TABLE OF CONTENTS

Orientation Memorandum................................................................. Page 2
Helpful Hints ................................................................. Page 3
Announcements................................................................. Page 4
Approximate Costs and Purchasing Information ................................ Page 5
Vital Sign Kit Information ................................................................. Page 6
Scrub Purchase Information ................................................................. Page 7, 8
Dental Hygiene Regulations ................................................................. Page 9, 10
Information about Hepatitis, TB and Latex Allergy ................................ Page 11
Acknowledgment of Information Regarding Hepatitis ................................ Page 12
Immunization Forms ................................................................. Page 13, 14
Disclosure Statement ................................................................. Page 15
Memorandum for Financial Aid Office ............................................................. Page 16
Hepatitis B Vaccine Information ................................................................. Page 17, 18

DATES TO REMEMBER

Orientation (REQUIRED) ................................................................. August 23, 2015
Scrubs and shoes purchased by ................................................................. August 24, 2015
Books purchased by ................................................................. August 24, 2015
SADHA dues are due on ................................................................. August 25, 2015
Instrument kit purchased on ................................................................. August 25, 2015
Vital signs equipment purchased on ................................................................. August 25, 2015

FORMS DUE DATES

Dental Hygiene Regulations ................................................................. August 1, 2015
Disclosure Statement ................................................................. August 1, 2015
Acknowledgment of Hepatitis, TB and Latex Allergy Info ................................ August 18, 2015
Immunization Forms ................................................................. August 18, 2015
2015 MEMORANDUM

TO: Sophomore Dental Hygiene Students (Class of 2018)

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

DATE: June 2015

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.

Enjoy the remainder of your summer. We will see you on Sunday, August 23, 2015. There is a tremendous amount of information presented that will help you as you begin your educational experience with the dental hygiene program.

On Sunday, August 23, 2015, a MANDATORY orientation to Dental Hygiene will be held for sophomore students. Please meet in the College of Applied Sciences and Arts building, Room 9D at 2:00 p.m-4:00 p.m. (light refreshments will be served.) At this orientation we will introduce the faculty and provide you with a copy of the Policy and Procedure Manual for Dental Hygiene.
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 2015. 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. CPR courses are taught at a variety of locations in the communities such as hospitals, fire stations, and ambulance services. Please make two photocopies (front and back) of your CPR certification card. In most cases, the certification is good for two years. 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 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)

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 December 1, 2015.

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 2015-2016 Supplies/Expenses

An instrument/supply kit must be purchased from the approved vendors. The contents of the kit have been carefully selected by the Dental Hygiene faculty. The kit will be your major expense for the program. 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</td>
</tr>
<tr>
<td>Vital signs equipment</td>
<td>$57.00</td>
</tr>
<tr>
<td>Instruments &amp; Supplies kit</td>
<td>$1630.00</td>
</tr>
<tr>
<td>Clinic attire</td>
<td>$300.00</td>
</tr>
<tr>
<td>Professional meetings</td>
<td>$50.00</td>
</tr>
<tr>
<td>SADHA dues</td>
<td>$65.00</td>
</tr>
<tr>
<td>Pinning Ceremony &amp; Pin</td>
<td>$11.00</td>
</tr>
<tr>
<td>Clinic lab fees</td>
<td>$190.00</td>
</tr>
<tr>
<td>Hepatitis vaccine</td>
<td>$150.00</td>
</tr>
<tr>
<td><strong>Estimated total</strong></td>
<td><strong>$3203.00</strong></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)
- **Check or money order for $183.00** which will cover the vital signs equipment, professional meetings, association dues and an initiation pin will be due on August 25, 2015. Make check payable to: the Student American Dental Hygienists’ Association, (SADHA)
- **Money order or cashier’s check payable to SIU DENTAL HYGIENE PROGRAM for $1630.00** for the instrument and supply kit must be submitted on Tuesday, August 25, 2015. **Hu-Friedy instrument kit: $844.52**
  - Sterilizing pouches/EnviroPac, LLC for $78.50
  - Benco (clinic supplies): $478.01
  - Kilgore International: $224.50
- 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 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 **Monday, August 24, 2015.** (Tops and jackets will be monogrammed for $5.00 per item. This will be arranged by the program, so do not have anything monogrammed beforehand.) See pages 6-7 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 2015-2016 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 $5 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**.

<table>
<thead>
<tr>
<th><strong>Tops</strong></th>
<th><strong>Pants</strong></th>
</tr>
</thead>
</table>
| Style 1999 - Luxe V-Neck Top  
Sz XXS-5XL           | Style 1066 – Luxe drawstring pant  
Regular, petite, tall |
| Style 1845 - Luxe V-Neck Top  
Sz XS-5XL             | Style 1031 & 2004 – Flexibles mid-rise pull-on pant  
Regular, petite, tall |
| Style 1841 - Luxe Mock Wrap Top  
Sz XS-5XL             | Style 2085 – Flexibles cargo pant  
Regular, petite, tall |
| Style 2601 & 2968 - Flexibles V-Neck Top  
Sz XS-5XL             | Style 4001 – Workwear Pull-on Pant  
Regular, petite, tall |
| Style 2824 – Flexibles Mock Wrap Top  
Sz XS-5XL             | Style 4222 & 4044 - Workwear Drawstring pant  
Regular petite, tall |
| Style 4727, 4728 & 4700 – Workwear V-Neck Top  
Sz XXS-5XL            | **Warm-Up Jacket**              |
| Style 4801 – Workwear Mock-wrap tunic  
Sz XXS-5XL             | Style 4350 – Workwear Warm-up jacket |
| Style 4824 & 4740 – Workwear Round Neck Top  
Sz XS-3XL              | Style 1330 – Luxe Warm-up jacket |
| Style 4725 – Workwear Unisex V-Neck  
Sz XS – 5XL            | 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, 1415, W Main, Marion, IL  
Phone: 618.997.1277
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 $5 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**.

<table>
<thead>
<tr>
<th><strong>Tops</strong></th>
<th><strong>Uniform stores in the Carbondale area:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Style 4725 – Workwear Unisex V-Neck&lt;br&gt;Sz XS-5XL</td>
<td>Jenny’s Uniforms, 1415, W Main, Marion, IL&lt;br&gt;Phone: 618.997.1277</td>
</tr>
<tr>
<td>Style 4876 – Workwear Unisex V-Neck&lt;br&gt;Sz XXS–5XL</td>
<td>Uniforms &amp; More, 2355 Sweets Dr., Carbondale, IL&lt;br&gt;Phone: 618.457.1603</td>
</tr>
<tr>
<td>Style 4777 – Workwear Unisex V-Neck Tunic&lt;br&gt;Sz XXS-5XL</td>
<td></td>
</tr>
<tr>
<td>Style 4789 – Workwear Men’s V-Neck&lt;br&gt;Sz S-5XL</td>
<td></td>
</tr>
<tr>
<td>Style 1929 – Luxe Men’s V-Neck&lt;br&gt;Sz S-5XL</td>
<td></td>
</tr>
<tr>
<td>Style 2611 – Flexibles V-Neck&lt;br&gt;Sz S-5XL</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Pants</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Style 4243 – Workwear Drawstring pant&lt;br&gt;Regular, tall</td>
</tr>
<tr>
<td>Style 4000 &amp; 4100 – Workwear Drawstring pant&lt;br&gt;Regular, short, tall</td>
</tr>
<tr>
<td>Style 1022 – Luxe Fly Front Drawstring pant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Warm-up Jacket</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Style 4450 – Workwear Men’s Warm-up jacket&lt;br&gt;The warm up jacket ONLY, may be purchased in black, white or wine color.</td>
</tr>
</tbody>
</table>
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 $7000. I understand these additional costs cannot be charged to my Bursar's bill.

Financially Responsible Party:

Signed: ___________________________ Dated: ___________________________

Return this copy by August 1, 2015 to:

Faith Y. Miller
School of Allied Health
Mailcode: 6615
Southern Illinois University
Carbondale, IL 62901
(618) 453-7211
fymbags@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 $7000. 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 1, 2015.

◆ 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 1, 2015 to:
Faith Y. Miller
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 1, 2015.

Faith Miller                                           Student Health Service
Dental Hygiene Mailcode 6615                           Attn: Immunizations
College of Applied Sciences and Arts                  Mailcode 6802
Southern Illinois University                          Southern Illinois University
Carbondale, IL 62901                                   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, 2015. 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>REQUIRED IMMUNIZATIONS</td>
<td>TB SKIN TEST</td>
<td></td>
</tr>
<tr>
<td>MMR or Mumps</td>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td>Measles</td>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td>Rubella</td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>Tetanus/Diphtheria (Dates for three doses)</td>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td>Date of booster within the last ten years</td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

HEPATITIS VACCINE

<table>
<thead>
<tr>
<th>Physician’s Name</th>
<th>Physician's Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Phone</td>
<td></td>
</tr>
</tbody>
</table>
IMMUNIZATION FORM

Please ask your physician to complete two copies of this form. Return one to each address below by August 1, 2015.

Faith Y. Miller                      Student Health Service
Dental Hygiene Mailcode 6615        Attn: Immunizations
College of Applied Sciences and Arts Mailcode 6802
Southern Illinois University         Southern Illinois University
Carbondale, IL 62901                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, 2015. 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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Date 1</th>
<th>Date 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR or Mumps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TB SKIN TEST

Date Given ___ (must be after 5-1-15)

Date Read ___

Results (mm) ______________

HEPATICIS VACCINE

Date

First Injection ___ Hepatitis B Antibody

Second Injection ___ Test Results: __________

Third Injection ___ Date: __________

Physician’s Name

Physician's Signature

Date

Address

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

Summer 2015

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 for 2015 graduates.

◆ 100% of the students of the 2003 through 2010, class passed the clinical portion.
◆ 100% of the students who took the National Board Dental Hygiene Examination in 1993, 1994, 1995, 1997, 2000, 2009, and 2010 passed on the first attempt. The pass rate for 1996 was 93.1%, for 1998 was 87.5%, for 1999 was 95.7%, for 2001 was 77.7%, for 2002 was 86.2%, for 2003 was 81.5%, for 2004 was 91%, 2005 was 80%, 2006 was 77%, 2007 was 90%, 2008 was 91% and 2011 was 97% on the first attempt.
◆ 100% of the graduates from 1999-2014 are currently employed as dental hygienists or in related fields.
◆ 100% of the students of 2007, 2009, 2011 and 2012 who took the Western Regional Boards passed.

<table>
<thead>
<tr>
<th></th>
<th>Class of 2009</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>
</tr>
</thead>
<tbody>
<tr>
<td>National DH Board</td>
<td>100% 30/30</td>
<td>100% 37/37</td>
<td>96.8% 30/31</td>
<td>96.3% 26/27</td>
<td>100%</td>
<td>100% 35/35</td>
</tr>
<tr>
<td>Exam Pass Rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northeast Regional</td>
<td>70% 21/30</td>
<td>80.7% 25/31</td>
<td>100% 12/12</td>
<td>96.3% 26/27</td>
<td>100% 22/22α</td>
<td>100% 32/32*</td>
</tr>
<tr>
<td>Board Exam Pass Rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northeast Regional</td>
<td>100% 31/31</td>
<td>96.6% 28/29</td>
<td>83.3% 10/12</td>
<td>85.7% 18.21</td>
<td>100%</td>
<td>100% 32/32*</td>
</tr>
<tr>
<td>Board Exam Pass Rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>computer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central Regional</td>
<td>n/a</td>
<td>n/a</td>
<td>100% 7/7</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Board Exam Pass Rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Southern Regional</td>
<td>n/a</td>
<td>n/a</td>
<td>100%</td>
<td>100% 3/3</td>
<td>100% 2/2</td>
<td>100% 3/3*</td>
</tr>
<tr>
<td>Board Exam Pass Rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Western Regional</td>
<td>n/a</td>
<td>n/a</td>
<td>100% 3/3</td>
<td>n/a</td>
<td>n/a</td>
<td>100% 1/1</td>
</tr>
<tr>
<td>Board Exam Pass Rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>California</td>
<td>100% 1/1</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>α *1 attempted the exam 3 times. passed on the 3rd attempt.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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 1, 2015 to:

Faith Y. Miller, Program Director School of Allied Health, Mailcode: 6615
Southern Illinois University, Carbondale, IL 62901
(618) 453-7211
fymbags@siu.edu
DATE: May 2015

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 ............................................................................................... 1630.00
- Vital Signs Kit ................................................................................................................. 57.00
- Dues: Student American Dental Hygienists Association (SADHA) .................................. 65.00
- Hepatitis Vaccine Series .................................................................................................. 150.00
- Professional Meetings ....................................................................................................... 50.00
- Initiation Ceremony & Pin ............................................................................................... 11.00
- Clinic Lab Fees ................................................................................................................ 190.00
- Clinic Attire ..................................................................................................................... 300.00

**Estimated Total** .......................................................................................................... $3203.00

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

- Textbooks ........................................................................................................................... 500.00
- Jr. Instrument Kit .............................................................................................................. 590.00
- Clinic/Lab Fees ................................................................................................................ 225.00
- Supplies ............................................................................................................................. 250.00
- SADHA Dues ..................................................................................................................... 65.00
- Extramural Assignments (Transportation) ....................................................................... 100.00
- Professional Meetings ....................................................................................................... 50.00

**Estimated Total** .......................................................................................................... $1,780.00

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

- Textbooks ........................................................................................................................... 275.00
- Clinic Lab Fees ................................................................................................................ 225.00
- SADHA Dues ..................................................................................................................... 131.00
- Supplies ............................................................................................................................. 200.00
- Class Pin and Photo ......................................................................................................... 55.50
- Professional Meetings ....................................................................................................... 75.00
- Extramural Assignments (Hotel and Transportation) ...................................................... 150.00
- National Board Dental Hygiene Examination .................................................................. 400.00
- *Commission on Dental Competency Assessments (CDCA) ......................................... 900.00

**Estimated Total** .......................................................................................................... $2300.00

*We offer the CDCA (formerly called NERB North East Regional Board onsite. Additional costs are incurred depending on which exam is taken.
Hepatitis B Vaccine
What You Need to Know

1 What is hepatitis B?
Hepatitis B is a serious infection that affects the liver. It is caused by the hepatitis B virus.
- In 2009, about 38,000 people became infected with hepatitis B.
- Each year about 2,000 to 4,000 people die in the United States from cirrhosis or liver cancer caused by hepatitis B.

Hepatitis B can cause:
- Acute (short-term) illness. This can lead to:
  - loss of appetite
  - diarrhea and vomiting
  - tiredness
  - jaundice (yellow skin or eyes)
  - pain in muscles, joints, and stomach

Acute illness, with symptoms, is more common among adults. Children who become infected usually do not have symptoms.

- Chronic (long-term) infection. Some people go on to develop chronic hepatitis B infection. Most of them do not have symptoms, but the infection is still very serious, and can lead to:
  - liver damage (cirrhosis)
  - liver cancer
  - death

Chronic infection is more common among infants and children than among adults. People who are chronically infected can spread hepatitis B virus to others, even if they don’t look or feel sick. Up to 1.4 million people in the United States may have chronic hepatitis B infection.

Hepatitis B virus is easily spread through contact with the blood or other body fluids of an infected person. People can also be infected from contact with a contaminated object, where the virus can live for up to 7 days.
- A baby whose mother is infected can be infected at birth;
- Children, adolescents, and adults can become infected by:
  - contact with blood and body fluids through breaks in the skin such as bites, cuts, or sores;
  - contact with objects that have blood or body fluids on them such as toothbrushes, razors, or monitoring and treatment devices for diabetes;
  - having unprotected sex with an infected person;
  - sharing needles when injecting drugs;
  - being stuck with a used needle.

2 Hepatitis B vaccine: Why get vaccinated?
Hepatitis B vaccine can prevent hepatitis B, and the serious consequences of hepatitis B infection, including liver cancer and cirrhosis.

Hepatitis B vaccine may be given by itself or in the same shot with other vaccines.

Routine hepatitis B vaccination was recommended for some U.S. adults and children beginning in 1982, and for all children in 1991. Since 1990, new hepatitis B infections among children and adolescents have dropped by more than 95%—and by 75% in other age groups.

Vaccination gives long-term protection from hepatitis B infection, possibly lifelong.

3 Who should get hepatitis B vaccine and when?
Children and adolescents
- Babies normally get 3 doses of hepatitis B vaccine:
  1st Dose: Birth
  2nd Dose: 1-2 months of age
  3rd Dose: 6-18 months of age

Some babies might get 4 doses, for example, if a combination vaccine containing hepatitis B is used. (This is a single shot containing several vaccines.) The extra dose is not harmful.
- Anyone through 18 years of age who didn’t get the vaccine when they were younger should also be vaccinated.

Adults
- All unvaccinated adults at risk for hepatitis B infection should be vaccinated. This includes:
  - sex partners of people infected with hepatitis B,
  - men who have sex with men,
  - people who inject street drugs,
  - people with more than one sex partner,
  - people with chronic liver or kidney disease,
  - people under 60 years of age with diabetes,
  - people with jobs that expose them to human blood or other body fluids,
household contacts of people infected with hepatitis B,
- residents and staff in institutions for the
developmentally disabled,
- kidney dialysis patients,
- people who travel to countries where hepatitis B is
common,
- people with HIV infection.

- Other people may be encouraged by their doctor to get
hepatitis B vaccine, for example, adults 60 and older with
diabetes. Anyone else who wants to be protected from
hepatitis B infection may get the vaccine.
- Pregnant women who are at risk for one of the reasons
stated above should be vaccinated. Other pregnant
women who want protection may be vaccinated.
Adults getting hepatitis B vaccine should get 3 doses—with
the second dose given 4 weeks after the first and the third
dose 5 months after the second. Your doctor can tell you
about other dosing schedules that might be used in certain
circumstances.

4 Who should not get hepatitis B vaccine?

- Anyone with a life-threatening allergy to yeast, or to any
other component of the vaccine, should not get hepatitis B vaccine. Tell your doctor if you have any severe
allergies.
- Anyone who has had a life-threatening allergic reaction
to a previous dose of hepatitis B vaccine should not get
another dose.
- Anyone who is moderately or severely ill when a dose
of vaccine is scheduled should probably wait until they
recover before getting the vaccine.

Your doctor can give you more information about these
precautions.

Note: You might be asked to wait 28 days before donating
blood after getting hepatitis B vaccine. This is because the
testing for hepatitis B infection.

Some mild problems have been reported:
- Soreness where the shot was given (up to about 1 person
in 4).
- Temperature of 99.9°F or higher (up to about 1 person in
15).
- Severe problems are extremely rare. Severe allergic
reactions are believed to occur about once in 11 million
doses.

A vaccine, like any medicine, could cause a serious
reaction. But the risk of a vaccine causing serious harm, or
death, is extremely small. More than 100 million people
in the United States have been vaccinated with hepatitis B
vaccine.

6 What if there is a serious reaction?

What should I look for?
- Look for anything that concerns you, such as signs of
a severe allergic reaction, very high fever, or behavior
changes.

Signs of a severe allergic reaction can include hives,
swelling of the face and throat, difficulty breathing, a fast
heartbeat, dizziness, and weakness. These would start a
few minutes to a few hours after the vaccination.

What should I do?
- If you think it is a severe allergic reaction or other
emergency that can't wait, call 9-1-1 or get the person to
the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine
Adverse Event Reporting System (VAERS). Your doctor
might file this report, or you can do it yourself through
the VAERS website at www.vaers.hhs.gov, or by
calling 1-800-822-7967.

VAERS is only for reporting reactions. They do not give
medical advice.

7 The National Vaccine Injury
Compensation Program

The National Vaccine Injury Compensation Program
(VICP) is a federal program that was created to compensate
people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a
vaccine can learn about the program and about filing a
claim by calling 1-800-338-2382 or visiting the VICP
website at www.hrsa.gov/vaccinecompensation.

8 How can I learn more?

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and
Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC's website at www.cdc.gov/vaccines

Vaccine Information Statement (Interim)
Hepatitis B Vaccine

2/2/2012

42 U.S.C. § 300aa-26