



Application for Admission to Dental Hygiene Program

Name: _____

Home Address: _____ City: _____

State: _____ Zip: _____ Contact Number: (____) _____

CSI Student Id Number: _____ E-Mail: _____

EDUCATION
CSI unofficial transcripts **MUST** accompany this application

Name of School	Location of School	From Month/Year	To Month/Year	Diploma? Degree? Or Certificate	What was your Major?

Professional Licenses or Certification	Type	Issued By (State or Agency)	Number

ANY WORK EXPERIENCE
Work verification form must be filled out for each dental office

Most Recent Employer	Address	From Month/Year	Supervisor's Name	Phone Number	Nature of Your Duties

How many years (if any) have you worked in a dental office? _____.

Submit the application, acknowledging the list below and sign the document.

_____ Have you Included your current (**Unofficial**) CSI transcripts? If you are **not** a CSI student, you must transfer credits to the CSI records and registration office & print Unofficial CSI transcripts & add them to the application packet.

_____ Have you reviewed the Technical Standards for Dental Hygiene Practice?

_____ Have you reviewed the "Dental Hygiene Program Enrollment Requirements" posted on the website?

_____ Mail application to Tiffany Clark - **315 Falls Ave. Twin Falls, ID 83301** Application packet **MUST** be mailed, or handed in, e-mailed applications will **NOT** be accepted. **Application to the Dental Hygiene Program is competitive. Application does not imply acceptance.**

Signature of Applicant: _____ Date of Application: _____