

Application for ULM Dental Hygiene Program Admissions



PHOTOGRAPH OF APPLICANT

Securely attach an unmounted
color passport-type bust
photograph (2 1/2" x 2 1/2")
taken within the last 6 mos.
(No hats or caps)

A. Personal Information

- **1. Full Legal Name:** _____
[First Name , Middle Name, Last Name]
- **2. Social Security Number (SSN):** _____
- **3. Institutional Identity (CWID):** _____
- **4. Legal Status Declaration:**
Are you a citizen or permanent resident of the U.S., OR do you possess valid and current legal authority to live and work in the U.S.? ____ Yes ____ No
- **5. Mailing Address:**

[Street / P.O. Box] [City] [State] [ZIP]
- **6. Home / Physical Address:** _____
[Street] [City] [State] [ZIP]
- **7. Louisiana Parish of Residency:** _____ *(Added for College tracking)*
- **8. Contact Information:**
 - Phone Number: (____) ____ - ____
 - Email Address: _____
- **9. Demographics & Birth Details:**
 - Place of Birth:

(City, State, Country)

- Date of Birth: _____
- Sex: _____
- Race: _____
- _____

B. Education Information & Verification

Undergraduate Education: Name of ALL Professional Schools attended since High School

- Colleges/University Attended: _____
- Location: City, State _____
- Dates Attended: From [MM/YYYY] To [MM/YYYY]
- Degree Received: _____
- Date Degree Received: [MM/DD/YYYY] _____

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- **Colleges/University Attended:** _____
 - **Location:** City, State _____
 - **Dates Attended:** From [MM/YYYY] To [MM/YYYY]
 - **Degree Received:** _____
 - **Date Degree Received:** [MM/DD/YYYY] _____

If attending college now, list courses in progress _____

If you have any previous dental, professional, or business experience, list where and dates. _____

THE FOLLOWING QUESTIONS MUST BE ANSWERED HONESTLY AND TRUTHFULLY

Have you had, or do you now have pending, any disciplinary action against you by any licensing or certifying board in any state? If yes, please attach explanation.	☐ yes ☐ no
Have you habitually used or been diagnosed as addicted to drugs, alcohol or mood altering substances? If yes, please attach explanation	☐ yes ☐ no

Do you have any physical, or mental impairment which may affect your ability to practice safely as a registered dental hygienist? If yes, please attach explanation.	☐ yes ☐ no
Have you ever been arrested, charged with, convicted of, pled guilty or no contest to, or adjudged as a juvenile delinquent, for any criminal offense in any state? (Even though an arrest or conviction or plea has been pardoned, dismissed, or your civil rights have been restored, you must answer a "YES". If "YES", attach explanation. (The fact that an arrest or conviction has been pardoned, dismissed, or that your civil rights have been restored, does not mean you can answer the question with a no. You would have to answer with a "YES".	☐ yes ☐ no
Have you ever been discharged from the military on ground(s) other than an honorable discharge. If yes, please attach an explanation.	☐ yes ☐ no

******Failure to disclose or correctly answer the questions on the application constitutes falsification of documents. The Louisiana State Board of Dentistry will conduct a criminal background record check on all applicants for licensure in the State of Louisiana.**

REPORTING OF SUBSEQUENT ARRESTS OR CONVICTIONS:

If a student is admitted to the ULM Dental Hygiene Program, any subsequent disciplinary action, arrest, criminal charge or conviction, addiction, impairment shall also be reported immediately to the Dental Hygiene Program Director for evaluation in determining the student's eligibility to continue in the program.

Have you ever applied to the ULM Dental Hygiene Program before? _____
If yes, when?

Are you prepared to meet the necessary financial expenses of the Dental Hygiene Program?

TECHNICAL STANDARDS:

Motor Skills-Applicants must have sufficient motor function to conduct various diagnostic and treatment procedures; to manipulate dental instruments and handpieces. These behaviors require both gross and fine muscular movements and coordination as well as sight, touch, and manual dexterity and fully functioning wrists, hands, fingers, and arms. Candidates must be able to ensure basic life support emergency procedures, including CPR, can be performed on all patients; transfer and position disabled patients with the help of auxiliary personnel; position themselves in an appropriate sitting or standing position so as to render dental care; position dental equipment including carts, stools, and dental chairs; operate hand or foot

controls using fine movements; operate handpieces during dental treatment requiring hand movements of less than one millimeter; utilize hand instruments on hard and soft tissues, perform all necessary procedures required in educational exercises, pre-clinic labs, labs, and clinic.

Sensory Skills-Applicants must have functional use of the senses of vision, hearing, touch and smell in order to effectively learn in the classroom, labs, and clinics, and ultimately to provide oral health care in private practice.

Communication Skills-Applicants must have sufficient fluency in the English language to be able to speak, understand, read and write as so to obtain information from lectures, textbooks; communicate concepts; perceive and describe patient behaviors and emotional states; communicate effectively and sensitively with patients and all members of the health care team both orally and in writing.

My signature below certifies that I have read and understand the skill and technical standards required for the Dental Hygiene Program as stipulated in the admissions information posted and I agree that all information given is accurate and true.

I CERTIFY THAT ANY INFORMATION PROVIDED ON THIS FORM OR IN ANY ATTACHMENT IS TRUE AND ACCURATE AND INCLUDES ALL DISCIPLINARY ACTION OR CRIMINAL INCIDENTS THAT I HAVE EVER BEEN ARRESTED FOR OR CHARGED WITH, OR ANY ADDICTION OR IMPAIRMENT. I FURTHER CERTIFY THAT I HAVE READ THIS DOCUMENT AND THAT I UNDERSTAND THAT FAILURE TO REPORT ALL SUBSEQUENT DISCIPLINARY ACTIONS, ARRESTS, OR IMPAIRMENT WILL RESULT IN DENIAL OF MY APPLICATION TO ENROLL IN THE ULM DENTAL HYGIENE PROGRAM.

DATE:

SIGNATURE:

PRINT NAME: