



GREAT FALLS  
COLLEGE

MONTANA STATE  
UNIVERSITY

# DENTAL HYGIENE



## Dental Hygiene Program Student Information and Application Packet

Fall 2025

*(Applications are subject to change year to year)*

*Last updated February 28, 2025 for Fall 2025 Intake*



**Please begin by reading this letter. It contains helpful information to assist with our application process.**

Dear Prospective Dental Hygiene Student,

Dental hygiene is a dynamic and rewarding career. Dental hygienists are an intricate part of the dental team, working closely with patients to prevent oral diseases that can influence the patient's quality of life. We believe that this is an exciting profession and are pleased that you are interested in the Great Falls College MSU's Dental Hygiene Program.

The Great Falls College MSU Dental Hygiene Program is a two-year commitment that begins in the fall of each year. The Program will accept 35 students this fall, 2025. We are excited to announce the *possible* opening of a satellite site in Bozeman, MT this fall, **pending CODA approval**. Be sure to state your preference in this application for which site you'd prefer, our Great Falls site (30 student spots) or our Bozeman site (5 student capacity). The Bozeman site has limited space; therefore, spots will be offered to those with highest application points and stated site preference for the Bozeman, MT site first (pending site approval). If a minimum of 5 students do not qualify for or select the Bozeman site, all 35 students will attend our Program at Great Falls College MSU in Great Falls, MT.

Due to limited enrollment, the selection process is competitive. The advantage of a small class size is individual attention with hands-on experiences and the ability to build strong one-on-one relationships with our instructors.

To facilitate a simple application process, it is imperative you understand the process and **read the complete application very carefully**. Please know, incomplete applications will *not* be processed. Reviewing the section "Application Evaluation" located in this packet will assist you in understanding our selection process.

Dental hygienists are dedicated to using their knowledge, expertise and compassion in the treatment and prevention of dental disease. A trained and licensed dental hygienist provides dental hygiene therapy, exposes dental radiographs, and provides dental services, usually under the supervision of a dentist. The profession demands a high level of ethics, professionalism, critical thinking, and manual dexterity. It is strongly suggested that students meet with an academic advisor from Great Falls College MSU to review coursework before applying to the Dental Hygiene Program.

For more information regarding the Program, visit our website: [GFC MSU Dental Hygiene Program](#) or follow us on Facebook by searching "Great Falls College Dental Hygiene." If you require additional information, answers to specific questions, a campus tour, or to set up an appointment please contact Student Central at (406) 268-3700.

In addition, our college advisors are more than willing to review this application and answer questions regarding your course work. Their number is (406) 771-5100. Please feel free to reach out to them for additional help.

Good luck and we look forward to seeing you soon!

Best Regards,

A handwritten signature in black ink, appearing to read "Rachael Bruce".

Rachael Bruce, M.Ed., RDH  
Great Falls College MSU Dental Hygiene Program Director

### Dental Hygiene Career Outlook:

Dental hygiene is among the fastest growing occupations. Job prospects are expected to be favorable in most areas, competition for jobs is likely in some geographic areas or certain employment settings.

**Employment Change.** The information provided on this page comes from the Bureau of Labor Statistics. For more information regarding job outlook please visit:

<https://www.bls.gov/ooh/healthcare/dental-hygienists.htm> . According to the Bureau of Labor and Statistics, the employment of dental hygienists is expected to grow 9 percent through 2033. This projected growth ranks dental hygiene among the fastest growing occupations, in response to increasing demand for dental care and the need to care for an aging population. Older people increasingly retain more teeth, and there is a growing emphasis on preventative dental care. To help meet this demand, facilities that provide dental care, particularly dentists' offices, will increasingly employ dental hygienists, often to perform services that have been performed by dentists in the past. Ongoing research indicating a link between oral health and general health also will spur the demand for preventative dental services, which are typically provided by dental hygienists.

**Job Prospects.** Job prospects are expected to be favorable in most areas but will vary by geographical location. Because dental hygiene graduates are permitted to practice only in the state in which they are licensed, hygienists wishing to practice in areas that have an abundance of dental hygiene programs may experience strong competition for jobs.

Older dentists, who have been less likely to employ dental hygienists, are leaving the occupation and will be replaced by recent graduates, who are more likely to employ one or more hygienists. In addition, as dentists' workloads increase, they are expected to hire more hygienists to perform preventative dental care, such as a dental cleaning, so that they may devote their own time to more complex procedures.

### Quick Facts:

Quick Facts: Dental Hygienists	
<b><u>2023 Median Pay</u></b>	\$87,530 per year \$42.08 per hour
<b><u>Typical Entry-Level Education</u></b>	Associate's degree
<b><u>Work Experience in a Related Occupation</u></b>	None
<b><u>On-the-job Training</u></b>	None
<b><u>Number of Jobs, 2023</u></b>	214,100
<b><u>Job Outlook, 2023-33</u></b>	9% (Much faster than average)
<b><u>Employment Change, 2023-33</u></b>	19,600

U.S.Department of Labor, occupational outlook handbook, dental hygienist. Retrieved from: <https://www.bls.gov/ooh/healthcare/dental-hygienists.htm>

## **Two-Year Associate of Applied Science Degree Dental Hygiene Program Educational Program:**

The dental hygiene program is **accredited by the Commission of Dental Accreditation**. The Commission can be contacted at (312) 440-4653 or at 211 East Chicago Ave. Chicago, IL 60611. Great Falls College MSU Dental Hygiene Program has the accreditation status, “approval without reporting requirements,” awarded in 2018. The program’s next site visit is tentatively scheduled for 2026.

The Commission has established Accreditation Standards for Dental Hygiene Education Programs to guide program administrators, faculty, and staff in developing and maintaining acceptable quality in educational programs. These standards address outcomes assessment, administration, curriculum and instruction, faculty and staff, financial support and physical facilities and resources. The Accreditation Standards for Dental Hygiene Education Programs may be accessed at [CODA Website](#).

If students or community members have a complaint with the Program and how it is carrying out the required CODA standards, a complaint may be created on the Great Falls College MSU’s complaint log, or by contacting the ADA Commission on Accreditation at 211 East Chicago Ave., Chicago, IL 60611, or by calling 1-800-621-8099 ext. 2719. The complaint log is located at the Great Falls College MSU Dental Clinic Reception Desk with the Dental Clinic Manager.

Students are encouraged to consult with the Great Falls College MSU Executive Director of Student Services or Chief Academic Officer on compliance with ADA Commission on Dental Accreditation Standards.

All general education courses listed in the dental hygiene curriculum can be completed prior to entering into the program and are available at Great Falls College MSU and many other colleges and universities. After pre-requisite coursework is completed, the Great Falls College MSU’s Dental Hygiene program consists of five consecutive semesters, which includes an 8-week summer session. The actual coursework for the dental hygiene program is competency-based and has the primary goal to prepare graduates with entry-level knowledge, skills, and values to successfully pass board exams, become licensed and enter the workforce. <http://catalog.gfmsu.edu/academic-programs/dental-hygiene/#programrequirementstext>

### **Program Expenses:**

The dental hygiene program has higher costs than many of the college’s other programs. Students are required to purchase dental instruments, supplies, uniforms, pay lab fees, pay for transportation/ lodging to externship field experience sites, pay for board exams, and state licensure fees upon graduation. If needed, students should begin planning early for financial aid to meet their educational needs. Approximate expenses (subject to change) for the program’s five semesters are found using the following link (this list is not all-inclusive and does not include room and board or mandatory board exam and state licensure fees): <http://catalog.gfmsu.edu/academic-programs/dental-hygiene/#estimatedcosttext>.

### **Admission to Great Falls College MSU**

Students must have completed their admission to Great Falls College MSU prior to the submission of the Dental Hygiene Application. Therefore, no program applications will be reviewed unless the applicant has completed the admissions process into Great Falls College



MSU and have their transcript officially reviewed by the Registrar.

Acceptance to Great Falls College MSU requires a completed Admissions Application file, which may be obtained by visiting the campus, calling Student Central (406) 268-3700, or applying online at: <https://gfcmsu.edu/home/admissions/>

It is the **applicant's responsibility** to ensure that all requirements are met by the established deadline.

Deadlines, guidelines, and policies apply equally to all students; thus, there can be no exceptions. Great Falls College MSU does not forward unsuccessful applications to the following year's applicant pool.

Applicants must reapply each year, so it is important to submit copies of original documents.

### **Eligibility for Admission into the Dental Hygiene Program**

#### **All eligibility forms and documents are enclosed in the Dental Hygiene Program Information and Application Packet.**

To be eligible to apply for admission into the Dental Hygiene Program, you must show you have been admitted to Great Falls College MSU.

- A calculated GPA of 2.5 or higher in required pre-requisite courses (or their equivalents) is required to apply to the Dental Hygiene Program.
- Applicants must have completed all pre-requisite course work with a minimum grade of "C" in each course (**C- does not qualify**). Remember, a C grade is only a 2.0 so considerably higher grades will be needed in this very competitive process.
- Pre-requisite coursework can be taken at other institutions, but it is the **applicant's responsibility** to confirm those courses are equivalent to the program's pre-requisites and are transferable to this institution. If you have questions about your pre-requisite coursework, please call GFC MSU Advising Center and they will assist you. Their number is (406) 771-5100.
- In addition, **documentation of the appropriate immunizations (see attached immunization form)**, as well as documentation of applicable degrees or dental office experience is **required** if using them for selection. **Please only submit forms included in the application.** For more information, please review section, "Dental Profession Risk Factors."
- **Clinical/practicum/internship sites may require other documentation/proof of vaccination besides those required by the college or this Program.**

#### **Program Admissions Process:**

- The Registrar's Office reviews program application packets and uses established admissions criteria to rank applicants for admission to the Dental Hygiene Program. The Applicant Evaluation form used is enclosed. Criteria for selection emphasizes academic performance in pre-requisite course work, previous educational attainment and healthcare experience. **The dental hygiene program cannot and will not open these packets prior to review by the Registrar's Office.**
- The number of students accepted into the program is 35 for fall 2025, with the majority of the students being residents of Montana.
- **The Application Deadline is June 13, 2025.** Completion of pre-requisites and all

required materials (Observation / dental/medical office experience hours, transcripts, etc.) are due by the Application Deadline, June 13, 2025. Applicants will be notified of the Dental Hygiene Program status by approximately **July 4, 2025**, by email. Students will receive two emails: one containing the acceptance letter and important information, and the other will require you to sign documents online accepting the offer.

- For those applicants admitted into the Dental Hygiene Program, a *non-refundable* deposit of \$300.00 along with your acceptance of the position is required by the date stated in the acceptance letter. This deposit will be applied to the candidate's tuition/fee bill. Applicants who have been accepted into the Program must complete the registration process as outlined in their acceptance letter.
- Upon arrival for the first day of class for fall semester, accepted students will be required to show proof of a current CPR for the Healthcare Provider (CPR BLS) certification. This certification is not required for admittance into the program but is required before your first day. If you choose to take an online CPR course, and it is your initial certification, you will need to obtain additional hands-on experience. Also, make sure your certification is BLS certification, this is required for health care workers.

### **Equal Opportunity Policy:**

Great Falls College MSU is committed to the provision of equal opportunity for education, employment, and participation in all College programs and activities without regard to race, color, religion, national origin, creed, service in the uniformed services (as defined in state and federal law), veteran status, gender, age, political ideas, marital or family status, physical or mental disability, genetic information, gender identity, gender expression, or sexual orientation.

*The College's Equal Opportunity Officer is the Executive Director of Student Services, 2100 16th Ave South, Great Falls, MT 59405. Telephone: (406)771-4300.*

### **Disability Services:**

The Americans with Disabilities Act (ADA) is a federal anti-discrimination statute that provides comprehensive civil rights protection for persons with disabilities. Among other things, this legislation requires that all students with disabilities be guaranteed a learning environment that provides for reasonable accommodation of their disabilities. Instructors must receive an official letter from the Academic Success and Accessibility Office in order to provide accommodations. If you believe you have a disability requiring accommodation, please contact the Director of Academic Success and Accessibility or call 406-771-4311 to schedule an appointment.

<https://gfcmsu.edu/home/current-students/asa/>

### **Mission Statement:**

The Dental Hygiene Program at Great Falls College MSU prepares highly skilled, knowledgeable, ethical, entry level dental hygienists, in a student-centered educational environment, to respond to the needs of the health care community through professional and responsible practice.

### **Program Goals:**

#### **Patient Care:**

Provide challenging clinical experiences that encompass dental hygiene care for the child, adolescent, adult, geriatric, and patients with special needs so students can demonstrate

clinical care that is safe, effective and ethical.

**Instruction:**

Provide a comprehensive curriculum in dental hygiene that reflects current practice and incorporates a variety of health care settings.

**Research:**

Incorporate evidence-based research into presentations for dental hygienists that require students to analyze and assess emerging technology and treatment modalities hygienist can integrate into their clinical practices.

**Service:**

Promote participation in professional organization and community service projects.

**Dental Hygiene Competencies/Outcomes**

**When students graduate, they will be prepared to:**

1. Apply a professional code of ethics in all endeavors. This should include assuming responsibility for professional actions and care based on current standard of care. This standard of care should incorporate scientific theories and research. (DENT 105)
2. Adhere to state and federal laws, recommendations, and regulations in the provision of oral health care. (DENT 205)
3. Use critical thinking skills, comprehensive problem solving and reflective judgement to identify oral health care strategies that promote patient health and wellness as well as they should be able to determine a dental hygiene diagnosis. These strategies should consider predisposing and etiologic risk factors to prevent disease. In addition, these strategies should recognize how systemic diseases, meds, and oral health conditions influences patient care. (DENT 260)
4. Use of evidence-based decision making to evaluate emerging technology and treatment modalities as well as accepted scientific theories and research to provide not only quality, cost effective care but also educational, preventative and therapeutic oral health services. (DENT 130)
5. Continuously perform self-assessment for lifelong learning and professional growth that may include pursuing career opportunities within health care, industry, education, research, and other roles as they evolve in dental hygiene. They should understand how to access professional and social networks to pursue professional goals. (DENT 281)
6. Communicate effectively with diverse individuals and groups, serving them without discrimination by acknowledging and appreciating diversity. (DENT 250)
7. Promote the values of the dental hygiene profession as well as positive values of overall health and wellness to the public and organization through service-based activities, positive community affiliations and active involvement in local organizations within and outside the profession. (DENT 232)
8. Apply quality assurance mechanisms to ensure continuous commitment to accepted standards of care that include methods that ensure the health and safety of the patient and clinician in the delivery of care. (DENT 151, DENT 122 & DENT 281)
9. Initiate a collaborative approach with all patients to develop an individualized care plan that may include collaboration with and consultation from other health care providers to formulate a comprehensive dental hygiene care plan that is patient centered. Demonstration of professional judgement and current science-based evidence practices with considerations of the unique needs of each patient including cultural sensitivity and possible referrals. These referrals may include physiological, psychological or social problems. Plans will adhere to disease prevention and maintenance strategies. Finally obtain and document

patients informed consent based on through presentation of case. (DENT 160, DENT 251, DENT 252, & DENT 281)

10. Systematically collect, analyze, and record diagnostic data on the general, oral, and psychosocial health status of a variety of patients. Record accurate, consistent and complete documentation of oral health services provided. (DENT 251 & DENT 281)

11. Identify patients at risk for medical emergency and manage patient care to prevent emergency. Manage a medical emergency by using professional judgment that may include providing life support and CPR as well as specialized training and knowledge. (DENT 151, DENT 251, & DENT 252)

12. Provide specialized treatment that includes educational, preventative, and therapeutic services designed to achieve and maintain health that includes determining outcomes of dental hygiene interventions using appropriate techniques. Also, evaluate the effectiveness of this treatment, as well as compare actual outcomes of dental hygiene interventions with expected outcomes and adjusted as needed to provide optimal care. (DENT 252 or DENT 281)

13. Identify population risk factors as well as oral health needs in the community and develop/implement strategies that promote health-related quality of life which may include determining availability of resources to meet the health care needs of this population or community. (DENT 232)

14. Evaluate reimbursement mechanisms and their impact on the patient's access to oral health care. (DENT 205)

### **Health Sciences Division Policy: Student Background Checks:**

- To promote patient safety and decrease institutional liability, most clinical agencies require students to have cleared a background check and/or drug screening before they will permit the students in the clinical setting. To meet these requirements, the Great Falls College MSU Dental Hygiene Program requires that the check/screening be done prior to placement in any clinical agency.
- Background checks/drug screenings will be done at the student's expense and is typically done during the spring semester of the 1st year. Students with background checks that reveal a finding may not be allowed to complete clinical experiences required by the Program. Please be aware if you cannot complete program requirements you will be dismissed from the program. State licensure also requires a background check for this respective degree program.
  - If concerned about your background check, please reach out to your college advisor prior to applying to the program.

### **Dental Profession Risk Factors:**

Programs in the Health Sciences Division at the Great Falls College MSU try to minimize the risk of exposure by following GFC MSU Communicable Disease Prevention and Exposure Control Plan, which comply with all Occupational Safety and Health Act (OSHA) Standards. These standards include universal precautions, which students are taught prior to beginning patient care. Even though the Dental Hygiene Program makes extensive efforts to protect students enrolled in the healthcare programs from various hazards involved in working with patients, including exposure to body fluids contaminated with blood-borne pathogens such as HIV and Hepatitis, total protection from all potential hazards is not possible.

As health professionals, dental hygienists and other dental team members are exposed to contagious diseases and are therefore considered high risk for becoming infected. The National Health Institute, the Centers for Disease Control and the Department of Health and Human Services all strongly recommend that health professionals at high risk have prescribed vaccinations. Dentists,



dental assistants and hygienists are near the top of the list of those persons more likely to contract certain diseases than others of the health professions. The guidelines for immunizations are established in compliance with the Centers for Disease Control (CDC) and Occupational Safety and Health Act (OSHA).

**It is required for admission into Great Fall College MSU that all students have 2 series of the MMR vaccine. It is required that Great Falls College MSU Dental Hygiene Students be vaccinated against hepatitis B. Students are also required to provide documentation of Tines or TBPS (Tuberculosis) test results. Please, have your medical professional complete and sign the attached immunization forms. This must include all vaccine/titer/test dates for each series. All required vaccine series (including all series for Hep B) must be completed by deadline for acceptance into the Great Falls College MSU Dental Hygiene Program. Students, who wish to sign an immunization exemption form must contact the dental hygiene program director.**

**Human Subject Consent:**

Due to the hands-on nature of this program, accepted students will be required to act as both patient and clinician, including but not limited to providing personal health histories, receiving and providing dental care and education.

**Student Health Insurance:**

Program students entering the clinic settings are strongly advised to carry their own medical health insurance. Students will be financially responsible for their health care if they become ill or injured in the clinical setting.

**Student Health Insurance Option:** (Subject to change)

All GFC MSU students enrolled for 6 or more credits are required to have health insurance. For students without coverage, GFC MSU offers a program developed especially for students by Blue Cross/Blue Shield of Montana. This plan provides coverage for injuries and illnesses on or off campus, and is subject to change. **Please see <https://gfcmsu.edu/home/current-students/studentengagement/wellness/student-insurance/> for more information.**

**Pre-requisite coursework for the Great Falls College MSU Dental Hygiene Program:**

The following courses **should be completed well in advance of the application deadline June 13, 2025**, allowing time for transcripts to get in on time. Grades in pre-requisite courses are a major factor in ranking applications for admission.

**\*Science courses must be completed within 5 years of applying for the Dental Hygiene Program and must have a lab component. Other general education classes must be completed within 15 years of application deadline.**

Course Number	Course Title	Credits
BIOM 250*	Microbiology for Health Sciences with Lab	4
BIOH 201*	Human Anatomy and Physiology I with Lab	4
BIOH 211*	Human Anatomy and Physiology II with Lab	4
CHEM 121* <b>OR BOTH</b>	Intro to General Chemistry with Lab <b>OR BOTH</b>	4
<i>CHEM 141* AND CHEM 143*</i>	<i>College Chemistry I with Lab AND College Chemistry II with Lab</i>	8
WRIT 101	College Writing	3

M 121	College Algebra <b>OR</b> <i>Any math course in the MUS Core</i>	3 3
Total Pre-requisite Credits		22-27

**Information regarding transferable courses- send official transcript to GFC MSU Registrar's Office** Coursework taken at other education institutions may be designated as equivalent courses for Great Falls College MSU. For a current listing of approved equivalent courses, visit the Transfer Guide under Student Information at: [https://prodmyinfo.montana.edu/pls/gfagent/hwzcxfer.p\\_selstate](https://prodmyinfo.montana.edu/pls/gfagent/hwzcxfer.p_selstate)

If you have additional questions about transferability of courses, send a written request for evaluation of your prior transcripts to the Registrar at Great Falls College MSU. Please include appropriate course descriptions and official transcripts from former colleges with your request for evaluation. All transfer work has to be from an [appropriately-accredited](#) institution.

Registrar's Office 2100 16<sup>th</sup> Avenue South Great Falls, MT, 59405  
(406) 771-5128

**Quarter to Semester Credit Conversion:**

If a student has taken courses at an institution using quarter credits or units other than semester credits, Great Falls College MSU will convert the quarter credits/units to semester credits.

**Program Course Work:**

The courses that are required in the program of study for the Associate of Applied Science in Dental Hygiene can be found at: <http://catalog.gfcmsu.edu/academic-programs/dental-hygiene/>

**Application Scoring:**

- Points and GPAs will be calculated by the Registrar's Office and grade points will be calculated using the current catalog criteria which includes +/- weighing. Plus, or minus is equivalent to the following:

A =	4	B- =	2.7
A- =	3.7	C+ =	2.3
B+ =	3.3	C =	2
B =	3		

- For applicants, who have taken courses multiple times; the most recent verifiable grade will be used for scoring/GPA calculations.
- For students who have been awarded credit for successful performance in subject examinations of the CLEP or DSST programs, the credits will be accepted, however there is no grade for calculation for scoring or GPA. In this situation, the total point will convert to percentages for ranking.
- For students who have been awarded credit for successful performance in subject examinations of the AP program, the credits will be accepted for scores of 3, 4, or 5, however there is no grade for calculation for scoring or GPA. In this situation, the total points will convert to percentages for ranking.
- For students who have been awarded credit Prior Learning Assessment, the credits will be accepted for Passing (P) grades, however there is no grade for calculation for scoring or GPA. In this situation, the total points will convert to percentages for ranking.
- For students who have additional educational attainment, the Registrar's Office will verify degrees awarded from official transcripts.
- Transfer work must be from an [appropriately-accredited](#) institution.

**Note: All educational attainment must be completed with degree or certificate obtained to receive awarded points.**

**Mailing Instructions:**

Application packets are accepted on an ongoing basis, but must be **postmarked** on or before **June 13, 2025** to be eligible for admission into the Dental Hygiene Program for the **Fall 2025** semester. Only **complete** application packets will be processed. **Incomplete Applications will NOT be processed.** Hand delivered applications will not be accepted nor will Great Falls College verify receipt of application.

**DO NOT CALL US REGARDING RECEIPT OF YOUR APPLICATION.** If you call, we do not have access to received applications and will not be able to look for you. If you are concerned about receipt and would like verification of delivery, please send your application either **certified mail** through the United States Postal Service or ship it to us through UPS or FedEx and use their tracking services. Please address your application to:

Great Falls College MSU  
Dental Hygiene Program Admissions Committee  
Attention: Dental Clinic Manager  
2100 16th Avenue South Great Falls, MT 59405

Please send all program application items as a completed packet. Items sent separately and at random are easily lost or misfiled.

- We are not responsible for any late, lost, or misfiled information.
- Please only send required documentation as other supplemental items will be discarded.
- It is recommended that copies of original documents be used so original documents are retained for possible future needs.
- Newly awarded grades or degrees must be posted publicly before they can be included in the application.
- It is the applicant's responsibility to ensure all requirements are met by the established deadline. Deadlines, guidelines, and policies apply equally to all students; thus, there can be no exceptions.
- Great Falls College MSU's Dental Hygiene Program does not maintain a waiting list. Applicants must reapply each year.

**Note:** Submission of false material in this Application Packet will be grounds for non-admission or, if discovered after admission, grounds for expulsion.

**Contact information for general questions:** Dental Clinic Manager 406-771-4364



## Application Packet Cover & Check-Off Sheet

Name \_\_\_\_\_ GFC MSU Student ID # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone (Cell) \_\_\_\_\_ (EMAIL) \_\_\_\_\_

Completed Admissions File

A completed admissions file to the College includes:

- Completed GFC MSU General Admissions Application
- Proof of high school completion
- Proof of 2 MMRs
- Official Transcripts for all completed post-secondary education pre-requisite courses completed at another institution. (**Send to the Registrar- DO NOT include in packet**)

Complete admissions files will be verified by the Registrar's Office and applicants with incomplete files will not be admitted to the program. Students are encouraged to check with the Admissions Office to confirm that their admissions file is complete.

In Good Academic Standing

All students must be in good academic standing which means they are not on academic probation/warning OR academic probation/warning continued, OR academic suspension. Good academic standing will be verified by the Registrar and any applicants who are not in good academic standing will not be admitted to the program. Students are encouraged to check with the Registrar's or Admissions Office to confirm that they are in good academic standing.

- Application Evaluation Criteria (pages 13-15)
- \*Documentation and Verification of Paid Health Occupational Employment Hours (page 16)
- \*Documentation and Verification of Paid Dental Occupational Employment Hours (page 17)
- Documentation of 8 Observation Hours in a Dental Office of Dental Hygienist (only necessary if applicant does not have *at least 8 hrs of paid dental* occupation employment hours) (page 18)

(\*indicates not required for admission, unless claiming Employment Hours for points)

- Immunization form completed and signed by a medical professional (pages 20-23)

**Application Evaluation Criteria**

**Great Falls College MSU Dental Hygiene Program**

Submission Date: \_\_\_/\_\_\_/20\_\_\_ MT resident (Y/N): \_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Program Site Preference** (Sites are not guaranteed and will be offered based on application points and preference order selection):

**1<sup>st</sup> Choice** (circle one): Great Falls College in Great Falls, MT / Bozeman, MT satellite

**2<sup>nd</sup> Choice** (circle one): Great Falls College in Great Falls, MT / Bozeman, MT satellite

**Prerequisite Course Work Record**

Please summarize your prerequisite course work by completing the table below. Science courses must be completed within 5 years (2020) of applying for the dental hygiene program and must include a lab component. Other general education courses must be completed within 15 years (2010) of applying to program.

*\*Please include if class occurred face-to-face (you went on campus), or hybrid (a mix of on campus & online), or completely online. Information on the delivery method of the course is for data gathering purposes only and will not impact the scoring of your application.*

Great Falls College MSU Course	Course #	Institution where course was completed	*Delivery – online, hybrid or face-to-face	Credits	Grade	Year
(For ex) Microbiology for Health Science with Lab	BIOM 250	Great Falls College		4	A	2021
Microbiology for Health Science with Lab						
Human Anatomy and Physiology I with Lab						
Human Anatomy and Physiology II with Lab						
Intro to General Chemistry with Lab <b>OR</b> College Chemistry I & II with Labs						
College Writing I						
College Algebra <b>OR</b> any MUS Core Math						

**Eligibility Assessment (write “Y” in blank to indicate requirement has been met):**

- Admitted to GFC MSU, admissions file completed \_\_\_\_\_
- In Good Academic Standing \_\_\_\_\_
- Each prerequisite course completed with a minimum grade of C (not C-) or higher \_\_\_\_\_
- Minimum of a 2.5 cumulative prerequisite GPA \_\_\_\_\_
- Proof of immunization form attached \_\_\_\_\_
- Proof of dental hygiene observation form attached (if applicable) \_\_\_\_\_
- Proof of paid dental occupation form attached (if applicable) \_\_\_\_\_
- Proof of paid health care occupation form attached (if applicable) \_\_\_\_\_



## Admission Criteria and Scores

### Performance in Science Pre-requisites (Maximum of 80 points possible)

Course #	Course Title	Grade x Emphasis = Points		
		Grade	Emphasis	Points
BIOM 250	Microbiology for Health Science with Lab		4	
<b>OR</b>	Microbiology for Health Science Lecture		3	
<b>AND</b>	Microbiology for Health Science Lab		1	
BIOH 201	Human Anatomy & Physiology I with Lab		4	
<b>OR</b>	Human Anatomy & Physiology I Lecture		3	
<b>AND</b>	Human Anatomy & Physiology I Lab		1	
BIOH 211	Human Anatomy & Physiology II with Lab		4	
<b>OR</b>	Human Anatomy & Physiology II Lecture		3	
<b>AND</b>	Human Anatomy & Physiology II Lab		1	
CHMY 121	Intro to General Chemistry with Lab or average grade for both Chemistry below		4	
<b>OR</b> CHMY 141	College Chemistry I with lab or average grade for both		4	
<b>AND</b> CHMY 143	College Chemistry II with Lab			
<b>A. Total Science Score</b>				
WRIT 101	College Writing I		2	
MATH	Core Level Math, List Below:		2	
<b>B. Total Foundation Score</b>				

### Previous Educational Attainment (Maximum of 5 points possible award points for one degree only)

	List When & Where Degree Obtained	Year	
Master's Degree			5
Bachelor's Degree			4
Associate's Degree			3
Completed 2 consecutive semesters (fall-spring) in GFCMSU Accredited (CDA) Dental Assisting Program. Must have passed all DA Program courses (34-35 combined credits for consecutive fall-spring semesters) with a "C" grade or higher, <b>OR...</b>			3
1-year Certificate in Accredited Allied Health Program (including CDA) (may not add to above GFCMSU Accredited CDA 2 semester points, it is either/or)			2
Certificate of Technical Studies (College Degree less than 1 year)			1
<b>C. Educational Attainment Score</b>			

Documentation for previous degree must be on an official transcript on file with the Registrar's Office

**Paid Dental Occupational Employment (3 points possible)**

More than 4160 hours of paid work experience in a dental office	3
2080-4159 hours of paid work experience in a dental office	2
240-2079 hours of paid work experience in a dental office	1
<b>D. Total Paid Dental Occupational Employment Experience Score</b>	

Must include a completed **Verification of Paid Dental Occupational Employment Form** for each work experience.

**Paid Health Occupational Employment other than dental, indirect patientcare (3 points possible)**

More than 4160 hours of paid work experience in a Health Occupation with direct patient care and current certificate or licensing.	3
More than 4160 hours of paid work experience in a Health Occupation with direct patientcare.	2
240-4160 hours of paid work experience in a Health Occupation with direct patient care.	1
<b>E. Total Paid Health Occupational Experience Score</b>	

Must include a completed **Verification of Paid Health Occupational Employment Form** for each work experience.

Admissions Total: (A+B+C+D+E) \_\_\_\_\_  
(out of **94** possible).

**If a tie should arise, selection will be based on:**

- 1) Higher points in section A.**
- 2) Overall GPA at most recently attended college.**
- 3) Should a tie still remain, higher points in Section B will be taken into account.**



**VERIFICATION OF PAID HEALTH OCCUPATIONAL EMPLOYMENT**

Applicants to the Dental Hygiene Program at Great Falls College MSU are granted additional points toward their application point total from prior or current employment in a Health Occupation with direct patient care. The application process requires verification of paid work experience in a health care office. Employers (either Supervisor or Human Resources representative) are asked to verify the applicant’s description of job duties and number of hours of patient care using this form. *It is the student’s responsibility to be sure that all parts of this form are complete. Applicants may make copies of this form if they have been employed at more than one site.*

**INSTRUCTIONS:**

**Section I** Dental Hygiene Applicant completes before having the form completed by the employer/agency.

**Section II** The employer/agency completes and returns form to applicant.

**Section I**

Applicant Name: \_\_\_\_\_ Applicant Address: \_\_\_\_\_

Facility Name and type: \_\_\_\_\_

Facility Current Address: \_\_\_\_\_

Length of employment (mm/dd/yy): from \_\_\_\_\_ to \_\_\_\_\_

Total Hours Paid Health Occup. w/ direct patient care: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Complete a detailed description of Job Duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section II**

Facility Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor of Applicant, please print: \_\_\_\_\_

*I verify the information provided by the applicant to be accurate and true to the best of my knowledge. If applicant added additional detail to description of job duties, I have signed that addendum also.*

Supervisor Signature \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address \_\_\_\_\_

(Street Address, PO Box)

(City)

(State/ Zip Code)



**VERIFICATION OF PAID DENTAL OCCUPATIONAL EMPLOYMENT**

Applicants to the Dental Hygiene Program at Great Falls College MSU are granted additional points toward their application point total from prior or current employment in a dental office. The application process requires verification of paid work experience in a dental office. Employers (either Supervisor or Human Resources representative) are asked to verify the applicant's description of job duties and number of hours of patient care using this form. *It is the student's responsibility to be sure that all parts of this form are complete. Applicants may make copies of this form if they have been employed at more than one site.*

**INSTRUCTIONS:**

**Section I** Dental Hygiene Applicant completes before having the form completed by the employer/agency.

**Section II** The employer/agency completes and returns form to applicant.

**Section I**

Applicant Name: \_\_\_\_\_ Prior Name if applicable: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Facility Name and type: \_\_\_\_\_

Facility Current Address: \_\_\_\_\_

Length of employment (mm/dd/yy): from \_\_\_\_\_ to \_\_\_\_\_

Total Hours Paid Dental Office work: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Complete a detailed description of Job Duties

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand the submission of false material in this Application Packet will be grounds for non-admission or, if discovered after admission, grounds for expulsion.** Permission has been granted for Great Falls College MSU to verify the above information.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section II**

Facility Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor of Applicant, please print: \_\_\_\_\_

*I verify the information provided by the applicant to be accurate and true to the best of my knowledge. If applicant added additional detail to description of job duties, I have signed that addendum also.*

\_\_\_\_\_  
*Signature of Supervisor* *Date*

\_\_\_\_\_  
Mailing Address (Street Address, P.O Box)

\_\_\_\_\_  
City State/Zip Code



**VERIFICATION OF 8 hours JOB SHADOW OBSERVATION of DENTAL HYGIENIST**

Applicants to the Dental Hygiene Program at Great Falls College MSU, who do not have paid dental occupation employment hours, need to complete Dental Hygienist observation hours in a dental office. Dental hygienists are asked to verify the applicant’s number of hours and types of patient care observed using this form. *It is the student’s responsibility to be sure that all parts of this form are complete. Applicants may make copies of this form if they observed at more than one site.*

**INSTRUCTIONS:**

**Section I** Dental Hygiene Applicant completes before having the form completed by the Job Shadowing Hygienist.  
**Section II** The dental hygienist completes and returns form to applicant.

**Section I**

Applicant Name: \_\_\_\_\_ Prior Name if applicable: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Facility Name and type: \_\_\_\_\_

Dental Hygienist Name: \_\_\_\_\_

Facility Current Address: \_\_\_\_\_

Total Hours of Job Shadowing Experience: \_\_\_\_

Complete a detailed description of what was observed during the job shadowing experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand the submission of false material in this Application Packet will be grounds for non-admission or, if discovered after admission, grounds for expulsion.**

Permission has been granted for Great Falls College MSU to verify the above information.

Applicant’s Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Section II**

*I verify the information provided by the applicant to be accurate and true to the best of my knowledge.*

\_\_\_\_\_  
*Signature of Dental Hygienist*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
**Mailing Address (Street Address, P.O. Box)**

\_\_\_\_\_  
**City State Zip Code**

*It is the student’s responsibility to be sure that all parts of this form are complete. Applicants may make copies of this form if they observed at more than one site.*





Students who wish to sign an immunization exemption must contact the Dental Hygiene Program Director. Please note that this exemption does not cover the Tuberculosis screening on this form (page 3); which must be completed regardless.

Applicant Last Name:		Applicant First Name:		Middle Initial:	
DOB:		Street Address:			
Cell Phone:		City, State, Zip			

**MUST BE COMPLETED BY YOUR HEALTH CARE PROVIDER**

I certify that to the best of my knowledge, this applicant has received the following immunizations or has proof of immunity or screening as noted below.

Health Care Provider's Signature:		Date:
Health Care Provider's Printed Name:		<b>CAMPUS USE ONLY</b>
Health Care Provider's Printed Title:		
Address:		
City, State, Zip		
Work Phone ( ) - Ext:		
Fax: ( ) -		

**Hepatitis B Vaccine: Why test for immunity?**

"Many people with hepatitis B do not look or feel sick, so testing is the only way to know if you are infected." (retrieved from <https://www.cdc.gov/hepatitis-b/testing/index.html> on February 28, 2025).

Healthcare workers are more susceptible than the general population to contracting Hepatitis B. Susceptible people include those who either did not complete a hepatitis B vaccine (HepB) series per ACIP recommendations *or who are known to be vaccine nonresponders (i.e. those who test negative for HepB immunity)*. Thus, an immunity test for healthcare workers is essential.

**Two-step TB skin test: Why 2 tests?**

Your health care provider may perform a two-step TB skin test if you are going to be screened for TB periodically (for example, if you are a health care worker).

Some people with [inactive TB](#), also called latent TB infection, have a negative reaction to the TB skin test when tested years after being infected. However, if they are tested again within a year of the first test, they may have a positive reaction. The first TB skin test can "trigger the memory" of the immune system, boosting its ability to react to the second TB skin test.

It may appear that these people were infected between the first and second tests. However, the second positive test reaction is actually a boosted reaction due to TB infection that occurred a long time ago.

The two-step TB skin test can lower the chance that a boosted reaction from an old TB infection will be misinterpreted as a recent infection. If the reaction to the first-step TB skin test is classified as negative, a second-step TB skin test is given one to three weeks after the first test is read. (retrieved from [cdc.gov/tb/testing/skin-test.html](https://www.cdc.gov/tb/testing/skin-test.html) on February 28, 2025)

**Dental Hygiene Program  
4-Page Immunization Form  
MUST BE COMPLETED BY YOUR  
HEALTH CARE PROVIDER**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last, First, Middle Initial) (mm/dd/yyyy)

**REQUIRED Hepatitis B Vaccination:**

- Three (3) doses of Engerix-B, Recombivax or Twinrix or 2 doses of Heplisav-B followed by a QUANTITATIVE Hepatitis B Surface Antibody (titer) preferably drawn 4-8 weeks after the last dose.
- If negative titer (<10 IU/ml) complete a second Hepatitis B series followed by a repeat titer.
- If Hepatitis B series Surface Antibody titer is negative after a secondary series, additional testing including Hepatitis B Surface Antigen should be performed.
- See: <https://www.cdc.gov/mmwr/pdf/rr/rr6210.pdf> for more information.
- Documentation of Chronic Active Hepatitis B is for rotation assignments only.

<b>Primary Hepatitis B Series</b> Heplisav-B only requires two doses of vaccine followed by antibody testing	3-dose vaccines (Engerix-B, Recombivax, Twinrix) or 2-dose vaccine (Heplisav-B)	3 dose series	2 dose series
	Hepatitis B Vaccine Dose #1		
	Hepatitis B Vaccine Dose #2		
	Hepatitis B Vaccine Dose #3		
	<b>Quantitative</b> Hep B Surface Antibody	_____ IU/ml	
<b>Secondary Hepatitis B Series</b> <u>Only if no response to primary series</u> Heplisav-B only requires two doses of vaccine followed by antibody testing		3 dose series	2 dose series
	Hepatitis B Vaccine Dose #4		
	<b>Quantitative</b> Hep B Surface Antibody (30 days after dose #4)	_____ IU/ml	
	<b>If negative Serology</b>		
	Hepatitis B Vaccine Dose #5		
	Hepatitis B Vaccine Dose #6		
<b>Quantitative</b> Hep B Surface Antibody	_____ IU/ml		
<b>Hepatitis B Vaccine Non-responder</b> (If Hepatitis B Surface Antibody Negative after Primary and Secondary Series)	Hepatitis B Surface Antigen	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
	Hepatitis B Core Antibody	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
<b>Chronic Active Hepatitis B</b>	Hepatitis B Surface Antigen		
	Hepatitis B Viral Load	_____ copies/ml	

Additional Comments:

**Dental Hygiene Program  
4-Page Immunization Form  
MUST BE COMPLETED BY YOUR  
HEALTH CARE PROVIDER**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last, First, Middle Initial) (mm/dd/yyyy)

**REQUIRED: Tuberculosis Screening and Testing CDC Recommendations:**

Preplacement (baseline) TUBERCULOSIS SCREENING AND TESTING of all health care personnel/ trainees consists of a TB symptom evaluation, a TB test (IGRA or TST), and an individual TB risk assessment.

**You only need to complete ONE section below: A or B or C. Must be completed within the last year of application deadline 06/13/2025.**

**Section A:** If you do not have a history of TB disease or LTBI (Latent Tuberculosis Infection), the results of a 2-step TST (Tuberculosis Skin Test), or TB IGRA (Interferon Gamma Release Assay) blood test are required, regardless of your prior BCG status.

**Section B:** If you have a history of a positive TST (PPD)>10mm or a positive IGRA, please supply information regarding further medical evaluation and treatment below.

**Section C:** History of active tuberculosis, diagnosis and treatment.

**Tuberculosis Screening History**

	Section A	Date placed	Date Read	Result	Interpretation			
Please complete only ONE TB Section Based on Your History.	No history of prior TB disease or LTBI	TST Step #1			___mm	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	<input type="checkbox"/> equiv
		TST Step #2			___mm	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	<input type="checkbox"/> equiv
	Dates of last 2-step TST or TB IGRA blood test are required*			Date	Results			
		QuantiFERON TB Gold or T-Spot			<input type="checkbox"/> Negative	<input type="checkbox"/> Indeterminate		
		QuantiFERON TB Gold or T-Spot			<input type="checkbox"/> Negative	<input type="checkbox"/> Indeterminate		
		Individual TB Symptom Assessment			<input type="checkbox"/> Negative	<input type="checkbox"/> Positive Medial follow-up needed		
		Individual TB Risk Assessment			<input type="checkbox"/> Negative	<input type="checkbox"/> Positive Increased risk TB infection		
	<b>Section B</b>		Date Placed	Date Read	Result			
	Please attach proof from physician demonstrating completed TB treatment	Positive test						
				Date				
		<b>QuantiFeron TB Gold or T-spot</b>			<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Indeterminate	
		Chest X-ray			_____			
		Treated for <b>latent</b> TB?			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		If treated for <b>latent</b> TB, list medications taken:			_____			
Total Duration of treatment latent TB				_____ Months				
	Date of Last Annual TB Symptoms Questionnaire			_____				
<b>Section C</b>		Date						
History of Active Tuberculosis	Date of Diagnosis		_____					
	Date of Treatment Completed		_____					
	Date of Last Annual TB Symptom Questionnaire		_____					
	Date of Last Chest X-ray		_____					

\*(IGRAs include QuantiFERON TB Gold Test, QuantiFERON TB Gold in-tube test, or T-spot TB Test)

**Dental Hygiene Program  
4-Page Immunization Form  
MUST BE COMPLETED BY YOUR  
HEALTH CARE PROVIDER**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last, First, Middle Initial) (mm/dd/yyyy)

**REQUIRED: 2 Doses MMR (Measles (Rubeola), Mumps, Rubella) Choose only one option below.**

- Two (2) doses of MMR vaccine **OR** two (2) doses of Measles (Rubeola), two (2) doses of Mumps and two (2) doses of Rubella; **OR** serologic proof of immunity for Measles (Rubeola), Mumps and Rubella.
- Note: a 3rd dose of MMR vaccine may be advised during regional outbreaks of measles or mumps if original MMR vaccination was received in childhood

Option 1	Vaccine	DATE			
MMR 2 doses of MMR vaccine	MMR dose #1				
	MMR dose #2				
Option 2	Vaccine or test	DATE			
Measles 2 doses of vaccine or positive serology	Dose #1		Serology Results		
	Dose #2		qualitative	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
	Serologic Immunity (IgG antibody titer)		quantitative	_____IU/ml	
Mumps 2 doses of vaccine or positive serology	Dose #1		Serology Results		
	Dose #2		qualitative	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
	Serologic Immunity (IgG antibody titer)		quantitative	_____IU/ml	
Rubella 2 doses of vaccine or positive serology	Dose #1		Serology Results		
	Dose #2		qualitative	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
	Serologic Immunity (IgG antibody titer)		quantitative	_____IU/ml	

**Recommended:** Proof of COVID Vaccine - not required by program but documentation of vaccine required for some clinical rotations

- Two (2) doses series such as Pfizer or Moderna or single (1) dose vaccine such as Johnson and Johnson.
- COVID vaccine needs to be up to date with all boosters recommended for you.
- If not vaccinated, the student may not be able to participate in some clinical rotations.

Option 1	Vaccine- Type	Date	Notes
COVID 2 dose series			
Option 2	Vaccine- Type	Date	Notes
COVID 1 dose series			
COVID booster			
COVID booster			