

**FTCC ASSOCIATE DEGREE DENTAL HYGIENE  
COMPETITIVE ADMISSIONS POINTS**

TEAS ENTRANCE TEST, OVERALL SCORE POINTS		POINTS EARNED
90%-100% = 30 Points		
78%-89.9% = 25 Points		
73% - 77.9% = 20 Points		
68% - 72.9% = 15 Points		
64% - 67.3% = 10 Points		
58.7%-63.9% = 5 Points		
PROGRAM RELATED COURSES AND HEALTH GPA POINTS		POINTS EARNED
First Attempt BIO 163 or BIO 168 and 169 (BIO 168 or 169 only)	A= 10 Points B = 5 Points (A=5 Points; B=2.5)	
First Attempt BIO 175 or 275	A= 10 Points B = 5 Points	
First Attempt CHM 130	A= 8 Points B = 4Points	
First Attempt CHM 130 A	A= 2 Points B = 1 Points	
Second Attempt BIO 163 or BIO 168 and 169 (BIO 168 or 169 only)	A= 7 Points B = 3 Points (A 3.5 Points B 1.5 Points)	
Second Attempt BIO 175	A= 7 Points B = 3 Points	
Second Attempt CHM 130	A= 6 Points B = 2 Points	
Second Attempt CHM 130 A	A= 1 Points B=.5 Points	
SOC 210	A= 4 Points B = 3 Points C = 2 Points	
ENG 111	A= 4 Points B = 3 Points C = 2 Points	
PSY 150	A = 4 Points B = 3 Points C = 2 Points	
COM 120 or 231	A = 4 Points B = 3 Points C = 2 Points	
Health GPA	3.71-4.00 = 4 Points 3.41-3.70 = 3 Points 3.11-3.40 = 2 Points 2.81 -3.10 = 1 Point 2.5-2.80 = 0 Points	
ADDITIONAL DEPARTMENTAL POINTS		POINTS EARNED
HUM 115 or PHI 230 or PHI 240	A = 4 Points B = 3 Points C = 2 Points	
Completed 20 hours job shadowing a dental hygienist (see form)	Yes = 10 Points No = 0 Points	
Successful Completion of the FTCC Prospective Dental Hygiene Virtual Advising Session	Yes = 2 Points No = Points	
Successful Completion of the Dental Assisting Program at FTCC in the past 2 years	Yes = 10 Points No = 0 Points	

**No points will be awarded for Biology courses with 3 or more attempts.**

\* Science courses must be a "B" or higher and must be taken within the last five (5) years.

\* Health Grade Point Average is calculated on related courses: BIO 163 or combined BIO 168 and BIO 169, SOC 210, ENG 111, COM 120, and PSY 150. A minimum Health GPA of 2.5 is required, and is presented on the Health Applicant Rating Form (HARF).

\* Verification of shadowing experience must be updated for each application cycle. The *FTCC Dental Hygiene Shadowing* form is required and must include dates shadowed and verification of observation of dental hygiene services. This document begins on page 2 and must be emailed with the subject line DENTAL HYGIENE SHADOWING by January 30<sup>th</sup> deadline.

# *Fayetteville Technical Community College*

## **Dental Hygiene**

### **Job Shadowing Instruction Form**

Applicants to the Fayetteville Technical Community College Dental Hygiene program are encouraged to provide evidence of 20 hours of shadowing a practicing dental hygienist. This experience is designed to allow the applicant to see the dental hygiene profession from the perspective of the dental hygiene practitioner rather than that of the patient. Applicants should be prepared to adhere to OSHA, CDC, HIPAA and other guidelines as outlined by established office policies of the practice visited.

Ideally, shadowing experiences would involve observation of a variety of dental hygiene services, including but not limited to, patient assessment through medical history review and intraoral/extraoral examination, child and adult prophylaxis, non-surgical periodontal therapy (scaling and root planing), radiography procedures, local anesthesia, sealants, impressions, oral hygiene instruction and various business and practice management functions carried out by the dental hygienist.

Shadowing may be completed in one or more offices to reach the minimum of 20 hours. A separate form is required for each office setting. Please make as many copies of the attached form as necessary.

All completed and signed forms should be scanned as pdf and mailed with the subject line DENTAL HYGIENE SHADOWING to [dentalclinic@faytechcc.edu](mailto:dentalclinic@faytechcc.edu) by the January 30<sup>th</sup> deadline. The form will then be placed into the electronic application packet for each individual applicant.

Direct all questions to:

Amanda G. Jones RDH, DEL [jonesam@faytechcc.edu](mailto:jonesam@faytechcc.edu)

# *Fayetteville Technical Community College*

## **Department of Dental Hygiene Applicant Shadowing Form**

Applicants to the Dental Hygiene Program must use this form to document their required 20 hours of shadowing.

APPLICANT LAST NAME: \_\_\_\_\_

APPLICANT FIRST NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

### **SHADOWING VERIFICATION**

Thank you for your willingness to assist this applicant in his/her familiarization with the dental hygiene profession.

How many hours of observation did applicant named above complete? \_\_\_\_\_

Dates: \_\_\_\_\_

If other than general practice, please specify specialty: \_\_\_\_\_

\_\_\_\_\_

All comments are welcome: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dental Hygienist's Signature: \_\_\_\_\_

Office Name and Address: \_\_\_\_\_

\_\_\_\_\_

Office Telephone: \_\_\_\_\_