



# Application Submission Checklist

6. Dental Hygiene Information      Nights:	
<input type="checkbox"/> I have attended one of the Dental Hygiene Information Nights (not required).	Date:

7. I have attached the following in PDF, JPG or Word format (check Yes or No):		
Dental Office Observation form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dental Work Experience form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Admission Points Worksheet	<input type="checkbox"/> Yes	<input type="checkbox"/> No
External Transcripts (College other than TMCC)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CDA/RDA License	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emails approving substitutions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dental Hygiene HESI Exam Test Results	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Critical Thinking Test Results	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dental Hygiene Spatial Relation Test Results	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dental Hygiene Dexterity Test Results	<input type="checkbox"/> Yes	<input type="checkbox"/> No

8. I have NOT attached any of the following:	
<input type="checkbox"/>	TMCC Transcripts.
<input type="checkbox"/>	Reference Letters.

9. Acknowledgement:	
<input type="checkbox"/> I understand I have to resubmit all documentation each year I apply. Copies	from previous years are not provided or transferred from one year to the next .
Student Signature:	