

2010 ALABAMA DENTAL HYGIENE PROGRAM APPLICATION

Board of Dental Examiners of Alabama
5346 Stadium Trace Parkway, Suite 112
Hoover, AL 35244
(205) 985-7267



1. An unmounted passport photograph, 2X2, of applicant taken not more than six months before date of application, **must be securely pasted, NOT STAPLED**, to this space and must not be larger than space provided. Applicant signature required on photograph.

2. Enclose additional passport picture, unsigned for ADHP ID.

ADMINISTRATIVE USE ONLY

Received _____

Accepted _____

Incomplete / returned _____

Denied _____

(Use a typewriter or print legibly, and return application in a large envelope. DO NOT FOLD)

Name Mr. or Ms. _____
(Last) (First) (Middle) (Social Security Number)

Has your surname ever been changed? ____ If so, give original surname _____

I am a bona fide resident of _____
(No.) (Street) (City) (State) (Zip)

Home Phone () _____ Work Phone () _____

Complexion ____ Color of Hair _____ Color of Eyes _____ Height _____ Weight _____

Date of Birth ____/____/____ Place of Birth _____
(Month-Day-Year) (City) (County) (State)

Hepatitis Immunizations ____/____/____ OR: Titer Enclosed
(Enclose documentation of: 1st 2nd 3rd)

EDUCATION: Name as listed on transcript: _____

High School: _____
Graduation Year High School Name City State

GED: _____
Completion Date Program administered by

Incomplete Forms Will Be Returned - Must Be Postmarked By May 30th

Official high school transcript or GED scores. Enclosed Yes No
Will arrive under separate cover Yes No

OPTIONAL EDUCATION:

A. Secondary Education: _____
Institution

_____ _____ _____
Dates of enrollment Graduation date Degree

B. Dental Assisting Education _____
Institution

_____ _____ _____
Dates of enrollment Graduation date Degree

EMPLOYMENT HISTORY:

Current Employer: _____ LNO
Name and license # of dentist making application for ADHP training permit

Date Certified as instructor ____ / ____ / ____ Circle ONE: Initial Certification Renewal

Office Mailing Address: _____
(Street) (City) (State) (Zip)

Applicant employment date _____ to present

Total number of months employed as full time chair side assistant? _____ Part time _____

Past Employers: _____ Employment date _____

_____ Employment date _____

Applicant CPR Certification Date ____ / ____ / ____ Course Date for Infectious Disease Training ____ / ____ / ____

Has ADHP permit ever been issued for applicant previously? NO YES

If yes, previous enrollment name if different _____

If yes, previous enrollment dentist-instructor _____ Enrollment Date _____

Please circle appropriate response: If yes, furnish (on separate page) a written statement. As to convictions or actions against license, include dates, name and nature of offense, identification of court or licensing entity, certified copy of court records, and any penalty and punishment imposed.

- | | | |
|---|----|-----|
| 1. Have you ever been convicted of a felony or a misdemeanor involving moral turpitude? | No | Yes |
| 2. Have you ever been convicted of violating any federal or state law relating to narcotics or controlled substances? | No | Yes |
| 3. Have you ever undergone treatment for any substance or alcohol abuse or problems? | No | Yes |
| 4. Have you been afflicted with a contagious or infectious disease?
(Do not list childhood diseases.) | No | Yes |
| 5. Have you ever been refused or denied a license or permit in any state? | No | Yes |
| 6. List all states in which you hold a license. _____ | | |
| 7. Has any action been taken against your license in any other state? | No | Yes |
| 8. Is there any action pending against your license? | No | Yes |

PLEASE READ CAREFULLY

Dentist - Instructor and Student - Hygienist Agreement

Students of the Alabama Dental Hygiene Program are not students of the University of Alabama, School of Dentistry. The University of Alabama, School of Dentistry allows the use of its facilities. Attendance in this program does not allow you to represent yourself as having attended or graduated from UAB. There is no college credit given for participation for this program.

1. Applicants for the Alabama Dental Hygiene Program must be more than 18 years of age, of good moral character, and must fulfill all prescribed requirements of the Alabama Dental Hygiene Program as stated in Board Rule 270-X-3.04
2. The dentist-instructor must hold valid instructor-certification status.

Incomplete Forms Will Be Returned - Must Be Postmarked By May 30th

3. Student-hygienists must have completed at least (24) full months of full time employment as a dental assistant (minimum 24 hrs per week) before being eligible to enter and participate in the ADHP.
4. Full time employment with the dentist- instructor is mandatory for continued enrollment in the ADHP. Unauthorized change in employment status by either party will result in termination of ADHP training permit.
5. The required fee is payable to the Board of Dental Examiners of Alabama by check or money order and must accompany completed application prior to May 30, 2010, refund of fees defined in 270-X-3.04 (11).
6. The ADHP training permit will be valid after completion of the first academic session and remain valid only with total compliance with all requirements of the ADHP as stated in Board Rule 270-X-3.04.
7. Attendance at each academic session is mandatory. Please review the enclosed academic schedule prior to enrollment.
8. The student-hygienist must have an overall grade point average of 75% to successfully complete and pass the program.
9. During the program year any grade point average below 75% shall be considered Academic Probation and should be carefully evaluated and monitored by the student-hygienist and the dentist-instructor.
10. A minimum of 150 prophys shall be completed prior to close of the program year. No more than 50 shall be on patients with deciduous teeth only.
11. The dentist/ instructor are welcome to attend any ADHP session to provide study support to a student. Continuing education credit will be earned.
12. A pre-entrance exam shall be completed and returned with this application.
13. Textbook assignments are expected to be completed prior to each academic session.
14. Students will be randomly audited to provide documentation of compliance with employment requirements.
15. On successful completion of the ADHP the candidate is eligible to apply for the Alabama Dental Hygiene Licensing Exam. The Licensure Exam is anticipated for June 2011. The completed Licensure Exam application and associated fees are due 30 days prior to the exam.

I agree to provide the patients, materials and instruction as required of me as an Alabama Dental Hygiene Program Dentist-Instructor.

Incomplete Forms Will Be Returned - Must Be Postmarked By May 30th

I understand that according to the laws of the State of Alabama regulating the training of dental hygienists, this application for permit to employ a student dental hygienist is for the specific employment of the above named student dental hygienist and that I am not permitted to use it beyond the expiration date. I understand that full time employment (minimum 24 hrs per week) is required for participation in the ADHP. (Bd. Rule 270-X-3.04)

I will return the permit to train the student dental hygienist to the Board of Dental Examiners of Alabama when he or she appears for Board Examination, fails the Program or leaves my employment.

My signature confirms that I have read and understand the requirements for participation in the Alabama Dental Hygiene Program.

Dentist - Instructor _____
Signature LNO Date

I agree to comply with all relevant Federal and State laws, including but not limited to the Alabama Dental Practice Act, as well as the rules and regulations of the Board of Dental Examiners of Alabama.

In making this application, I certify that the statements given in this application are true and correct and that I have satisfied all requirements set forth in the Alabama Dental Practice Act and the rules of the Board of Dental Examiners of Alabama.

(Signature of Applicant) Date

The State of _____

The County of _____

_____, being duly sworn by me on his/her oath that all facts, statement and answers contained in this application are true and correct in every respect, and that the attached photograph is a true likeness of the applicant.

Sworn and subscribed before me this _____ day of _____, 20 ____, to certify which witness my hand and official seal of office.

My commission expires _____

(seal)

(Signature of Notary Public)

County of _____ State of _____

Certificate of Moral Character

To be completed by two reputable references, dentists when possible. (NOT BY THE DENTIST-INSTRUCTOR), who have known the applicant for at least two years.

THIS CERTIFIES, that I have personally known _____

for ____ years and know him or her to be of good moral character, and hereby recommend him or her to the Board of Dental Examiners of Alabama as being worthy of the privilege of practicing Dental Hygiene in Alabama, pursuant to law.

Name (Signature)

Address (No.) (Street) (City) (State) (Zip)

Occupation Date

Certificate of Moral Character

To be completed by two reputable references, dentists when possible. (NOT BY THE DENTIST-INSTRUCTOR), who have known the applicant for at least two years.

THIS CERTIFIES, that I have personally known _____

for ____ years and know him or her to be of good moral character, and hereby recommend him or her to the Board of Dental Examiners of Alabama as being worthy of the privilege of practicing Dental Hygiene, pursuant to law.

Name (Signature)

Address (No.) (Street) (City) (State) (Zip)

Occupation Date

Documentation of Disability Related Needs

(OPTIONAL)

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist to certify that your disabling condition requires the requested test accommodation.

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

IF YOU HAVE EXISTING DOCUMENTATION OF HAVING THE SAME OR SIMILAR ACCOMMODATION PROVIDED TO YOU IN ANOTHER TEST SITUATION, YOU MAY SUBMIT SUCH DOCUMENTATION INSTEAD OF HAVING THIS PORTION OF THE FORM COMPLETED.

I have known _____ since _____ in my
(Test applicant)
capacity as _____
(Professional title) (Date)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following: (check all that apply)

_____ Taped test _____ Large print test _____ Reader

_____ Scribe/amanuensis

_____ Extended time: _____ Time and half _____ Double time

_____ More than double time (please justify)

_____ Separate testing area

_____ Use of computer or other adaptive equipment (please specify)

_____ Other (please specify)

_____ Accessible Testing / Lecture Site

Signed: _____ Title: _____

Date: _____ License # (if applicable) _____
The Board of Dental Examiners of Alabama is an Equal opportunity employer and does not discriminate on the basis of disability, race, sex, national origin or religion in employment or in the provision of or access to its programs, services or activities.

2010-2011
Alabama Dental Hygiene Enrollment

Education fee	\$ 250.00
Training Permit fee	\$ 200.00
ADHP Manual	\$ 75.00
Instruction Materials	\$ 100.00

Select one:

a) Dentist – Instructor owns a copy of the ADHP training DVD

TOTAL Cost \$ 625.00

or:

b) ADHP Training DVD

**Total \$ 25.00
\$650.00**

Completed pre-test, answer sheet enclosed Yes No

Application and fees due by May 30, 2010

Please make check or money order payable: Board of Dental Examiners of Alabama
5346 Stadium Trace Parkway, Suite 112
Hoover, AL 35244

Check number: _____ **Amount:** _____

Check issued by: _____

Applicant name: _____

+

ALABAMA DENTAL HYGIENE PROGRAM
General Information

PLACE: Classes begin Saturday, July 10, 2010 at 8:00 a.m. in Lecture Room A, of Volker Hall located at 1600 University Boulevard. All classes will be held in Volker Hall unless otherwise notified. **Failure to attend any academic session automatically terminates training status.**

Materials: The following materials are mandatory for participation in the ADHP

ADHP Workbook-Manual (Lecture notes) – This manual will be constructed during the year and will consist of lecture outline, grade reports, etc. Student should provide personal note taking resources. The required textbooks, used in conjunction with manual, will provide an excellent study resource. You will need to bring a three inch three ring binder.

ADHP training video – This video provides a baseline of information for the clinical instructor to evaluate student readiness prior to providing patient care. Students will be tested in August on the material covered on the training video.

Dentoform - A dentoform, or typodont, provides a model of subgingival calculus distribution and periodontal defects. The dentoform provides a method to practice instrument placement and develop techniques. **Each student must have their dentoform and eye protection with them during the Instrumentation lecture (August) for classroom participation. (Sold at Snoozy's.)**

Instrument Packet - The packet contains the instruments listed below. To ensure that all students have the correct and identical instruments for this program the Board has made purchase mandatory. **Students must have instruments and eye protection for classroom participation during the Instrumentation lecture scheduled for August. (Sold at Snoozy's.)**

- a) Mirror and Explorer
- b) Probe-Periodontal: (double end) Nos. Orban 20 and Michigan 'O' w/ Williams Markings
- c) Scaler: (double end) Nos. U-15/30
- d) Scaler: (double end) Taylor Nos. T2/T3
- e) Curette: (double end) Columbia Nos. 13/14
- f) Curette: (double end) Gracey Nos. 1/2
- g) Curette: (double end) Gracey Nos. 3/4
- h) Curette: (double end) Gracey Nos. 11/12
- i) Curette: (double end) Gracey Nos. P7/P8

Textbooks are not available for purchase during registration in Volker Hall. **Each ADHP student is required to own a complete set of textbooks.** You should purchase them in advance from:

Snoozy's Book Store, 1321 10th Ave. South, Birmingham, AL 35205.

Confirm the ADHP required textbook list with Snoozy's bookstore's at the time of purchase. They will have a listing of textbooks and correct editions available for the current year's Program.

Textbook:

Fehrenbach: Illustrated Anatomy of the Head and Neck(3rd ed)

Dofka, Dental Terminology (Delmar)(2nd ed)

Wilkins; Clinical Practice of Dental Hygienists, Tenth Edition

Nield-Gehrig: Foundations of Periodontics for the Dental Hygienist(2nd ed)

Nield-Gehrig: Fundamentals of Periodontal Instrumentation and Advanced Root Instrumentation (6th ed)

TEACHING METHODS:

Approximately eight hours daily will be devoted to lectures, tapes and projected slides with supervised study, laboratory and library work along with other appropriate study methods.

In accordance with UAB policy, **eating, drinking, and smoking are not permitted in lecture rooms.**

Alert attendance is expected at all lectures. Absences and lack of attention will be reported to the Board of Examiners. Absence from any academic session is grounds for immediate dismissal from the Program. Medical documentation must be provided to the Board for consideration of any excused absence. Students should expect to be present from 8 am to 5:30 p.m. for every day of the course. Students are expected to conduct themselves in a quiet and orderly professional manner, being thoughtful of others who may be engaged in classes or examinations, etc. in adjacent areas. All talking during classes should be directed to the group as a whole and related to the subject under discussion. **Students who must leave the room during the course of a lecture should sign out with Ms. Johnson before leaving.**

More information about required classroom procedures and professional demeanor and dress is available in Classroom Protocol for ADHP.

EXAMINATIONS:

Written examinations on material presented during the lectures will be given at the beginning of the next academic session. Examination papers will not be returned and the grades of the examinations will be distributed as soon as possible. Exam scores and program information will be mailed to the Dentist-Instructor and student at the practice location. Do not call the board office for grades. **Please do not ask the lecturers or staff for grades.** "Make up" examinations can be given only upon application to and permission from the State Board of Dental Examiners, **and must be taken within two weeks of the missed exam.** Contact the Board Office at (205) 985-7267 or fax (250) 985-0674 to leave notification of absence due to an emergency.

Honesty is a prime quality in professional endeavors and each student is expected to meet the standard of absolute honesty. Cheating will result in dismissal from the course. **Bring several sharpened pencils to each examination.** Only pencils should be carried into the examination rooms during examinations.

Grade Criteria:

1) A student hygienist must have a grade point average of 75% to successfully complete the program. A minimum of 75% is required to pass the Alabama Dental Hygiene Licensure Examination. The fee for this exam is not included in the ADHP academic fee. The fee for the Dental Hygiene Licensure Exam will be due in May with the successful completion of the ADHP. A complete application and fee must be received 30 days prior to the licensure exam which occurs in June. You will be provided with the exact date of the licensure exam as soon as possible. Applications received after the referenced deadline and/or applications that are incomplete will not be accepted.

2) Performance Checks, located in the Fundamentals of Periodontal Instrumentation and Advanced Root Instrumentation, 6th Edition– Nield -Gehrig, are used to document clinical instruction and shall be completed under direct supervision of the dentist-instructor. The performance checks are designed with the intent that they complement the academic sessions and assess the clinical progress. Dates will be given for when each performance check is due. Utilization of the Dentist-Instructor Manual and the ADHP Training Video will assist encouraging instruction to progress with one segment building on the next more difficult

procedure. The dentist instructor is responsible for allowing clinical instruction to proceed in a gradual process while allowing the student hygienist ample exposure to all aspects of dental hygiene.

The completion of each performance check is entirely dependent on the attainment of competency by the student hygienist. The dentist-instructor's signature indicates that the student has received adequate instruction and competency. No credit will be given for performance checks received after the due date. Performance checks without the dentist-instructor's signature will be considered incomplete.

- 3) A clinical evaluation consisting of completion of prophylaxis comprehensive exam and radiographs will be assigned.
- 4) A candidate must complete a minimum of 150 prophylactic procedures of permanent and/or mixed dentition.

Miscellaneous: For your comfort you may wish to bring a seat cushion and a sweater.

Cafeterias: A cafeteria located at Children's Hospital, across the street from Volker Hall is open for lunch.

Restaurants: There are a number of fast food facilities located between 15th and 20th streets on Sixth and Seventh Avenue. McDonald's, Burger King, Captain's D's, Taco Bell, McAlister's Deli, Subway, Milo's, Guthrie's, to name a few.

Parking: Since on-campus parking space is critical and the suggested housing accommodations are within walking distance; it would be more convenient to leave cars parked where you are staying. However, students planning to commute by car will be allowed to park in any of the open lots on the UAB campus on the **weekend dates only**. Several parking decks are located within walking distance of Volker Hall and most have a daily rate available.

ACCOMMODATIONS:

Students are expected to arrange their own living accommodations while in Birmingham.

Many other hotel facilities are available throughout the Birmingham area, although travel and parking to the UAB area should be a prime consideration.

Doubletree*	(University Hospital)	(New)
808 South 20th Street	Courtyard by Marriott	Residence Inn*
B'ham., AL 35205	1820 5 th Ave. So	821 So. 20 th St.
Phone: 205- 933-9000	B'ham., Al 35233	B'ham. Al. 35205
	(205) 254-8001	(across from Doubletree)
		(205) 731-9595

* These will provide a group rate for students of the ADHP. Please identify yourself as a student of the Alabama Dental Hygiene Program when making reservations. (Rooms are limited - call early)

TRANSFER OF TRAINING PERMIT:

Transferring of permits is strongly discouraged and will be allowed only in rare circumstances where compelling reasons are presented. ANY TRANSFER WITHOUT FIRST OBTAINING BOARD APPROVAL IS NULL AND VOID AND MAY RESULT IN THE STUDENT HYGIENIST BEING DISCHARGED FROM THE PROGRAM. Documentation for transfer shall include permission from the sponsoring dentist-instructor, a request from the student and acceptance from the new sponsoring dentist all of which must be received and approved by the Board for the transfer to be considered. REMEMBER, TRANSFERRING IS NOT AN ABSOLUTE RIGHT; IT IS LEFT TO THE BOARD'S DISCRETION. No request for transfer will be considered unless the student hygienist is in academic good standing.

The Board of Dental Examiners of Alabama is an equal opportunity employer and does not discriminate on the basis of disability, race, sex, national origin or religion in employment or in the provision of or access to its' programs, services or activities.

Incomplete Forms Will Be Returned - Must Be Postmarked By May 30th

SCHEDULE FOR 2010-2011 ADHP

Step 1 Request application packet. Include name of student and dentist.

Mar 1-May 15

2010-2011 ADHP Academic Sessions – Prior to enrollment confirm that you have no conflict with academic session. **ATTENDANCE IS MANDATORY.** All academic sessions begin at 8:00 AM, dismiss at 5:30 PM. All academic sessions are held at Volker Hall (1600 University Blvd.) on the UAB campus unless notified of location change.

Session 1	Saturday	July 10 - Sun. July 11, - Monday July 12, 2010
Session 2	Friday	August 13 - Sat. August 14, -Sunday August 15, 2010
Session 3	Saturday	Sept.11 – Sunday September 12, 2010
Session 4	Saturday	Oct.16 – Sunday October 17, 2010
Session 5	Saturday	Nov.13 – Sunday November 14, 2010
Session 6	Saturday	Jan. 8 – Sunday January 9, 2011
Session 7	Saturday	Feb. 12 - Sunday February 13, 2011
Session 8	Saturday	April 9 – Sunday April 10, 2011
Session 9	Saturday	May 14 – Sunday May 15, 2011

Step 2 Required fees and materials 2010-2011

Education fee	\$ 250.00	
Training Permit fee	\$ 200.00	Issued at first academic session
Instruction Materials	100.00	
ADHP Manual	\$ 75.00	
*2005 ADHP Training Video	\$ 25.00	
TOTAL	\$ 650.00	

ADHP REGISTRATION DEADLINE: Completed application must be postmarked by **MAY 30**
INCOMPLETE APPLICATIONS WILL BE RETURNED. ALL FEES MUST ACCOMPANY APPLICATION.

Step 3 Textbooks & Required Supplies

Purchase prior to Session 1

(Instruments, Dentoform, Textbooks /required supplies are the responsibility of the candidate/dentist. Extensive Reading Assignments are required prior to 1st session) For additional information for purchasing required materials you may wish to contact:

1. Snoozy's Book Store
1137 11th Ave. South
Birmingham, AL 35205
(205) 328-2665 Fax (205) 933-2229
E-mail snoozys@snoozys.com
2. Blazer Bookstore
HUC 150
1400 7th Ave. So
Birmingham, Al 35233
934-8205 (Caleb)

ON COMPLETION OF THE ADHP:

Step 4 The Alabama Dental Hygiene Licensure Exam is typically in June of each year. Application for Alabama Dental Hygiene Licensure Exam is due 30 days prior to Licensing Exam

Step 5 October 1 – The Annual Registration fees and continuing education requirements must be completed each year for the license to be in active status. 2011 Annual registration WILL BE due October 1, 2010.

REQUIRED TEXTBOOKS/SUPPLIES FOR ADHP

Snoozy's Bookstore

1137 11th Ave. South
Birmingham, AL 35205
(205)328-2665 Fax (205)933-2229
E-mail snoozys@snoozys.com

(to place order) = <http://www.snoozysbookstore.com/Catalogs/ADHP/106.aspx>

Blazer Bookstore

HUC 150
1400 7th Ave. So.
B'ham. AL 35233
934-8205 (Caleb)

Prices subject to change

Minimum \$5.00 shipping charge

Confirm the ADHP required textbook list with Snoozy's or Blazer bookstore at the time of purchase. They will have a listing of textbooks and correct editions available for the current year's Program. Used textbooks are acceptable, as long as the book is the correct edition. Extensive reading is required prior to enrollment.

Required Textbooks: (revised 1/10)

- 1) Fehrenbach: Illustrated Anatomy of the Head and Neck
3rd edition -
- 2) Dofka, Dental Terminology (Delmar)) 2nd Edition – text only
- recommended for pre-entrance exam
- 3) Nield-Gehrig: Foundations of Periodontics for the Dental Hygienist- 2nd Edition
- 4) Wilkins: Clinical Practice of the Dental Hygienist w/ study guide, 10th edition
(CD-ROM included)
- 5) Nield-Gehrig: Fundamentals of Periodontal Instrumentation & Advanced Root Instrumentation 6th Edition

Recommended textbooks:

- 1) Ibsen: Oral Pathology 4th ed. –
- 2) Haring: **Dental Radiography, 3rd ed.** –

Instruments:

- A) Mirror and Explorer
- B) Probe-Periodontal: (double end) Nos. Orban 20 and Michigan 'O' w/Williams Markings
- C) Scaler: (double end) Nos. U-15/30
- D) Scaler: (double end) Taylor Nos. T2/T3
- E) Curette: (double end) Columbia Nos. 13/14
- F) Curette: (double end) Gracey Nos. 1/2
- G) Curette: (double end) Gracey Nos. 3/4
- H) Curette: (double end) Gracey Nos. 11/12
- I) Curette: (double end) Gracey Nos. P7/P8

Dentoform AG-3PZHDA GO4-A14

ADHP Manual and Lecture Handouts

2005 ADHP Video

Textbook References:

Ms. Winchester; Intra and Extraoral Exam- Video

Clinical Practice of Dental Hygiene, Chapter 10

Illustrated Anatomy of the Head and Neck, Chapter 1-2

Dr. Roberts; Periodontal Probing

Clinical Practice of Dental Hygiene, Chapter 13

Fundamentals of Periodontal Instrumentation – Module 11

Dr. Stevens; Instrument

Clinical Practice of Dental Hygiene, Chapter 36

Fundamentals of Periodontal Instrumentation – Modules 3-4, 10, 12-16

PLEASE CHECK YOUR COMPLETED APPLICATION FOR THE FOLLOWING
Incomplete applications will be returned

1. HAVE YOU TYPEWRITTEN OR PRINTED ALL ANSWERS ON THE APPLICATION?
2. HAVE YOU ENCLOSED A CHECK OR MONEY ORDER FOR THE REQUIRED FEES?
3. HAVE YOU INCLUDED/OR REQUESTED YOUR OFFICIAL HIGH SCHOOL TRANSCRIPT OR GED CERTIFICATE WITH SCORES?
4. HAVE YOU ENCLOSED 2 PASSPORT PICTURES? MUST HAVE SIGNATURE ON THE FRONT OF ONE PICTURE.
5. HAVE YOU ENCLOSED YOUR APPLICATION, INCLUDING NECESSARY SIGNATURES AND INFORMATION THAT MUST BE COMPLETED BY YOU AND YOUR DENTIST?
6. HAVE YOU ENCLOSED COPIES OF HEPATITIS VACCINE STATUS, CPR CERTIFICATION, AND INFECTION CONTROL CERTIFICATION?
7. HAVE YOU ANSWERED ALL QUESTIONS RELATING TO ILLNESS AND ARREST?
8. HAVE YOU HAD THE APPLICATION NOTARIZED?

You are requested to retain a copy of this application and program requirements for the ADHP manual.

MAKE SURE YOU HAVE ANSWERED ALL OF THE QUESTIONS. OTHERWISE, APPLICATION WILL BE RETURNED TO YOU.

IF YOU HAVE A DOCUMENTED DISABILITY AND REQUIRE ANY ACCOMMODATIONS IN PARTICIPAING IN THIS PROGRAM, BE SURE TO FILL OUT AND SUBMIT THE "REQUEST FOR ACCOMMODATION" FORM ALONG WITH THIS APPLICATION. IF ACCOMMODATION IS NOT REQUESTED WITH THE APPLICATION, WE CANNOT GUARANTEE AVAILABILITY OF NECESSARY SERVICES.