carbondale, IL 62901
IMMUNIZATION FORM

Please ask your physician to complete two copies of this form. Return one to each address below by August 4, 2017.

Shelly File, Assistant Instructor
Dental Hygiene Mailcode 6615
College of Applied Sciences and Arts
1365 Douglas Drive
Southern Illinois University
Carbondale, IL 62901

Student Health Service
Attn: Immunizations
Mailcode 6802
Southern Illinois University
Carbondale, IL 62901

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *

Dear Health Care Provider:

The person presenting this form for completion is an entering Dental Hygiene student at Southern Illinois University in Carbondale, Illinois. He/she will be working closely with dental patients. For protection of both the future patients and the student, we require proof of a TB test that was taken no earlier than May 1, 2017. We also require that the students obtain immunization against hepatitis B. Please complete the form below.

Faith Y. Miller, RDH, MSEd
Dental Hygiene Program Director

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *

<table>
<thead>
<tr>
<th>Student's Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REQUIRED IMMUNIZATIONS</strong></td>
<td></td>
<td><strong>TB SKIN TEST</strong></td>
</tr>
<tr>
<td>MMR</td>
<td>date</td>
<td>Date Given</td>
</tr>
<tr>
<td>or Mumps</td>
<td></td>
<td>(must be after 5-1-17)</td>
</tr>
<tr>
<td>Measles</td>
<td>date</td>
<td>Date Read</td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td>Results (mm)</td>
</tr>
<tr>
<td>Tetanus/Diphtheria</td>
<td>date</td>
<td>First Injection</td>
</tr>
<tr>
<td>(Dates for three doses)</td>
<td></td>
<td>Hepatitis B Antibody</td>
</tr>
<tr>
<td>Date of booster within the last ten years</td>
<td></td>
<td>Second Injection</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Test Results:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Third Injection</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Date:</td>
</tr>
</tbody>
</table>

Physician, PA/NP/DO or nurse

Physician, PA/NP/DO or nurse signature

Address

Phone
IMMUNIZATION FORM

Please ask your physician to complete two copies of this form. Return one to each address below by August 4, 2017.

**Shelly File, Assistant Instructor**
**Student Health Service**
**Dental Hygiene Mailcode 6615**
**Attn: Immunizations**
**College of Applied Sciences and Arts**
**Mailcode 6802**
**1365 Douglas Drive**
**Southern Illinois University**
**Carbondale, IL 62901**

**Dear Health Care Provider:**

The person presenting this form for completion is an entering Dental Hygiene student at Southern Illinois University in Carbondale, Illinois. He/she will be working closely with dental patients. For protection of both the future patients and the student, we require proof of a TB test that was taken no earlier than May 1, 2017. We also require that the students obtain immunization against hepatitis B. Please complete the form below.

Faith Y. Miller, RDH, MSEd
Dental Hygiene Program Director

<table>
<thead>
<tr>
<th>Student's Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
</table>

**REQUIRED IMMUNIZATIONS**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date Given</th>
<th>Date Read</th>
<th>Results (mm)</th>
<th>Date of booster within the last ten years</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR or Mumps</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TB SKIN TEST**

Date Given ____ (must be after 5-1-17)

**HEPATITIS VACCINE**

Date

First Injection ____ Hepatitis B Antibody

Second Injection ____ Test Results: ______

Third Injection ____ Date: __________

Physician, PA/NP/DO or nurse

Physician, PA/NP/DO or nurse signature

Address

Phone
DISCLOSURE STATEMENT
Baccalaureate Degree Program in Dental Hygiene
College of Applied Sciences and Arts
Southern Illinois University Carbondale

Summer 2017

To assist you in making a decision about enrolling in the Dental Hygiene program at Southern Illinois University Carbondale, we want you to know how our graduates are doing. Please read the information carefully and sign below. Complete data is not yet available for the 2017 graduates.

<table>
<thead>
<tr>
<th>National DH Board</th>
<th>Class of 2010</th>
<th>Class of 2011</th>
<th>Class of 2012</th>
<th>Class of 2013</th>
<th>Class of 2014</th>
<th>Class of 2015</th>
<th>Class of 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam Pass Rate</td>
<td>100%</td>
<td>96.8%</td>
<td>96.3%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>96.7%</td>
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<tr>
<td></td>
<td>37/37</td>
<td>30/31</td>
<td>26/27</td>
<td>35/35</td>
<td>29/29</td>
<td>30/31</td>
<td></td>
</tr>
<tr>
<td>Northeast</td>
<td>80.7%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>93%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Regional Board</td>
<td>25/31</td>
<td>12/12</td>
<td>26/27</td>
<td>22/22α</td>
<td>27/29</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Exam Pass Rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical</td>
<td>96.6%</td>
<td>83.3%</td>
<td>85.7%</td>
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<td>96%</td>
<td>100%</td>
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<td></td>
<td>28/29</td>
<td>10/12</td>
<td>18.21</td>
<td>32/32*</td>
<td>27/28</td>
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<tr>
<td>Northeast</td>
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<tr>
<td>Regional Board</td>
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<td>Exam Pass Rate</td>
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</tr>
<tr>
<td>Central Regional</td>
<td>n/a</td>
<td>100%</td>
<td>n/a</td>
<td>n/a</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Dental Testing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>(CRDTS) Exam Pass</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate</td>
<td></td>
<td>7/7</td>
<td>n/a</td>
<td>n/a</td>
<td>2/2</td>
<td>29/29</td>
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<tr>
<td>Southern Regional</td>
<td>n/a</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Regional Board</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Exam Pass Rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Western Regional</td>
<td>n/a</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>Board Exam Pass</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Rate</td>
<td></td>
<td>3/3</td>
<td>3/3</td>
<td>3/3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>California</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

I read and understood the graduation rate, licensing or certification examination pass rates, and job placement rate information provided above.

_______________________               _____________________________
Student Signature                        Date

Return this form by August 4, 2017 to:

Shelly File, School of Allied Health, Mailcode: 6615
Southern Illinois University, Carbondale, IL 62901
(618) 453-7211
safrdh@siu.edu
DATE: May 2017

TO: Financial Aid Office

FROM: Faith Y. Miller, RDH, MSEd
Dental Hygiene Program Director

RE: Name:
ID#
Bachelor of Science in Dental Hygiene

The following expenses are incurred by all dental hygiene students and are in addition to the usual expenses for room and board, tuition and fees, and textbooks required for general studies courses and other major areas of study. All listed amounts are approximate.

**Dental Hygiene Mandatory Expenses:**

**Sophomore (First Year of Professional Sequence) - Fall and Spring**

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Textbooks</td>
<td>750.00</td>
</tr>
<tr>
<td>Instruments and Supplies (covered by DH207C class fees)</td>
<td>1700.00</td>
</tr>
<tr>
<td>Vital Signs Kit</td>
<td>57.00</td>
</tr>
<tr>
<td>Dues: Student American Dental Hygienists Association (SADHA)</td>
<td>65.00</td>
</tr>
<tr>
<td>Professional Meetings</td>
<td>45.00</td>
</tr>
<tr>
<td>Initiation Ceremony &amp; Pin</td>
<td>6.00</td>
</tr>
<tr>
<td>Clinic Attire</td>
<td>300.00</td>
</tr>
<tr>
<td><strong>Estimated Total (minus Instruments and supplies)</strong></td>
<td><strong>$1223.00</strong></td>
</tr>
</tbody>
</table>

**Junior (Second Year) - Fall and Spring**

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Textbooks</td>
<td>500.00</td>
</tr>
<tr>
<td>Jr. Instrument Kit (partially covered by DH320C class fees)</td>
<td>460.00</td>
</tr>
<tr>
<td>Supplies</td>
<td>150.00</td>
</tr>
<tr>
<td>SADHA Dues</td>
<td>65.00</td>
</tr>
<tr>
<td>Extramural Assignments (Transportation)</td>
<td>100.00</td>
</tr>
<tr>
<td>Professional Meetings</td>
<td>80.00</td>
</tr>
<tr>
<td><strong>Estimated Total (minus Jr. Instrument Kit)</strong></td>
<td><strong>$895.00</strong></td>
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</tbody>
</table>

**Senior (Third Year) - Fall and Spring**

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
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</thead>
<tbody>
<tr>
<td>Textbooks</td>
<td>275.00</td>
</tr>
<tr>
<td>SADHA Dues</td>
<td>65.00</td>
</tr>
<tr>
<td>Supplies</td>
<td>150.00</td>
</tr>
<tr>
<td>Class Pin and Photo</td>
<td>60.00</td>
</tr>
<tr>
<td>Professional Meetings</td>
<td>80.00</td>
</tr>
<tr>
<td><strong>Estimated Total</strong></td>
<td><strong>$630.00</strong></td>
</tr>
</tbody>
</table>

Additional costs are incurred depending on which exam is taken.

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board Review Course…paid to the agency</td>
<td>350.00</td>
</tr>
<tr>
<td>National Board Dental Hygiene Examination paid to the agency</td>
<td>400.00</td>
</tr>
<tr>
<td>*Central Regional Dental Testing Service (CRDTS) paid to the agency</td>
<td>995.00</td>
</tr>
<tr>
<td>Onsite clinical licensing examinations facility use fee</td>
<td>175.00</td>
</tr>
<tr>
<td><strong>Estimated total</strong></td>
<td><strong>$1920.00</strong></td>
</tr>
</tbody>
</table>

*We offer the CRDTS onsite. The written and clinical licensing examinations are in the spring semester.
2017 DENTAL HYGIENE PROGRAM TUITION WAIER SCHOLARSHIP APPLICATION

Award Amount - $1000 (non-renewable)

Type in your personal and program/degree information, print, Sign, and return ALL application materials to the Dental Hygiene Program Director) by the Application/Submission due date. DUE 07/01/2017

1. Name: ____________________________________________________________

2. SIUC DawgTag #: ________________________________________________

3. SIUC Email Address: ______________________________________________

4. Mailing Address: _________________________________________________

5. Telephone (Home): ____________________________ (Mobile): ____________

6. Number of Semester Hours Completed in Major: __________

7. Number of Semester Hours Currently Enrolled In: __________

8. SIUC Grade Point Average: __________

9. Year in School (Freshman, Junior, etc.): ______________________________________

10. Participation and positions held in student/professional organizations, community organizations, and volunteer service (attach page if necessary):

11. Certifications held or other specific skills related to the major (attach page if necessary):

________________________________________

________________________________________
12. Financial Aid Received to date and Amounts (Type in an “X” for No or None or provide Amount(s) received in the fields provided below):

<table>
<thead>
<tr>
<th>None:</th>
<th>No FAFSA Form on File:</th>
<th>Pell: $</th>
<th>MAP: $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Student Loans: $</td>
<td>ASA Scholarship $</td>
<td>Other: $</td>
<td></td>
</tr>
</tbody>
</table>

Additional Application Requirements:

The applicant will attach a one-page typewritten summary of their personal goals and objectives, as well as a statement regarding why they feel they are deserving of a tuition waiver scholarship.

CERTIFICATION/TUITION WAIVER STATEMENT:

I attest that the above information is true and accurate. I understand that any information found to be untrue or inaccurate may disqualify me from consideration, and I may be required to forfeit the award. If this statement is not signed and all supportive materials (as needed) are not provided as stated above, the application will be considered incomplete and not considered for this award.

As an applicant for or recipient of a tuition waiver award from Southern Illinois University Carbondale, I understand that the University has the legal authority to release my name and address, the name of my former high school or college, the name of my award, and the award amount. This release is valid for the period of time the tuition waiver is in effect.

Signature: ____________________________ Date: ____________________________

MAIL THIS SIGNED APPLICATION AND ALL SUPPORTIVE DOCUMENTS TO:

Shelly File
Dental Hygiene Mailcode 6615
School of Allied Health
Southern Illinois University
Carbondale, IL 62901

(Adapted use from ISAT/ASA Fall 2014)