



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 and/or postmarked by the 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. Write your Name (First and Last) and TCC CWID# at the bottom on page two of this document, Dental Experience Verification, prior to delivering it to the applicable individual, office, Program, etc. for completion
3. Take page two of this document, Dental Experience Verification, to the applicable individual, office, Program, etc. for completion
4. Instruct the applicable individual, office, Program, etc. to return page two of this document, Dental Experience Verification, to the Dental Hygiene Program via mail to the address listed at the top of page two
5. Follow-up with the applicable individual, office, Program, etc. to ensure the completed Dental Experience Verification document has been submitted to the Dental Hygiene Program by the due date
6. Follow-up with the Dental Hygiene Program at, dentalhygiene@tulsacc.edu, to ensure the completed Dental Experience Verification document has been received by the due date

A few things to keep in mind:

- The Dental Experience Verification document is only valid for five 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-year requirement.
- The Dental Experience Verification document must be mailed by the applicable individual, office, Program, etc.; therefore, this document will not be accepted from the applicant
- Points are earned towards your application based on the type and amount of dental experience that is verified.
 - Points range from 0–5 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,

Rachel Ann Ostberg, MS, RDH

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



Dental Hygiene Program
909 S. Boston, Room MP 458
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 his/her dental experience in your office, Program, etc. Please complete the information below and return this completed document to the Dental Hygiene Program via mail to the address listed above.

Sincerely,

Rachel Ann Ostberg, MS, RDH
Tulsa Community College Dental Hygiene Program Director

Dental Experience

Put an "X" next to the category 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 CWID#: T _____