Center for Health Sciences
Dental Hygiene Program
1062 Akron Way.
Denver, CO 80230
Phone: 303.365-8340

COMMUNITY COLLEGE OF DENVER
Dental Hygiene

DENTAL HYGIENE PROGRAM
PREREQUISITE COURSE LIST

Name: _____

CCD Student Email: _____@student.cccs.edu

Personal Email: _____

List ALL technical, college or professional institutions from the first college to the last college/university attended. Include a copy of your unofficial transcripts from each institution. Unofficial copies are only needed if they pertain to our required prerequisites (use additional paper if necessary).

Name of Institution: _____ Date of Attendance:_____

Address: _____

Major/Program: _____

Degree/Certificate: _____

Name of Institution: _____ Date of Attendance:_____

Address: _____

Major/Program: _____

Degree/Certificate: _____

Name of Institution: _____ Date of Attendance:_____

Address: _____

Major/Program: _____

Degree/Certificate: _____

Name of Institution: _____ Date of Attendance:_____

Address: _____

Major/Program: _____

Degree/Certificate: _____

DENTAL HYGIENE PROGRAM
PREREQUISITE COURSE LIST

List all dental certifications (attach all supporting documentation):

Certificate Name: _____ Attached: ☐ Yes ☐ No
Certificate Name: _____ Attached: ☐ Yes ☐ No
Certificate Name: _____ Attached: ☐ Yes ☐ No

List all dental experience (include Dates of Employment and duties):

Experience: _____ Dates of Employment: _____
Duties: _____
_____
_____

Experience: _____ Dates of Employment: _____
Duties: _____
_____
_____

Experience: _____ Dates of Employment: _____
Duties: _____
_____
_____

Experience: _____ Dates of Employment: _____
Duties: _____
_____
_____

Experience: _____ Dates of Employment: _____
Duties: _____
_____
_____

DENTAL HYGIENE PROGRAM
PREREQUISITE COURSE LIST

List course(s) you are enrolled in, have completed, or will be completing during the fall 2022 semester. Course numbers listed below are those of Community College of Denver (CCD). Please list the institution where indicated. Indicate whether courses are semester or quarter hours. Also list any courses that you have taken more than once, including the dates and grades received.

For all courses being completed during the fall 2022 semester, you must e-mail Voletha Bradley (voletha.bradley@ccd.edu) a copy of your unofficial transcript showing your letter grade(s) as soon as they become available. Courses completed during the fall 2022 semester will be included in your GPA. Courses completed during the spring 2023 semester will count as zerio "0" points towards your GPA or prior learning.

CCD COURSE DESCRIPTIONS:

BIO 2101-Human Anatomy & Physiology I

College/University: _____

Course Number: _____

Semester & Year Enrolled: _____

Semester/Quarter Hours: _____

Grade Received: _____

Date Completed/To Be Completed: _____

☐ Online ☐ Classroom

BIO 2102-Human Anatomy & Physiology II

College/University: _____

Course Number: _____

Semester & Year Enrolled: _____

Semester/Quarter Hours: _____

Grade Received: _____

Date Completed/To Be Completed: _____

☐ Online ☐ Classroom

BIO 2104-Microbiology

College/University: _____

Course Number: _____

Semester & Year Enrolled: _____

Semester/Quarter Hours: _____

Grade Received: _____

Date Completed/To Be Completed: _____

☐ Online ☐ Classroom

DENTAL HYGIENE PROGRAM
PREREQUISITE COURSE LIST

CHE 1009-General, Organic & Biochemistry
(CHE 1011 & 1012 will compensate for CHE 1009)

College/University: _____
Course Number: _____
Semester & Year Enrolled: _____
Semester/Quarter Hours: _____
Grade Received: _____
Date Completed/To Be Completed: _____
☐ Online ☐ Classroom

ENG 1021-English Composition (ENG 1022 will compensate for ENG 1021)

College/University: _____
Course Number: _____
Semester & Year Enrolled: _____
Semester/Quarter Hours: _____
Grade Received: _____
Date Completed/To Be Completed: _____
☐ Online ☐ Classroom

PSY 1001-General Psychology I
(PSY 1002, 2221, 2440, or 2333 will compensate for PSY 1001)

College/University: _____
Course Number: _____
Semester & Year Enrolled: _____
Semester/Quarter Hours: _____
Grade Received: _____
Date Completed/To Be Completed: _____
☐ Online ☐ Classroom

SOC 1001-Introduction to Sociology
(SOC 1002, 2018 or ANT 1001 will compensate for SOC 1001)

College/University: _____
Course Number: _____
Semester & Year Enrolled: _____
Semester/Quarter Hours: _____
Grade Received: _____
Date Completed/To Be Completed: _____
☐ Online ☐ Classroom

DENTAL HYGIENE PROGRAM
PREREQUISITE COURSE LIST

COM 1150-Public Speaking (COM 1250 or 1260 will compensate for COM 1150)

College/University: _____

Course Number: _____

Semester & Year Enrolled: _____

Semester/Quarter Hours: _____

Grade Received: _____

Date Completed/To Be Completed: _____

☐ Online ☐ Classroom

NOTE: All science courses completed PRIOR to fall 2016 exceeds our 7 year deadline date and will not be accepted. All general courses are accepted for a lifetime. Every course listed must be verified with a copy of your unofficial transcript. An application that does not have all appropriate copies of unofficial transcripts will not be reviewed.

Additional Information

1. Have you ever been placed on academic probation or dismissed for any reason from school, college or university? ☐ Yes ☐ No
2. Have you ever been convicted of either a felony or misdemeanor, excluding minor traffic offenses? ☐ Yes ☐ No

If you answered "Yes" to either of these questions, please explain below:

_____

_____

_____

I affirm by my signature that I have furnished all information requested in this application. I understand that submitting any false information to the Community College of Denver, including but not limited to, false transcripts or any other information contained on this form or withholding information about my previous academic history will make my application for admission to Community College of Denver, Dental Hygiene Program, as well as any future applications, subject to denial or will result in expulsion from the program. I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete.

Applicant (print name): _____

Signature: _____ Date: _____