Thank you for considering the Dental Hygiene program at Mount Wachusett Community College. Admission to this program is competitive and seats are limited. Therefore, everyone who applies may not be admitted to the program. Students who complete A.S. Dental Hygiene become eligible to take the National Dental Hygiene Board Examination and the ADEX Dental Hygiene Exam.

**Important Application Information:**
- Applicants must submit a completed application, including this signature page and checklist along with all required documentation by the application deadline.
- Letters of Recommendation are not accepted.
- Education completed outside of the U.S. must be evaluated for equivalency. Evaluating agencies can be found at www.naces.org.
- Official transcripts must be received directly from the sending institution or may be hand delivered to the Office of Admissions in a sealed envelope.
- In the event that the application deadline falls on a non-business day, the next business day will become the effective deadline.

Please place a ✓ next to items you are submitting along with selective application. Incomplete applications will be returned.

- Completed Dental Hygiene application
- Verification of Completion of high school or equivalency: All applicants must provide proof of high school completion or equivalency by submission of high school or HISET (high school equivalency test) transcripts, copy of high school diploma or HISET certificate. Education completed outside of US must be officially translated/evaluated for high school equivalency. Evaluating agencies can be found at naces.org.
- Have you attended a mandatory Information Session?  Yes  No  If yes, what date?_________
- Official college transcripts (if applicable): Transfer credits must be completed at an accredited college and official sealed transcripts should be submitted. Photocopies will not be reviewed or accepted. Education completed outside of the U.S. must be officially translated/evaluated for college course equivalency. Evaluating agencies can be found at www.naces.org.

**Date transcripts requested, if not submitted at time of application.**

- Documentation demonstrating that all minimum requirements for consideration have been met. **Note: Science and math courses cannot be older than 10 years.**
- Students whose native language is not English and those who have not completed Grades K-12 in the U.S. must demonstrate English proficiency by having completed ENG101 with a grade of C+ or higher, or have completed a Bachelor's degree from an accredited U.S. college or university, or score 213 on the computerized version or 550 on the paper version of the Test of English as a Foreign Language (TOEFL scores).

I hereby attest I have submitted all documentation required at time of submission for this selective application.

__________________________        ________________________
Signature of applicant        Date

__________________________        ________________________
Signature of MWCC Admissions personnel      Date
**A.S. Dental Hygiene**

**Admission Form**

**ATTENDANCE INFORMATION**

September 2021

Legal Name: ____________________________

Last (family or sur) Name                  First Name               MI

Previous Last Name: ________________________

Preferred First Name (only if different from above): ________________________________

(For info, go to mwcc.edu/current-students/records)

Social Security Number: _______ - _______ - _______

Email: _______________________________________________________________________

Mailing Address: ____________________________

Street & Apt. #: or P.O. Box                     City      State          Postal/Zip Code

Permanent Address: ____________________________

Street & Apt. #:                               City      State          Postal/Zip Code

Phone Numbers: Home: ___________________________    Cell: ___________________________   Work: ___________________________

Gender: □ Male       □ Female       Date of Birth: _______/_____/_____

Citizenship (REQUIRED): Country of Birth __________________________ Country of Citizenship __________________________

□ I am a U.S. Citizen

□ I am a Permanent Resident. Must provide Alien Registration Number __________________________.

□ I am a Lawful Immigrant. Must provide work authorization documentation.

□ I am a Non-Citizen. My current status is: (check all that apply)

□ In the country with a (presentation of current visa required): □ visitor visa □ student visa □ other

□ I wish to obtain a student visa (Must submit International Student Application with additional documentation)

**RESIDENCY INFORMATION** (Required by all applicants)

Please select one of the following:

□ I have been a Massachusetts resident for six (6) continuous months and intend to remain here. Date began Massachusetts residency ________

As proof of my intent to remain in Massachusetts, I possess at least 2 of the following documents, which I shall present to the institution upon request. These documents* are dated within one (1) year of the start date of the academic semester for which I seek to enroll (except possibly for my high school diploma). The institution reserves the right to make any additional inquiries regarding the applicant's status and to require submission of any additional documentation it deems necessary. Please check-off those documents you possess as proof of your intent to remain in Massachusetts.

□ Valid Driver’s License   □ Utility Bills*   □ Employment Pay Stub*

□ Voter Registration*     □ State/Federal Tax Returns*     □ Mass. High School Diploma

□ Military Home of Record* □ Record of Parents’ Residence for Unemancipated Person*

□ I am an eligible participant in the New England Board of Higher Education’s Regional Student Program.

□ I do not reside in Massachusetts, but have a parent who provides financial support and who is a legal Massachusetts resident. Therefore, I qualify for in-state residency. (Documentation is required and applies only to students 24 years of age or younger.)
EDUCATION INFORMATION

Which of the following have you been awarded:
- ☐ High School Diploma
- ☐ HiSET (GED) Certificate
- ☐ Home School Diploma

Name of High School/Home School/Testing Center: ________________________________ Location: ________________________________

Date Awarded (month/yr): ______/______ (documents awarded outside of the U.S. must be evaluated to meet U.S. standards) City State

Are you a current MWCC student? ☐ Yes ☐ No
MWCC Student ID Number (if applicable): ________________________________

Have you completed courses at MWCC? ☐ Yes ☐ No
If so, approximately how many credits have you completed at MWCC? ______

Have you completed courses at a college other than MWCC? If so, what is your highest level of college completed?
- ☐ Some college
- ☐ Associate Degree
- ☐ Bachelor Degree
- ☐ Master Degree
- ☐ Doctorate Degree
- ☐ Certificate

Please list all colleges you have attended:

<table>
<thead>
<tr>
<th>College</th>
<th>City</th>
<th>State/Country</th>
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Will you be asking the Committee to review college transcripts from college(s) other than MWCC? ☐ Yes ☐ No

Have you ever been accepted to our Dental Hygiene or other selective program at MWCC? ☐ Yes ☐ No

Minimum Course Requirement/Prerequisites to Apply (must be completed prior to AS Dental Hygiene application deadline).

Have you met the math requirement?
- ☐ Completed a college course equal or greater than MAT126 with a grade of “C+” or greater at ________________________________
- ☐ Met with College Placement Testing (Math placement testing is permitted for program acceptance; however, students may be required to complete MAT 126 or higher for degree completion).

Have you met the science requirement?
- ☐ Completed a four-credit college A&P 1 science course with a grade of “C+” or greater at ________________________________
- ☐ Completed a four-credit college A&P 2 science course with a grade of “C+” or greater at ________________________________

Have you met the English requirement?
- ☐ Completed English Comp I with a grade of “C+” or greater at ________________________________

I have read the Technical Standards and understand that it is my responsibility to discuss any accommodation that I may need with the appropriate College representative.

☐ Yes ☐ No
A.S. Dental Hygiene

PERSONAL INFORMATION

Ethnic Background: Do you identify yourself as: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: Select one or more races, as you identify yourself:
☐ American Indian or Alaskan Native
☐ Asian
☐ Cape Verdean
☐ Black or African American
☐ Not Hispanic or Latino
☐ White
☐ Native Hawaiian or Pacific Islander

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed

Have you, your spouse, or your parents ever served in the U.S. Military: ☐ yes ☐ no

Emergency Contact Person: Name: __________________________ Relationship to the Applicant: __________________________

Address: ___________________________________________ Phone: __________________________

Street & Apt. # City State Postal/Zip Code

HAVE YOU APPLIED FOR FINANCIAL AID?

☐ I have already applied ☐ I plan on applying ☐ I do not plan on applying

To apply for financial aid, students must complete the Free Application for Federal Student Aid (FAFSA), available on the federal financial aid web site at www.fafsa.gov. Financial aid can be used to pay for tuition, fees, books, transportation, and other educational expenses. MWCC strongly encourages you to complete the FAFSA. If you have questions about your financial aid application or college financial planning, please call the college Financial Aid Office at 978-630-9169 or online at mwcc.edu/financial.

SIGNATURE

I hereby apply to MWCC. I agree to accept the regulations and requirements of the college and will cooperate with the students, faculty, and administration in the maintenance of high standards and appropriate conduct. I understand that concealment of facts or untruthful statements may result in my application being withdrawn or cause me to be dismissed from Mount Wachusett Community College. The information I have provided is true and correct to the best of my knowledge.

I understand and consent to the information provided on this completed form being used to contact me by (check all that apply):
☐ automated telephone ☐ text messaging for matters related to my enrollment at Mount Wachusett Community College.

Applicant Signature __________________________ Date __________________________

Parent or Guardian Signature __________________________ Date __________________________

(Required if applicant is under the age of 18 at time of application)

Office use only:
Date Received: __________________________

Mount Wachusett Community College
**Healthcare Certifications**
List any current healthcare related certifications you hold. (i.e., CNA, PTA, LPN, etc.)

☐ DOES NOT APPLY

<table>
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<tr>
<th>Employer/volunteer organization</th>
<th>Position Certificate</th>
<th>Dates from/to</th>
<th>Supervisor Name &amp; Phone No.</th>
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I certify that all the information stated on this application form is accurate and complete. Concealment of facts or false statements may result in dismissal.

__________________________________________________________________________________________________
Applicant Signature       Date

Mount Wachusett Community College seeks to provide equal educational and employment opportunities and does not discriminate on the basis of race, color, religious creed, age, physical or mental disability, sex, national origin or ancestry, marital status, sexual orientation, genetic information or veteran status.
REQUIREMENTS FOR CONSIDERATION

- ENG101 or equivalent with grade of “C+ or higher” or placement test.
- MAT126 or equivalent with grade of “C+ or higher” within the last 10 years (Not MAT140) or placement test.
- BIO203 & BIO204 (Anatomy & Physiology I & II - 8 credits) or their equivalents with grades of C+ or greater within the last 10 years.
- For students without completed Math coursework: College Placement Testing completed within three years of the application deadline. You may schedule your testing online at mwcc.edu/testing/appointment or by calling 978-630-9244. Previous college coursework may be used in place of testing scores.
- Those whose native language is not English and who have not completed grades K-12 or a baccalaureate in the U.S. must take the Test of English as a Foreign Language (TOEFL), or ENG101 at MWCC or another accredited U.S. institution.
- Mount Wachusett Community College does not employ an advanced standing application for this program. Students will be accepted on an academically based evaluation. Students with healthcare work experience, such as Dental Assistants, will receive additional consideration in the application process.

READMISSION PROCESS

Mount Wachusett Community College reserves the right to limit the number of readmissions each academic year. Readmission to the Dental Hygiene program is not guaranteed and is on a space available basis. A student seeking readmission to the dental hygiene program who has been absent from the program for more than one academic year must follow the application procedure for new students. Students who have two failures in dental hygiene courses are not eligible for readmission. Admission to the dental hygiene program is selective and the admissions committee reserves the right to deny readmission to any applicant. Students are limited to two admissions (one initial admission and one readmission) in the Dental Hygiene program.

Students wishing to apply for readmission must:

- Submit a letter to the Dean of Admissions and Enrollment Management requesting readmission to the dental hygiene program. Submit a copy of the written request for readmission with supportive related materials to the Program Director of Dental Hygiene. Suggested supportive materials should include any documentation of compliance with recommendations made to the student at the time of or since their withdrawal and other materials which enhance the request.
- The Program Director and a dental hygiene faculty member will meet with the student to discuss the student's request. The discussion will focus on the student's prior performance in the program, progress in college courses, related work experience, and followup of any recommendations made to the student at the time of or since their withdrawal.
- The Program Director and Admissions personnel will meet to make a decision regarding the readmission of the student.

SPECIAL PROGRAM REQUIREMENTS

- Students accepted to Health Programs must be in compliance with the current immunization requirements specified by the Massachusetts Department of Public Health for Health Care Personnel (HCP) and in accordance with state law, MGL, Chapter 76, Section 15C and its regulations at 105 CMR 220.700 in order to participate in an externship placement or clinical experience.
- Health examination conducted within two years of fall startup date by a licensed healthcare provider.
- Proof of current immunizations (Annual PPD or chest x-ray within one year, Measles, Mumps and Rubella: series of 2 or a positive antibody titres, Hepatitis B: series of 3 and a positive antibody titre for Hepatitis B, Diptheria, Pertussis (Tdap) within 10 years, Chicken Pox: 2 vaccines or a positive antibody titre, Meningococcal vaccine, Influenza vaccine (in season, or if required by the clinical facility) must be provided to the health services office. Contact the health services office at 978-630-9136, for more information.
- Liability insurance of $1,000,000/$3,000,000 coverage is required. Students will be covered under the college's liability insurance policy, which will be billed through student fees.
- All dental hygiene students must participate in the Massachusetts Community College Health Insurance or provide accurate information regarding comparable coverage.
- Current CPR Certification (at BLS Level from the American Heart Association) is required. A certificate of completion must be presented to the health sciences department prior to entry into dental hygiene courses.
- Students will be taking all program specific coursework at the Fitchburg Campus. Some clinicals will be provided off campus at sites within the region; all students will be expected to complete clinical rotations on and off site.
- Clinical sites may require the student obtain certain background checks (state/federal criminal or sexual offender), finger printing and/or drug testing before participating in the clinical experience. Costs for these reviews will be the responsibility of the student.
- Prior to the start of classes, students will be required to pay approximately $3,000 for uniforms and equipment.
BACKGROUND CHECKS, DRUG TESTING AND LICENSURE REQUIREMENTS

A Criminal Offender Records Information (CORI) review procedure has been implemented for students whose academic programs include the potential for unsupervised contact with persons from vulnerable populations (i.e., children, the elderly and the disabled).

As part of the coursework in the Dental Hygiene program, students are required to complete practical hours in clinical facilities working with patients under the supervision of licensed providers. Clinical sites may require the student obtain certain background checks (state/federal criminal or sexual offender), finger printing and/or drug testing before participating in the clinical experience. Costs for these reviews will be the responsibility of the student.

Refusing to participate in these background checks or drug testing will result in the inability to progress in the program. A positive background check or drug test may also result in the inability to progress in the program.

The prospective student is encouraged to discuss any concerns with the program director prior to acceptance into the Dental Hygiene program. All screenings and background checks are completed AFTER admission/acceptance into the program.

By signing this application, the prospective student understands his/her responsibility to participate in and pay for these background checks/drug tests, if required by the clinical site. By signing this application, the prospective student also understands the consequences of refusing to test, or refusing to undergo the background checks.

TECHNICAL STANDARDS

In response to the Americans with Disabilities Act of 1990, the Dental Hygiene Program at Mount Wachusett Communit College has identified physical competencies as essential for a dental hygiene student to function safely and effectively in a variety of clinical settings. While a physical disability should not preclude a student from consideration for admission to the program, the disability must not prevent the student, while enrolled in the program and upon graduation, from performing essential functions as a dental hygienist. Students must possess the following:

1. The visual acuity with corrective lenses to identify changes in oral tissues.
2. Ability to discern changes in color, texture and shape of tissues.
3. Ability to differentiate among subtle shades of gray as seen on radiographs.
4. Sufficient physical ability to perform cardiopulmonary resuscitation in the handling of a medical emergency.
5. Sufficient communication (oral and/or written) ability to question the patient about his/her medical condition and to relay information about the patient to others in English.
6. Sufficient manual dexterity with two hands to manipulate instruments with precision and control in the oral cavity without causing damage to tissues. This skill may not be fully evaluated until the preclinical portion of the curriculum.
7. A sense of touch that allows for assessment and palpation of oral tissues.
8. Ability to sit for prolonged (up to four hours) periods of time.
9. Ability to operate and manipulate mechanical equipment, (i.e., dials, switches, push buttons, syringes, and blood pressure measurement devices).
10. Ability to pick up items of very small (2mm in width, 21 mm in length minimum) and varying diameters.
11. Ability to use upper body movements (up to five feet) to grasp, push/pull, reach overhead equipment, and to rotate and reach laterally.
12. Ability to lift, carry and move equipment and supplies of up to ten pounds.
13. Ability to wear protective equipment such as gloves, face masks and/or respirators, face shields, and protective eye wear.

PROGRAM OUTCOMES

Upon graduation from this program students shall have demonstrated the ability to:

1. Communicate effectively and accurately through oral, written and electronic means.
2. Demonstrate the application of theory to practice in achieving optimal patient care.
3. Utilize methods of scientific investigation in developing a comprehensive plan of care.
4. Implement comprehensive education plans that promote health and identify risk behaviors in individuals and groups of patients for both community and clinic settings.
5. Practice within the legal, ethical and regulatory framework of dental hygiene in accordance with the standards set by the State Practice Act and Code of Ethics for Dental Hygienist.
6. Demonstrate a commitment to the Dental Hygiene profession through assuming responsibility for life long learning and professional growth.

ACCREDITATION

The program in Dental Hygiene is accredited by the Commission on Dental Accreditation and has been granted the accreditation status of Approval without Reporting Requirements. The Commission is a specialized accrediting body recognized by the United States Department of Education. The Commission on Dental Accreditation can be contacted at 312-440-4653 or 211 East Chicago Ave., Chicago, Illinois 60611-2678. The Commission’s web address is: http://www.ada.org/en/coda

BACKGROUND CHECKS, DRUG TESTING AND LICENSURE REQUIREMENTS

A Criminal Offender Records Information (CORI) review procedure has been implemented for students whose academic programs include the potential for unsupervised contact with persons from vulnerable populations (i.e., children, the elderly and the disabled).

As part of the coursework in the Dental Hygiene program, students are required to complete practical hours in clinical facilities working with patients under the supervision of licensed providers. Clinical sites may require the student obtain certain background checks (state/federal criminal or sexual offender), finger printing and/or drug testing before participating in the clinical experience. Costs for these reviews will be the responsibility of the student.

Refusing to participate in these background checks or drug testing will result in the inability to progress in the program. A positive background check or drug test may also result in the inability to progress in the program.

The prospective student is encouraged to discuss any concerns with the program director prior to acceptance into the Dental Hygiene program. All screenings and background checks are completed AFTER admission/acceptance into the program.

By signing this application, the prospective student understands his/her responsibility to participate in and pay for these background checks/drug tests, if required by the clinical site. By signing this application, the prospective student also understands the consequences of refusing to test, or refusing to undergo the background checks.
QUESTIONS AND ANSWERS

How do I make an appointment to complete my placement testing?
If you have not yet completed college level English and Math, your next step is to take the placement exam. Students may take the placement exam on any of our 3 campuses and options at each of those campuses vary. For more information, please check mwcc.edu/testing or contact Testing Services at 978-630-9244. If you completed placement testing in the past three years, these scores can be used if they meet the program requirements. An additional fee of $10.00 will be charged for those individuals who request to retest.

If I will not meet the requirements by the deadline, will my file be reviewed?
No, unfortunately your file will not go to committee. Only those applicants who display all requirements at time of deadline will be reviewed (see requirements for consideration).

I haven’t completed the coursework needed to apply to the dental hygiene program yet. Can I still apply to MWCC?
YES! Students are encouraged to enter the college as a “Interdisciplinary Studies-Allied Health” student. In this major, you will be identified as a potential dental hygiene applicant and will be assigned to an advisor that will assist you in establishing an educational plan. As a student in this major, you may complete any of your pre-requisite or co-requisite hygiene courses (i.e. English, mathematics, sciences, psychology, etc.) then apply to the program when you have met the requirements for consideration.

How is my file evaluated?
Our dental hygiene class is selected from a pool of applicants who have displayed the minimum academic requirements for admission to the program. Space is limited and not all applicants are accepted. Applications will be reviewed and candidates will be notified of the decision by mail approximately 60 days after the deadline. The process is competitive and your file will be evaluated using the following:

1. Grades for those courses applicable (via college transcript) to the dental hygiene curriculum (ie. Application prerequisites as well as non-DHY courses in curriculum that have been completed prior to application submission)
2. Work experience in healthcare or direct patient care
3. Applicant Status
   - College graduate (AS, BS, Masters)
4. College placement scores (H.S. students are not eligible to apply)
5. Healthcare professional certificates/licensure (ie. CNA, RN, LPN, etc.)

If I am not accepted this year, will I automatically be accepted next year?
No, you are not guaranteed acceptance. Applicants who are not granted a seat in the program must reapply again the following year.

Can I work and attend classes full-time?
Dental hygiene and science coursework is rigorous and complex and requires a personal commitment. Part-time employment may be appropriate, but will need to be flexible in order to accomodate school requirements. Students are encouraged to balance their employment and school responsibilities.

Where do I attend a clinical setting or placement, and how do I get there?
Dental Hygiene students are responsible for their own transportation to clinical sites which include Community Health Connections (CHC) Dental Services in Fitchburg and other local area healthcare agencies used as dental hygiene externship sites.

Is there an interview for admission?
An interview is not required for admission.

Can I transfer to a four-year school and earn a Bachelor’s Degree?
Mount Wachusett Community College currently has an articulation agreement in place with Vermont Technical College. For more information regarding this articulation agreement, contact Advising at 978-630-9109.

Can I apply for Financial Aid?
Yes. Inquire at the Financial Aid Office, 978-630-9169. Apply online at fafsa.gov

I still have more questions, how do I get them answered?
Applicants are required to attend one of the Healthcare Information Sessions. Contact the Office of Admissions to RSVP at 978-630-9110 or visit our website for dates. Appointments may also be made with the Program Director of Dental Hygiene by calling 978-630-9367 or 978-630-9413.

Additionally, what must I know?
• It is up to the applicant to read the Technical Standards and understand that it is your responsibility to discuss any accommodation that you may need by contacting the Counselor for Students with Disabilities at 978-630-9330.
• The applicant is responsible for ensuring that your application file is complete and that all items are received by the deadline.
• The applicant must read the statement on page three of the dental hygiene application packet regarding the CORI/SORI policies. A court conviction may prevent a student from successfully completing the dental hygiene program due to clinical site requirements and/or may prohibit you from taking the Dental Hygiene Licensing Board Exam.

In compliance with the Clery Act (20 U.S.C. 1092(a) and (f), all prospective students are entitled to review the MWCC Annual Security Report. This report may be accessed online at mwcc.edu or by request through the Office of Admissions.

Mount Wachusett Community College seeks to provide equal educational and employment opportunities and does not discriminate on the basis of race, color, religious creed, age, physical or mental disability, sex, national origin or ancestry, marital status, sexual orientation, genetic information or veteran status.
HELPFUL HINTS: Because of an extensive classroom/clinical commitment, students are encouraged to complete some of the general education requirements prior to beginning dental hygiene courses.

TRANSFER OPTIONS: MWCC currently has an articulation agreement in place with Vermont Technical College. For more information regarding this articulation agreement, contact Advising at 978-630-9109.

APPLICATION DEADLINE: The Dental Hygiene application deadline is February 1. This selective enrollment program requires additional application components. The process is competitive and space is limited. In the event that the application deadline falls on a non-business day, the next business day will become the effective deadline.

SPECIAL REQUIREMENTS: Applicants must meet all requirements for consideration before entering the program. Students must meet standards and additional requirements including immunizations, CPR certification, liability insurance, and a Criminal/Sexual Offender Records Information (CORI/SORI) check. Additional costs apply for the Dental Hygiene program.

CAREER OPTIONS: For the registered dental hygienist include: private practice, hospitals, clinics, health departments, schools, and educators employed at dental and dental hygiene schools.

EARNING POTENTIAL:

$62,400 - 83,200

INFORMATION SESSIONS

The Dental Hygiene Department offers monthly information sessions that will include program information, the admission process, and financial aid information.

Transcript reviews are not conducted at these sessions.

For more details, go to the Admissions website at: mwcc.edu/admissions/information-sessions/
A.S. DENTAL HYGIENE - ESTIMATED COST SHEET

Outlined below are estimated expenses associated with the Dental Hygiene program. This estimate is based upon Fall 2020 Massachusetts resident tuition and fee day rates of $222/credit. Tuition and fees are subject to change and tuition/fee rates may vary based on course selection. College Semester Fees include a registration fee, technology access fee, student activity fee and LEM/Laboratory, equipment and material fees (if applicable). The Fall 2020 fee for Dental Hygiene is $2,225/semester.

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<th>Minimum Core Requirements/Prerequisites to Apply:</th>
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<tr>
<td><strong>Number</strong></td>
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<tr>
<td>ENG101</td>
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<td>MAT126</td>
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<td>BIO199</td>
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**Fall 1st Year**

| BIO205 | Microbiology | 4 | 888.00 |
| DHS101 | Anatomic Science for the Dental Hygienist I (lecture only) | 3 | 666.00 |
| DHS102 | Dental Hygiene Process of Care I (3 lecture, 6 pre-clinic) | 5 | $1,110.00 |
| DHS103 | Dental Radiology & Lab (2 lecture, 2 lab) | 3 | 666.00 |
|            | College Semester Fees |       | 170.00          |
|            | Dental Hygiene Semester Fees |       | 2,225.00 |
|            | Approximate Tuition/Fee Cost: |       | $5,725.00 |

**Spring 1st Year**

| DHS105 | Anatomic Science for the Dental Hygienist II (lecture only) | 3 | 666.00 |
| DHS106 | Dental Materials & Lab (2 lecture, 2 lab) | 3 | 666.00 |
| DHS107 | Periodontology (lecture only) | 3 | 666.00 |
| DHS108 | Dental Hygiene Process of Care II (3 lecture, 9 clinic) | 6 | 1,332.00 |
|            | College Semester Fees |       | 170.00          |
|            | Dental Hygiene Semester Fees |       | 2,225.00 |
|            | Approximate Tuition/Fee Cost: |       | $5,725.00 |

**Summer - Year 1**

| ENG102 | English Composition II | 3 | 666.00 |
| DHS205 | Pain Control & Lab | 3 | 696.00 |
|            | College Semester Fees |       | 125.00 |
|            | Approximate Tuition/Fee Cost: |       | $1,487.00 |

**Fall 2nd Year**

| DHS201 | Oral Pathology (lecture only) | 2 | 444.00 |
| DHS202 | Pharmacology for the Dental Hygienist (lecture only) | 3 | 666.00 |
| DHS203 | Dental Hygiene Process of Care III (1 lecture, 12 clinic) | 5 | 1,110.00 |
| PSY105 | Introduction to Psychology | 3 | 666.00 |
|            | Business Elective |       | 666.00 |
|            | College Semester Fees |       | 170.00 |
|            | Dental Hygiene Semester Fees |       | 2,225.00 |
|            | Approximate Tuition/Fee Cost: |       | $5,947.00 |

**Spring 2nd Year**

| DHS209 | Community Oral Health (3 lecture, 3 practicum) | 4 | 888.00 |
| DHS207 | Dental Hygiene Process of Care IV (1 lecture, 12 clinic) | 5 | 1,110.00 |
| DHS208 | Dental Ethics and Professional Issues (lecture only) | 2 | 666.00 |
|            | Humanities Elective |       | 666.00 |
| SOC103 | Intro to Sociology | 3 | 666.00 |
|            | College Semester Fees |       | 170.00 |
|            | Dental Hygiene Semester Fees |       | 2,225.00 |
|            | Approximate Tuition/Fee Cost: |       | $6,391.00 |

**College Health Insurance Plan**

Note: If you already have health insurance, you will not need to purchase college insurance.

**Indirect Costs**

- Uniforms, books, certifications, insurance, dues, exams student kit and equipment.

Approximate Total Program Cost: $39,895.00
A.S. Dental Hygiene
Application & Information Packet

Application for Entrance: September 2021
Application Deadline: February 1, 2021

Contact & Campuses

Office of Admissions
Tel: 978-630-9110
Fax: 978-630-9554
Email: admissions@mwcc.edu
Web: mwcc.edu/admissions

Financial Aid Office
Tel: 978-630-9169
Fax: 978-630-9459
Email: financialaid@mwcc.mass.edu
Web: mwcc.edu/financial

Student Accounts Office
Tel: 978-630-9386
Fax: 978-630-9459
Email: bursar@mwcc.mass.edu
Web: mwcc.edu/student-accounts

Records Office
Tel: 978-630-9106
Fax: 978-630-9554
Web: mwcc.edu/records

Gardner
444 Green Street
Gardner, MA 01440
978-630-9110

Devens
One Jackson Place
27 Jackson Rd.
Devens, MA 01434
978-630-9569

Leominster
100 Erdman Way
Leominster, MA 01453
978-630-9810

Fitchburg (Dental Only)
326 Nichols Road
Fitchburg, MA 01420
978-630-9413

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