



College of  
New Caledonia

School of Health Sciences

# **Dental Hygiene**

Diploma Program

Application Package  
September 2020 Intake

Student Name \_\_\_\_\_

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Dear Dental Hygiene Program Applicant:

Thank you for considering the College of New Caledonia (CNC) Dental Hygiene Program in your career planning. We trust that you have thoroughly read about the Dental Hygiene Program in the current CNC Calendar. This section contains important information about the program outline as well as the admission and selection process.

The Dental Studies Department offers one Recruitment Scholarship per year. If you are accepted into the Dental Hygiene Program, you will be eligible for this scholarship.

While the CNC calendar does contain course descriptions, it does not provide information of the actual workload that these courses represent. Students in the program attend classes and clinic for approximately 30 hours per week. While start and end times vary, most school days will be 8 hours long. Students should also plan on approximately 3 to 4 hours of reading and homework per night.

Most students find the Dental Hygiene Program more rigorous and demanding than previous school experiences. Although the service of a Patient Coordinator is provided to help with booking patients, students are still expected to recruit patients to help them meet their clinical requirements.

We wish you the best in your career plans and if you are one of the successful candidates selected for the program, you will receive more program information in your acceptance package.

Sincerely,  
Dental Hygiene Faculty

## APPLICANT'S CHECKLIST

All of the following should be completed and submitted to the College of New Caledonia, Office of the Registrar.

- Completed CNC application form
- CNC Application Fee
- Official transcripts (for **all** courses taken at other institutions)
- Candidates Questionnaire (CQ) (pg 5)
- Skills and Abilities form (pg 7, 8)
- Reference letters (two) (pg 9-16), and

The above **must** be completed and submitted to the Office of the Registrar by **March 15<sup>th</sup>**

### SELECTION CRITERIA

In the event of program oversubscription, applicants who meet the admission requirements will be reviewed through the selection criteria below:

	Selection Criteria	Points
1	GPA based on dental hygiene prerequisites (2.67 to 4.33 points)	4.33
2	Completion of the Dental Hygiene prerequisites in a 24 consecutive month period	1.00
3	Resident of BC or the Yukon	1.00
4	One of the following: Completion of DENO150, Certified Dental Assisting Program, Dental Receptionist Program or employment in a dental office (3 months full time or equivalent) <i>Note: volunteer experience does not count</i>	1.00
5	Persistent interest in the program, as shown by repeated application	1.00
	<b>Subtotal</b>	<b>8.33</b>
The following for the top 50 Candidates will be scored only if oversubscribed		
6	Two Reference Letters (0.00 to 1.00 point)	1.00
7	Candidates Questionnaire (1.00 to 2.00 points)	2.00
	<b>Total of all possible points</b>	<b>11.33</b>

Students who meet the admission requirements but are not offered a seat will be waitlisted for the program year in which they apply only.

All candidates must complete the Candidates Questionnaire (CQ) by March 15<sup>th</sup>. The **online** Candidates Questionnaire will be open each September to the following March 15<sup>th</sup>. You can choose to complete this questionnaire at any time during this period; however, once you have started the questionnaire, you must complete it within 2 hours. Candidates will not be allowed to enter the questionnaire a second time.

Applicants are responsible for contacting the Administrative Assistant for the School of Health Sciences, who will provide instructions on how to access the online Questionnaire. Any offsite costs incurred are the responsibility of the applicant. **Email your CQ request to [healthsciences@cnc.bc.ca](mailto:healthsciences@cnc.bc.ca).**

The purpose of the CQ is to provide more information about the candidate. It also verifies the applicant is knowledgeable about the Dental Hygiene profession and understands the heavy academic and clinical workload of the program. The format of the CQ is in essay style format, to allow for assessment of an applicant's written communication skills. Completing steps 9 and 10 on the Skills and Abilities form and the mandatory observation should help prepare the applicant for the CQ. The CQs are rated by Faculty in the Dental Hygiene Program (only if the program is oversubscribed).

**Reference Letters (attached):** The reference letters provide two opinions of the applicant's ability to undertake the studies in the Dental Hygiene Program and achieve a successful professional dental hygiene career.

The persons (Referees) providing the Letters of Reference must not be related to the applicant. The applicant must first complete the information on the top part of the form before forwarding it to the Referee. Referees must submit the Reference Letters to CNC by March 15<sup>th</sup>. The Reference Letters are rated by Faculty in the Dental Hygiene Program (only if the program is oversubscribed).

### Scenarios

1. Applicant completes all above information by March 15<sup>th</sup> and all qualified applicants that applied are accepted and the program is full - Dental Hygiene accepts 18 students and only 18 applied - the Reference Letters and Candidates Questionnaire will not need to be rated for selection.
2. Applicant completes all above information by March 15<sup>th</sup> and there are more qualified applicants that applied than there are available seats - Dental Hygiene accepts 18 students but 30 applied - all 30 of the applicant's Reference Letters and Candidates Questionnaires will need to be rated for selection.

After March 15<sup>th</sup>, applicants do not need to complete the Candidate's Questionnaire or Reference Letters.

# DENTAL HYGIENE CANDIDATE'S QUESTIONNAIRE

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## DENTAL HYGIENE REQUISITE SKILLS AND ABILITIES FORM

The following skills and abilities are recommended to ensure the best possible chance of success in this program and the Dental Hygiene profession. Please read and check (✓) beside each statement, indicating that you understand the Skills and Abilities required for the Dental Hygiene Program. **A visit to observe a dental hygienist is mandatory as part of the application process.** Sign at the bottom (2 pages total) and submit to the College of New Caledonia (CNC) Admissions and Registrations office along with deposit. This information is not used to screen out qualified applicants.

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*Printed Student Name*

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*Student Identification Number*

- Good communication skills: speak and understand spoken/write and understand written English
- Enjoy working with the public
- Strong problem solving skills and the ability to function as part of a team with a professional attitude
- Good manual dexterity, fine motor skills and good eyesight (program requires work with sharp instruments in the mouth)
- Meticulous work habits, good time management and organization skills (program is very demanding)
- Physical stamina: applicants are advised that dental hygiene work requires repetitive movements and requires sitting for long periods of time. This may exacerbate any hand, wrist, back, neck or shoulder problems that an applicant might be experiencing
- People with sensitive skin and conditions such as sensitivity to latex or other allergies, may be affected by some materials used in dental care/lab work
- Able to work in the oral cavity with needles, blood, saliva, mouth odors, fluids and tissue
- Ability to use Word processing programs and electronic communication; academic and clinical demands will require an understanding of computer information systems
- Accessed and reviewed the Canadian Dental Hygienist Association (CDHA) website [www.cdha.ca](http://www.cdha.ca) and College of Dental Hygienists of BC (CDHBC) website [www.cdhbc.com](http://www.cdhbc.com) to review the Professional Codes of Conduct and learn more about the dental hygiene profession

# DENTAL HYGIENE REQUISITE SKILLS AND ABILITIES FORM

- Accessed the CNC website/calendar/counselor/faculty to learn more about the CNC dental hygiene program
  
- Aware there are 30 hours of class/clinic per week, 3-4 hours of homework each night and that there will be additional costs (e.g. glove, uniforms, instruments) associated with the program

## DENTAL HYGIENE REQUISITE SKILLS AND ABILITIES FORM (Cont'd)

I have visited a dental office/clinic to observe a dental hygienist for a minimum of 8 hours. Please include the name of the dental office and signature of the dental hygienist below:

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Name and City of Dental Office*

\_\_\_\_\_

*Dental Office Contact Number*

\_\_\_\_\_

*Name of Dental Hygienist*

\_\_\_\_\_

*Signature of Dental Hygienist*

\_\_\_\_\_

*Dental Office Address*

Check ONE of the statements below:

- There is **no** medical or physical reason why I would be unable to perform full program theory, laboratory, clinical and practicum responsibilities, including patient care in the CNC Dental Hygiene Program  
~or~
- There is a medical or physical reason why I would be unable to perform full program theory, laboratory, clinical and practicum responsibilities, including patient care in the CNC Dental Hygiene Program. Explain:

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

If I require support/accommodations for a documented disability, I acknowledge that it is my responsibility to contact and work with CNC Accessibility Support Services and the appropriate course instructor(s) at the beginning of the program and course terms. Please refer to CNC calendar on website for further information

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Student Signatore*

This form will be kept on file in CNC School of Health Sciences office while students are in the program. This information will be destroyed one year after graduation



**For Admission to the DENTAL HYGIENE DIPLOMA PROGRAM  
(Confidential)**

**Applicant:** Before forwarding the below form (2 pages) to the Referee, please complete the following information:

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*Applicant Surname*

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*Given Names, First/Middle*

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*Previous Names (if applicable)*

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*Relationship to the Referee*

---

*Referee Name*

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*Referee Phone Number*

I, the above named Applicant, give my permission for the College of New Caledonia to contact the above named Referee for further information about my reference, if necessary:

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*Applicant Signature*

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*Date*

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**PERMISSION FOR REFERENCE LETTER #1**

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**REFEREE: DO NOT GIVE THIS FORM TO THE APPLICANT**

**Please complete this form and email it to [regoffice@cnc.bc.ca](mailto:regoffice@cnc.bc.ca) by March 15<sup>th</sup>**

If you have any questions or concerns, please contact [admissions@cnc.bc.ca](mailto:admissions@cnc.bc.ca)

<i>Referee Name</i>	<i>Date</i>
<i>Address</i>	<i>Contact Number(s)</i>
<i>Position/Title</i>	<i>Organization</i>

Applicant

Name: \_\_\_\_\_

The above named Applicant has applied to the Dental Hygiene Diploma Program. As part of the application process, two reference letters are required. We would appreciate your opinion of the Applicant's abilities to undertake the studies in the Dental Hygiene Diploma Program and achieve a successful professional career.

Please rate the Applicant to the best of your ability for the following attributes:

**0** = Unable to Judge      **1** = Has Difficulty      **3** = Average      **5** = Outstanding

<b>Attributes of the Applicant</b>	<b>Rating</b>					
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1. Communications Skills: <ul style="list-style-type: none"> <li>- Demonstrates listening skills</li> <li>- Able to express meaningful clear ideas</li> <li>- Uses effective nonverbal and verbal communication</li> <li>- Read, understand and document information</li> </ul>						
2. Enjoys working with the public: <ul style="list-style-type: none"> <li>- Recognizes and respects people's diversity, individuality and perspectives</li> </ul>						
3. Able to function as part of a team: <ul style="list-style-type: none"> <li>- Understands the roles of team members and works within the dynamics of a group</li> <li>- Is flexible, respectful and open to feedback and contributions of others</li> <li>- Is able to manage and resolve conflict</li> <li>- Practices effective interpersonal communication</li> </ul>						
4. Demonstrates strong problem solving skills: <ul style="list-style-type: none"> <li>- Assess situations and identify problems</li> <li>- Evaluate possible solutions to make recommendations</li> </ul>						
5. Time management/organizational skills: <ul style="list-style-type: none"> <li>- Works independently</li> <li>- Able to carry out multiple tasks or projects</li> <li>- Accepts feedback and is willing to learn and grow</li> </ul>						

**REFEREE REFERENCE LETTER #1**

6. Physical stamina: able to sit for long periods of time and do repetitive movements with hand and wrist							
7. Enjoys working with hands (fine motor skills are important)							

8. Has the Applicant reviewed the Canadian Dental Hygienist Association and College of Dental Hygienists of BC websites to learn about the profession?  Yes  No  Unknown

9. Has the applicant observed a Dental Hygienist in a dental office for a minimum of 8 hours?  Yes  No  Unknown

10. How long have you known the Applicant?  
 < 1 Year  1-2 Years  3-4 Years  > 4 Years

11. How well do you know the Applicant?  
 Slightly  Reasonably Well  Very Well

12. In what capacity do you know the Applicant?  
\_\_\_\_\_

13. Please comment on your perception of the Applicant:

a. Identify the Applicant's strengths:

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

b. Identify the Applicant's limitations:

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

c. Would you have any reservations about the Applicant's ability as a Dental Hygienist?

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

14. Please indicate your recommendation of the Applicant for this program, including rationale:

Highly recommended  Recommended  Recommended w/ reservations  Not recommended

Rationale: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of Referee*

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

**For Admission to the DENTAL HYGIENE DIPLOMA PROGRAM  
(Confidential)**

**Applicant:** Before forwarding the below form (2 pages) to the Referee, please complete the following information:

\_\_\_\_\_  
*Applicant Surname*                      *Given Names, First/Middle*                      *Previous Names (if applicable)*

\_\_\_\_\_  
*Relationship to the Referee*                      *Referee Name*                      *Referee Phone Number*

I, the above named Applicant, give my permission for the College of New Caledonia to contact the above named Referee for further information about my reference, if necessary:

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

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**PERMISSION FOR REFERENCE LETTER #2**

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**REFEREE: DO NOT GIVE THIS FORM TO THE APPLICANT**

**Please complete this form and email it to [regoffice@cnc.bc.ca](mailto:regoffice@cnc.bc.ca) by March 15<sup>th</sup>**

If you have any questions or concerns, please contact [admissions@cnc.bc.ca](mailto:admissions@cnc.bc.ca)

<i>Referee Name</i>	<i>Date</i>
<i>Address</i>	<i>Contact Number(s)</i>
<i>Position/Title</i>	<i>Organization</i>

Applicant

Name: \_\_\_\_\_

The above named Applicant has applied to the Dental Hygiene Diploma Program. As part of the application process, two reference letters are required. We would appreciate your opinion of the Applicant's abilities to undertake the studies in the Dental Hygiene Diploma Program and achieve a successful professional career.

Please rate the Applicant to the best of your ability for the following attributes:

**0** = Unable to Judge      **1** = Has Difficulty      **3** = Average      **5** = Outstanding

<b>Attributes of the Applicant</b>	<b>Rating</b>					
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1. Communications Skills: <ul style="list-style-type: none"> <li>- Demonstrates listening skills</li> <li>- Able to express meaningful clear ideas</li> <li>- Uses effective nonverbal and verbal communication</li> <li>- Read, understand and document information</li> </ul>						
2. Enjoys working with the public: <ul style="list-style-type: none"> <li>- Recognizes and respects people's diversity, individuality and perspectives</li> </ul>						
3. Able to function as part of a team: <ul style="list-style-type: none"> <li>- Understands the roles of team members and works within the dynamics of a group</li> <li>- Is flexible, respectful and open to feedback and contributions of others</li> <li>- Is able to manage and resolve conflict</li> <li>- Practices effective interpersonal communication</li> </ul>						
4. Demonstrates strong problem solving skills: <ul style="list-style-type: none"> <li>- Assess situations and identify problems</li> <li>- Evaluate possible solutions to make recommendations</li> </ul>						
5. Time management/organizational skills: <ul style="list-style-type: none"> <li>- Works independently</li> <li>- Able to carry out multiple tasks or projects</li> <li>- Accepts feedback and is willing to learn and grow</li> </ul>						

**REFEREE REFERENCE LETTER #2**

6. Physical stamina: able to sit for long periods of time and do repetitive movements with hand and wrist							
7. Enjoys working with hands (fine motor skills are important)							

8. Has the Applicant reviewed the Canadian Dental Hygienist Association and College of Dental Hygienists of BC websites to learn about the profession?  Yes  No  Unknown

9. Has the applicant observed a Dental Hygienist in a dental office for a minimum of 8 hours?  Yes  No  Unknown

10. How long have you known the Applicant?  
 < 1 Year  1-2 Years  3-4 Years  > 4 Years

11. How well do you know the Applicant?  
 Slightly  Reasonably Well  Very Well

12. In what capacity do you know the Applicant?  
\_\_\_\_\_

13. Please comment on your perception of the Applicant:

a. Identify the Applicant's strengths:  
\_\_\_\_\_  
\_\_\_\_\_

b. Identify the Applicant's limitations:  
\_\_\_\_\_  
\_\_\_\_\_

c. Would you have any reservations about the Applicant's ability as a Dental Hygienist?  
\_\_\_\_\_  
\_\_\_\_\_

14. Please indicate your recommendation of the Applicant for this program, including rationale:  
 Highly recommended  Recommended  Recommended w/ reservations  Not recommended

Rationale: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of Referee*

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