

## APPLICANT CHECK-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 – no exceptions**. You must sign and include this check-list in your application packet.

- ☐ Step 1 – Applicant Check-List Form
- ☐ Step 2 – Apply to CCD if you are not a current student/submit official transcripts
  - [www.ccd.edu](http://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, Office of Registration and Records, PO Box 173363, Campus Box 201, Denver, CO 80217
- ☐ Step 3 – 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 – Contact information for two individuals to complete DEH Reference Form
- ☐ Step 8 – Review, sign and date Estimate of Program Expenses Form
- ☐ Step 9 – Biographical Profile
- ☐ Step 10 – Review, sign and date Exposure to Bloodborne 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: \_\_\_\_\_