

APPLICANT CHECK-OFF LIST

Please place a check mark next to the items that you will be including in your applicant packet. All items must be received no later than **December 1, 2017**. You must sign and include this check-off list in your application packet.

- ☐ Step 1 – Applicant Check-Off List Form
- ☐ Step 2 – Apply to CCD if you are not a current student/submit official transcripts
 - www.ccd.edu, click on “Future Student” link, “Apply to CCD Today”, then “Apply Now”
 - Declare your “major” as Associate of General Studies
 - Send official transcripts to:
 - CCD, Admissions, Registration and Records, PO Box 173363, Campus Box 201, Denver, CO 80217
- ☐ Step 3 – Main Prerequisites
- ☐ Step 4 – Three Dental Hygiene Observation Forms
- ☐ Step 5 – Copies of unofficial transcripts
- ☐ Step 6 – Proof of Colorado residency
(Copy of driver’s license or Colorado State identification card)
- ☐ Step 7 – Two Reference Forms
- ☐ Step 8 – Review, sign and date Estimate of Program Expenses Form
- ☐ Step 9 – Biographical Profile
- ☐ Step 10 – Review, sign and date Exposure to Blood Borne Pathogens Form
- ☐ Step 11 – Online Application
- ☐ Please check this box if you would like to be contacted about other CCD health sciences programs should you not be accepted into the Dental Hygiene Program.

Applicant Name (print): _____

Applicant Signature: _____

Date: _____