



Dental Hygiene Program

Dear Tulsa Community College Dental Hygiene Program Applicant,

I want to first say, thank you for your interest in becoming a student of the Tulsa Community College Dental Hygiene Program! One required step in the application process for the Dental Hygiene Program is the completion and submission of the Dental Experience Verification document by **March 1st**. Without this document complete, submitted with application by due date, your application will be considered incomplete and you will be ineligible for the Dental Hygiene Program for the application year.

It is vital that you follow these instructions when completing the Dental Experience Verification:

1. Print all pages of this document on both sides on good quality paper stock
2. Complete the grey shaded lines at the bottom on page two (2) of this document, Dental Experience Verification, prior to delivering it to the applicable individual/office/Program/etc. for completion
3. Take page two (2) of this document, Dental Experience Verification, to the applicable individual/office/Program/etc. for completion
4. Retrieve completed form from individual/office/Program/etc. and upload to the Dental Hygiene Program application portal by the due date
5. Follow-up with the Dental Hygiene Program at, dentalhygiene@tulsacc.edu, to ensure the completed Dental Experience Verification document has been successfully received by the due date

A few things to keep in mind:

- The Dental Experience Verification document is only valid for five (5) years from the date signed
- It is not necessary to submit a new Dental Experience Verification document each year that you apply unless a new document would increase your point total for your application and/or the document on file has expired past the five (5) year requirement.
- The Dental Experience Verification document must be uploaded to the Dental Hygiene Program application portal by the due date.
- Points are earned towards your application based on the type and amount of dental experience that is verified.
 - Points range from zero (0) – five (5) points and are only earned in one category on the Dental Experience Verification document.
- You can have as many Dental Experience Verification documents submitted as you would like; however, the Dental Hygiene Program will only use the one Dental Experience Verification document that favors your application the most.

Please do not hesitate to contact me if you have any questions or concerns! I wish you the best of luck on your journey ahead!

Sincerely,

A handwritten signature in blue ink, appearing to read 'Nichol C. Brown', written in a cursive style.

Tulsa Community College Dental Hygiene Program Director
918-595-7022



Dental Hygiene Program
909 S. Boston, Room MP 256
Tulsa, OK 74119
(918) 595-7022 Office

DENTAL EXPERIENCE VERIFICATION

Dear Dentist, Dental Hygienist or Dental Assisting Program Director/Chair,

The applicant named below is applying to be a student at the Tulsa Community College Dental Hygiene Program and requests that you complete the information on this document to verify their dental experience in your office/Program/etc. Please complete the information below and return this completed document to the applicant for submission with their application.

Sincerely,

Tulsa Community College Dental Hygiene Program Director

Dental Experience	
Put an "X" in the column on the left that best corresponds to the type/amount of the applicant's dental experience:	
	Employee: chairside dental assistant OR front office for at least one year
	Employee: chairside dental assistant OR front office less than one year
	Dental Assisting Program with Internship
	Observations with dental hygienist for 40, or more, hours
	None OR observations with dental hygienist for less than 40 hours
Start date of dental experience:	
End date of dental experience:	
Signature of employing dentist:	
Signature of dental hygienist observed:	
Signature of Dental Assisting Program Director/Chair:	
Printed name of signature above:	
Dental/dental hygiene license number of signature above:	
Date signed:	
Dental office/program/etc. name:	
Dental office/program/etc. address:	
Dental office/program/etc. phone:	

Applicant Printed First and Last Name: _____

Applicant TCC ID#: T _____