



Application for Admission 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? |
|----------------|--------------------|-----------------|---------------|---------------------------------|----------------------|
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| 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 |
|----------------------|---------|-----------------|-------------------|--------------|-----------------------|
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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 attached your current (Unofficial) CSI transcripts? If you are not a CSI student, you must transfer credits to the CSI records and registration office.
 - _____ Have you reviewed the Technical Standards for Dental Hygiene Practice?
 - _____ Have you reviewed the "Dental Hygiene Program Enrollment Requirements" posted on the web site?
 - _____ Submit application to: Tiffany Clark - **315 Falls Ave. Twin Falls, ID 83301**
- Application to the Dental Hygiene Program is competitive.**
Application does not imply acceptance.

Signature of Applicant: _____ Date of Application: _____