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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, MEd
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/ioh/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-c1mhs>) 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.

Books	\$750.00 (estimated costs for 3 years-some books are used for more than one course)
Vital signs equipment	\$ 57.00 (Sophomore Year only)
Instruments & Supplies kit	\$1700 (Covered by DH 207C Class fee. Sophomore Year only; costs for junior and senior year on a separate page)
Clinic attire	\$300.00 (Sophomore Year only)
Professional meetings	\$45.00 (Sophomore Fall semester)
SADHA dues	\$65.00 (one year, Professional Association, Student member)
Pinning Ceremony Pin	\$6.00 (Initiation/ADHA pin)
Estimated total – minus instruments & Supplies kit	\$1223

***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.

"What A Pharmacy Was Meant To Be"
2339 Broadway • Mount Vernon, IL 62864 • 618-242-8776 • Fax: 618-242-0424
Eric Black, R. Ph., *Pharmacist/Owner*
www.medicineshopmtvernon.com

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.

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

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: _____

RETAIN THIS 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

Student's Last Name	First Name	Middle Initial
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REQUIRED IMMUNIZATIONS

TB SKIN TEST

	Date	Date
MMR	_____	_____
or		
Mumps	_____	
Measles	_____	_____
Rubella	_____	

Date Given _____ (must be after 5-1-17)
Date Read _____
Results (mm)_____

HEPATITIS VACCINE

	Date
Tetanus/Diphtheria _____ (Dates for three doses)	_____
Date of booster within the last ten years	_____

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	Date
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Address	Phone
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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

Student's Last Name	First Name	Middle Initial
---------------------	------------	----------------

REQUIRED IMMUNIZATIONS

TB SKIN TEST

	Date	Date
MMR	_____	_____
or		
Mumps	_____	
Measles	_____	_____
Rubella	_____	

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

Date Read _____

Results (mm) _____

HEPATITIS VACCINE

	Date
Tetanus/Diphtheria _____ (Dates for three doses)	_____
Date of booster within the last ten years	_____

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	Date
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Address	Phone
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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.

	Class of 2010	Class of 2011	Class of 2012	Class of 2013	Class of 2014	Class of 2015	Class of 2016
National DH Board Exam Pass Rate	100% 37/37	96.8% 30/31	96.3% 26/27	100%	100% 35/35	100% 29/29	96.7% 30/31
Northeast Regional Board Exam Pass Rate Clinical	80.7% 25/31	100% 12/12	96.3% 26/27	100% 22/22 α	100% 32/32*	93% 27/29 Now CDCA Exam	100% 1/1
Northeast Regional Board Exam Pass Rate computer	96.6% 28/29	83.3% 10/12	85.7% 18.21		100% 32/32*	96% 27/28	100% 1/1
Central Regional Dental Testing(CRDTS) Exam Pass Rate	n/a	100% 7/7	n/a	n/a	n/a	100% 2/2	100% 29/29
Southern Regional Board Exam Pass Rate	n/a	100%	100% 3/3	100% 2/2	100% 3/3*	100% 3/3	100% 3/3
Western Regional Board Exam Pass Rate	n/a	100% 3/3	n/a	n/a	100% 1/1	n/a	n/a
California	n/a	n/a	n/a	n/a	n/a	n/a	n/a

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

Textbooks	750.00
Instruments and Supplies (covered by DH207C class fees)	1700.00
Vital Signs Kit.....	57.00
Dues: Student American Dental Hygienists Association (SADHA)	65.00
Professional Meetings	45.00
Initiation Ceremony & Pin	6.00
Clinic Attire	300.00
Estimated Total (minus Instruments and supplies).....	\$1223.00

Junior (Second Year) - Fall and Spring

Textbooks	500.00
Jr. Instrument Kit (partially covered by DH320C class fees).....	460.00
Supplies	150.00
SADHA Dues	65.00
Extramural Assignments (Transportation)	100.00
Professional Meetings	80.00
Estimated Total (minus Jr. Instrument Kit	\$895.00

Senior (Third Year) - Fall and Spring

Textbooks	275.00
SADHA Dues	65.00
Supplies	150.00
Class Pin and Photo	60.00
Professional Meetings.....	80.00
Estimated Total.....	\$630.00

Additional costs are incurred depending on which exam is taken.

Board Review Course...paid to the agency.....	350.00
National Board Dental Hygiene Examination paid to the agency	400.00
*Central Regional Dental Testing Service (CRDTS) paid to the agency	995.00
Onsite clinical licensing examinations facility use fee.....	175.00
Estimated total.....	\$1920.00

*We offer the CRDTS onsite. The written and clinical licensing examinations are in the spring semester.

Dental Hygiene Program (DHP)
College of Applied Sciences and Arts (ASA)
Southern Illinois University Carbondale

2017 DENTAL HYGIENE PROGRAM TUITION WAIVER 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):

None: _____ No FAFSA Form on Pell: \$ _____ MAP: \$ _____
File: _____
Direct Student \$ _____ ASA Scholarship \$ _____ Other: \$ _____
Loans: _____

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 wavier 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 wavier 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 wavier 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)