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DATES TO REMEMBER

Scrubs and shoes purchased by .....August 18, 2020
Books & Kilgore kit purchased by ..... August 18, 2020
SADHA dues are due on ..... August 18, 2020
Instrument kit received (paid for by DH207C class fees) ..... August 18, 2020
Vital signs equipment (check to SADHA) due on ..... August 18, 2020

FORMS DUE DATES

Dental Hygiene Regulations ..... August 1, 2020
Disclosure Statement ..... August 1, 2020
Acknowledgment of Hepatitis, TB and Latex Allergy Info ..... August 1, 2020
Immunization Forms ..... August 1, 2020
Dental Hygiene Program Re-Admission Policy..... August 1, 2020
Copy of CPR certification ..... August 1, 2020

2020 MEMORANDUM

TO: Sophomore Dental Hygiene Students (Class of 2023)

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

DATE: June 2020

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 18, 2020.

Enjoy the remainder of your summer. We will see you on **Monday, August 17, 2020**.

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.

- Please purchase new textbooks to allow for new access code use. You will use many of the textbooks throughout the entire program so we do not advise renting of textbooks.

- Please buy all textbooks before the first day of classes.

ANNOUNCEMENTS

CPR/BLS Certification

We require all students to be certified in CPR **PRIOR** to patient contact in September 2020. 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 **August 1, 2020. The form is also on the dental hygiene program website.**

Registration

If you have any questions or concerns regarding your class schedule, please contact Michael Rowell at (618) 453-8869 or michael.rowell@siu.edu

Approximate Costs for 2020-2021 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. You will receive this kit during the first week of classes. 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	$ 70.00 (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)
N-95 respirator fit testing*	$ 25.00
Kilgore manikin & mount	$ 443.00
Clinic attire	$ 300.00 (Sophomore Year only)
Professional meetings	$ 45.00 (Sophomore Fall semester)
SADHA dues	$ 195.00 (3 years, Professional Association, Student member)
Pinning Ceremony Pin	$ 6.00 (Initiation/ADHA pin)
Estimated total – minus instruments & Supplies kit	**$1834**

* Student Health Services will be perform N95 respirator fit testing for all members of our program. Those who have paid the Student Health Center Fee will pay a $10 door fee. Those who have not paid the Student Health Center Fee or waived said fee will pay $25.

*****Important purchasing information:**

- You must purchase the manikin and mount chosen by your faculty from Kilgore PROIR to the first day of classes. See page 6 of this packet for instructions.
- 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 $316.00 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 for 3 years and an initiation pin. It will be **due on Tuesday August 18, 2020**
- 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, canvas, boots or have ANY color. (Prices will vary per individual preferences)
  - Please email Mrs. File with questions and/or pictures about shoes if needed – safrdh@siu.edu
- Scrubs & scrub caps (approximately $300) should be purchased prior to the first day of class **Tuesday, August 20, 2020.** (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 18, 2020**. Please see pages 7-8 for more details about scrubs for men and women.

Kilgore manikin/typodont & mount kit - $443

Please purchase this in time for you to have it for the first week of classes.

1) Log into 'www.kilgoreinternational.com'

2) In the upper right hand corner next to 'Welcome', place your cursor over 'Products' until the drop down appears. Then, click onto 'School Course Links'

3) The Password Page will appear. Type 'Schools2020' (*with a capital S*) and click enter

4) A list of Schools and Institutions will appear. Click onto 'Southern Illinois (Carbondale)-Mandatory' to review your kit.

5) Add the kit to cart and use your credit card information to purchase

Eric Black, R. Ph., *Pharmacist/Owner*
www.medicineshopmtvernon.com

Congratulations on your acceptance in the SIUC Dental Hygiene Program. The Medicine Shoppe in Mt. Vernon, IL will be providing your vital sign kits for the 2020-2021 school year.

The vital sign kit will include the following items:

- Stethoscope (latex-free)
- Blood pressure cuff (nylon covered)
- Probe covers
- Matching carrying case (4 x 7" included)

Linda Black, The Medicine Shoppe

https://www.mcpillinois.com/duquoin-medicenter

Also included in the vital signs kit is a basic thermometer provided by MediCenter Pharmacy in Du Quoin, IL

The cost for the adult standard kit will be $70.00.

Scrubs

You are required to purchase three black Cherokee-brand uniform sets (scrubs), a warm-up jacket and 3-5 scrub caps prior to coming to campus.

The color of the scrub set (pants and tops) must be **BLACK**.

The color of the scrub jacket may be black, white or burgundy/wine.

You may purchase any design of scrub cap/hat type you would like keeping in mind to avoid any fabric that features inappropriate designs such as drugs, alcohol, profanity, etc. Please assure that the cap/hat that you choose covers and contains all of your hair. You may be required to purchase additional caps/hats in the future to accommodate a change in hairstyle.

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

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

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

Mark's Scrubs Medical Uniforms and Apparel
1401 North Carbon Street
Suite B
Marion, IL 62959
618.969.2292

Women's Scrubs

Cherokee Workwear Revolution
Tops
V-Neck - WW601, WW710
Round Neck – WW602
Mock Wrap – WW710
Pants
Natural Rise - WW011
Mid Rise -WW120, WW110, WW105
Jacket
Snap Front – WW310
Zip Front – WW370

Cherokee Workwear Professionals
Tops
V-Neck – WW665
Round Neck –
Mock Wrap – WW655
Pants
Natural Rise – WW050
Mid Rise - WW160, WW170
Jacket
Snap Front – WW340

Cherokee Workwear Originals
Tops
Mock Wrap – 4801, WW650
V-Neck -4766, 4700
Pants
Natural Rise – 4101, 4200
Mid Rise - WW210
Jackets
Snap Front – 4350

Cherokee Infinity
Tops
V-Neck – CK623a
Mock Wrap – 2625a
Round Neck – 2624a
Pants
Mid Rise Jogger – CK110
Mid Rise – CK100
Jackets
Zip-Front – CK370a

Luxe & Luxe Sport
Tops
V-Neck – 1845, CK603
Mock Wrap – 1841, 21701
Pants
Natural Rise – CK040
Mid Rise – CK003
Jacket
Snap Front – 1330
Zip Front – CK300

Flexibles & iFlex
Tops
V-Neck – 2874, 2968
Pants
Mid Rise – 2085, 1031
Jackets
Zip Front – CK303

Men's Scrubs

Cherokee Workwear Revolution
Tops
V-Neck - WW603, WW670, WW690
Pants
Natural Rise - WW012
Fly Front – WW140
Jacket
Zip Front – WW320

Cherokee Infinity
Tops
V-Neck – CK900a, CK910a
Pants
Jogger – CK004a
Fly Front – CK200a
Jackets
Zip-Front – CK305a

Cherokee Workwear Professionals
Tops
V-Neck – WW675, WW695
Pants
Cargo – WW190
Jacket
Snap Front – WW360

Luxe
Tops
V-Neck – 1929
Pants
Fly Front - 1022

Cherokee Workwear Originals
Tops
V-Neck -4789
Pants
Cargo - 4000

Unisex Scrubs

Cherokee Workwear Revolution
Tops
V-Neck - WW625
Pants
Cargo – WW020
Jacket
Zip Front – WW370

Cherokee Workwear Professionals
Pants
Pocketless – WW125

Cherokee Workwear Originals
Top & Pant set – WW530C
Tops
V-Neck – 4876
V-Neck Tunic - 4777
Pants
Cargo - 4100

DENTAL HYGIENE REGULATIONS
SOUTHERN ILLINOIS UNIVERSITY CARBONDALE

General Regulations:

1. Student must purchase three uniforms (scrubs), 1 warm up jacket and selected by the faculty.
2. Student must purchase 3-5 scrub caps/hat of their choice using discretion.
3. Student must purchase one pair of white or black shoes according to enclosed criteria.
4. Student must purchase manikin and mount selected by faculty prior to the first day of classes.
5. Student must purchase instruments and supplies selected by the faculty.
6. Student must wear personal protective equipment. Specific requirements will be discussed in class.
7. 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 and caps (scrubs must overlap at the waist band when sitting or squatting)
   b. Disposable gown
   c. White or black clinic shoes
   d. Crew Socks (socks that will completely cover from calf down. NO ankle or no-show socks)
   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)
   h. If wearing a N95 respirator mask, all facial hair must meet OSHA guidelines for use of this mask.

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 $5210. I understand these additional costs cannot be charged to my Bursar's bill.

Financially Responsible Party:

Signed: _____ Dated: _____

Return this copy by August 1, 2020 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), 1 warm up jacket and selected by the faculty.
2. Student must purchase 3-5 scrub caps/hat of their choice using discretion.
3. Student must purchase one pair of white or black shoes according to enclosed criteria.
4. Student must purchase manikin and mount selected by faculty prior to the first day of classes.
5. Student must purchase instruments and supplies selected by the faculty.
6. Student must wear personal protective equipment. Specific requirements will be discussed in class.
7. 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 and caps (scrubs must overlap at the waist band when sitting or squatting)
   b. Disposable gown
   c. White or black clinic shoes
   d. Crew Socks (socks that will completely cover from calf down. NO ankle or no-show socks)
   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)
   h. If wearing a N95 respirator mask, all facial hair must meet OSHA guidelines for use of this mask.

Regulations concerning professional meetings and continuing education programs:

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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 $5210. 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**. <u>The student is required to obtain hepatitis B antibody testing prior to the beginning of the Fall semester. If antibody testing is negative, the student must provide proof of a Hepatitis B booster and be prepared to have repeat antibody testing 1-2 months after the booster.</u>** Documentation of the three immunizations and antibody testing must be filled out on the immunization form. 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 included on your immunization form.

- **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 positive/reactive for antibodies ___I am negative/non-reactive for antibodies

   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 1, 2020 to:

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

SIU Carbondale Dental Hygiene Immunization Compliance Form

DIRECTIONS: Have a health care provider complete form. Mail one copy of the form to each of the following addresses:

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

Student Health Service
Attn: Immunizations
374 E Grand Ave.
Mailcode 6740
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, 2020. We also require that the students obtain immunization against Hepatitis B and Hepatitis B antibody testing. Please complete the form below.
Faith Y. Miller, RDH, MSEd
Dental Hygiene Program Director

Student Information

Last Name	First Name	Date of Birth
Dawg Tag #	**Email**	**Phone #**

Required TB Skin Test – Must be after 5/1/2020

Date given: mm/dd/yy	Date read: mm/dd/yy	Results (mm):

Required Immunizations for the SIU Dental Hygiene Program

MEASLES-MUMPS-RUBELLA - 2 doses against MMR (EXEMPT: if born on or before 1/1/57)

MMR 2 doses of Measles, Mumps, and Rubella. All doses must be on or after 1st birthday, at least 28 days apart, both after 12/31/67	1. mm/dd/yy 2. mm/dd/yy	**OR**	**MEASLES** (Rubeola; Hard, Red, or Seven Day) 2 doses of Measles. All doses must be on or after 1st birthday, at least 28 days apart, both after 12/31/67.	1. mm/dd/yy 2. mm/dd/yy
Positive serum titers are also acceptable proof of immunity for measles, mumps, and rubella. **Copies of reports MUST be attached**. o Required lab report attached Documentation of dates of disease IS NOT acceptable evidence of immunity against measles, mumps or rubella			**MUMPS** 2 doses of Mumps. All doses must be on or after 1st birthday and at least 28 days apart.	1. mm/dd/yy 2. mm/dd/yy
			RUBELLA (German or 3 day Measles) 2 doses of Rubella. All doses must be on or after 1st birthday and at least 28 days apart.	1. mm/dd/yy 2. mm/dd/yy

TETANUS-DIPHTHERIA-PERTUSSIS (DPT, DTP, DTaP, Tdap) ALL STUDENTS must show proof of 3 Tetanus vaccinations containing Pertussis. One MUST be a Tdap. One Td or Tdap MUST be within the last 10 years. Tetanus toxoid (TT) is not acceptable.

Circle one: DTP DTaP DPT Tdap Adacel Boostrix mm/dd/yy	Circle one: DTP DTaP DPT Tdap Adacel Boostrix mm/dd/yy	Circle one: DTP DTaP DPT Tdap Adacel Boostrix mm/dd/yy

MENINGITIS The Meningococcal Conjugate Vaccine is REQUIRED for all incoming students under the age of 22. If the vaccine was received prior to age 16, a booster is required.	1. mm/dd/yy	2. mm/dd/yy	□Menactra □Menveo □Meningococcal Conjugate

Hepatitis B ALL STUDENTS must show proof of 3 Hepatitis B vaccinations. **Hepatitis B antibody testing is <u>REQUIRED</u>.**

1. mm/dd/yy	2. mm/dd/yy	3. mm/dd/yy	Hepatitis B Antibody Testing mm/dd/yy	o Immune (positive)	o Non-immune (negative)
				Booster if negative	mm/dd/yy

Health Care Provider (MD, DO, APN, NP, PA, RN, PLN, MA) VERIFY THAT IMMUNIZATIONS WERE GIVEN.

Provider Name: (Please print)	Signature/Credentials	Date:
Address:		Phone:

SIU Carbondale Dental Hygiene Immunization Compliance Form

DIRECTIONS: Have a health care provider complete form. Mail one copy of the form to each of the following addresses:

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

Student Health Service
Attn: Immunizations
374 E Grand Ave.
Mailcode 6740
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, 2020. We also require that the students obtain immunization against Hepatitis B and Hepatitis B antibody testing. Please complete the form below.
Faith Y. Miller, RDH, MSEd
Dental Hygiene Program Director

Student Information

Last Name	First Name	Date of Birth
Dawg Tag #	Email	Phone #

Required TB Skin Test – Must be after 5/1/2020

Date given: mm/dd/yy	Date read: mm/dd/yy	Results (mm):

Required Immunizations for the SIU Dental Hygiene Program

MEASLES-MUMPS-RUBELLA - 2 doses against MMR (EXEMPT: if born on or before 1/1/57)

MMR 2 doses of Measles, Mumps, and Rubella. All doses must be on or after 1st birthday, at least 28 days apart, both after 12/31/67	1. mm/dd/yy 2. mm/dd/yy	**OR**	**MEASLES** (Rubeola; Hard, Red, or Seven Day) 2 doses of Measles. All doses must be on or after 1st birthday, at least 28 days apart, both after 12/31/67.	1. mm/dd/yy 2. mm/dd/yy
Positive serum titers are also acceptable proof of immunity for measles, mumps, and rubella. **Copies of reports MUST be attached**. o Required lab report attached Documentation of dates of disease IS NOT acceptable evidence of immunity against measles, mumps or rubella			**MUMPS** 2 doses of Mumps. All doses must be on or after 1st birthday and at least 28 days apart.	1. mm/dd/yy 2. mm/dd/yy
			RUBELLA (German or 3 day Measles) 2 doses of Rubella. All doses must be on or after 1st birthday and at least 28 days apart.	1. mm/dd/yy 2. mm/dd/yy

TETANUS-DIPHTHERIA-PERTUSSIS (DPT, DTP, DTaP, Tdap) ALL STUDENTS must show proof of 3 Tetanus vaccinations containing Pertussis. One MUST be a Tdap. One Td or Tdap MUST be within the last 10 years. Tetanus toxoid (TT) is not acceptable.

Circle one: DTP DTaP DPT Tdap Adacel Boostrix mm/dd/yy	Circle one: DTP DTaP DPT Tdap Adacel Boostrix mm/dd/yy	Circle one: DTP DTaP DPT Tdap Adacel Boostrix mm/dd/yy

MENINGITIS The Meningococcal Conjugate Vaccine is REQUIRED for all incoming students under the age of 22. If the vaccine was received prior to age 16, a booster is required.	1. mm/dd/yy	2. mm/dd/yy	□Menactra □Menveo □Meningococcal Conjugate

Hepatitis B ALL STUDENTS must show proof of 3 Hepatitis B vaccinations. **Hepatitis B antibody testing is <u>REQUIRED</u>.**

1. mm/dd/yy	2. mm/dd/yy	3. mm/dd/yy	Hepatitis B Antibody Testing mm/dd/yy	o Immune (positive) Booster if negative	o Non-immune (negative) mm/dd/yy

Health Care Provider (MD, DO, APN, NP, PA, RN, PLN, MA) VERIFY THAT IMMUNIZATIONS WERE GIVEN.

Provider Name: (Please print)	Signature/Credentials	Date:
Address:		Phone:

DISCLOSURE STATEMENT

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

Summer 2020

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 2020 graduates.

	Class of 2016	Class of 2017	Class of 2018	Class of 2019
National DH Board Exam Pass Rate	96.7% 30/31	97% 32/33	???	
Northeast Regional Board Exam Pass Rate Clinical	100% 1/1	NO Data No Graduates took exam	NO Data No Graduates took exam	
Northeast Regional Board Exam Pass Rate computer	100% 1/1	NO Data No Graduates took exam	NO Data No Graduates took exam	
Central Regional Dental Testing(CRDTS) Exam Pass Rate	100% 29/29	100% 32/32	100% 32/32	
Southern Regional Board Exam Pass Rate	100% 3/3	100% 1/1	NO Data No Graduates took exam	
Western Regional Board Exam Pass Rate	**n/a**	**n/a**	**n/a**	
California	**n/a**	**n/a**	**n/a**	

I read and understood the graduation rate, licensing or certification examination pass rates.

_____ _____

Student Signature Date

Return this form by August 1, 2020 to:

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

Dental Hygiene Program Re-Admission Policy

1. A student who fails a class or classes in the Dental Hygiene program, whether it is a fall or spring semester course, must reapply to the program for fall re-admittance. The student must rank high enough in the program selection process for re-entrance into the program. Year one is for General Education courses only. Year two is when the student begins the Dental Hygiene Program, for which this re-admission policy applies.

    - If a student fails a year-two fall semester DH course, they must re-register for that course and they must attend and complete course work, test, exams, etc., with a passing grade. In addition to retaking the failed course, the student will need to retake **DH 207, DH 207C, DH 210, DH 210C, DH 218 and DH 218L.** They will not be required to re-register for the courses they have successfully passed, but will have to register and pay for a minimum of 1 (one) credit hour of independent study each course.

    - If a student fails a year-two spring semester DH course, they must re-register for that course and they must attend and complete course work, test, exams, etc., with a passing grade. In addition to retaking the failed course, the student will need to retake **DH 219, DH 219L, DH 220, DH 220C.** They will not be required to re-register for the courses they have successfully passed, but will have to register and pay for a minimum of 1 (one) credit hour of independent study each course.

    - If a student fails a year-three fall semester DH course, they must re-register for that course and they must attend and complete course work, test, exams, etc., with a passing grade. In addition to retaking the failed course, the student will need to retake **DH 320 and DH 320C.** They will not be required to re-register for the courses they have successfully passed, but will have to register and pay for a minimum of 1 (one) credit hour of independent study each course.

    - If a student fails a year-three spring semester DH course, they must re-register for that course and they must attend and complete course work, test, exams, etc., with a passing grade. In addition to retaking the failed course, the student will need to retake **DH 355 and DH 355C.** They will not be required to re-register for the courses they have successfully passed, but will have to register and pay for a minimum of 1 (one) credit hour of independent study each course.

    - If a student fails a year-four fall or spring course, they will evaluated on a case-by-case basis.

2. The failed course or courses must be registered for and passed according to the program/course attendance and grading scale specifications.

3. A student will be eligible for re-admittance into a program only once due to failure. Meaning, a student will be eligible to go through the Dental Hygiene program no more than two times maximum.

By signing this form I have read, and agree, to the Dental Hygiene Program Re-Admissions Policy. I understand that I must follow all policies and procedures of the Dental Hygiene Program, or I will forfeit my position in the program.

_____ _____ _____

Signature Date Dawg Tag

DATE: June 2020

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)	
Vital Signs Kit	70.00
N95 Fit Testing	25.00
Kilgore manikin and mount	443.00
Dues: Student American Dental Hygienists Association (SADHA) for 3 years	195.00
Professional Meetings	45.00
Initiation Ceremony & Pin	6.00
Clinic Attire	300.00
Estimated Total (minus Instruments and supplies)	**$1834**

Junior (Second Year) - Fall and Spring

Textbooks	500.00
Jr. Instrument Kit (covered by DH320C class fees - $460)	
N95 Fit Testing	25.00
Additional Supplies	150.00
Extramural Assignments (Transportation)	100.00
Professional Meetings	80.00
Estimated Total (minus Jr. Instrument Kit)	**$855.00**

Senior (Third Year) - Fall and Spring

Textbooks	275.00
N95 Fit Testing	25.00
Supplies	150.00
Class Pin and Photo	70.00
Professional Meetings	80.00
Estimated Total	**$600.00**

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

2020 DENTAL HYGIENE PROGRAM TUITION WAVIER SCHOLARSHIP APPLICATION

Award Amount – TBD (based on funding made available (non-renewable)

Type in your personal and program/degree information, print, Sign, and return ALL application materials to the address below by the Application/Submission due date.

DUE August 1, 2020

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 for Fall 19/Spring 20 and Amounts (*Type in an "X" for No or None or provide Amount(s) received in the fields provided below*):

None: _____ NO FASFA Form on file: _____

Pell: $_____
MAP: $ _____
Direct Student Loans $ _____
ASA Scholarship $ _____
Other: $ _____

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 WAVIER 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)