

APPLICATION FOR ADMISSION TO THE  
**DENTAL HYGIENE EXPANDED DEGREE PROGRAM--CLARK**  
COLLEGE OF SCIENCE, HEALTH AND ENGINEERING  
EASTERN WASHINGTON UNIVERSITY

**INSTRUCTIONS:** This is a formal application which will be reviewed and evaluated by the Admissions Committee. Please type or print neatly, and answer **all** questions completely and accurately.

The application process must be initiated prior to entrance into the program. Materials for admission are **submitted as a complete package** and include this Application for Admission to the Dental Hygiene Expanded Degree Program, the Uniform Undergraduate Application to EWU, photocopy of your license and liability insurance and **two official copies** of each college transcript. A nonrefundable application fee of **\$90 (made payable to EWU)** must accompany the completed dental hygiene application packet.

Mail completed application packet to: Brenda Walstead, Clark College Dental Hygiene, 1800 E. McLaughlin Blvd., Vancouver, WA 98663.

### GENERAL INFORMATION

Date of application \_\_\_\_\_

Legal Name \_\_\_\_\_

Current mailing address \_\_\_\_\_  
Street City State Zip

Permanent address \_\_\_\_\_  
(if different) Street City State Zip

Current phone number (day)(\_\_\_\_) (evening)(\_\_\_\_)

E-mail Address \_\_\_\_\_ Fax number(\_\_\_\_)

### Current Dental Hygiene Licensure:

State \_\_\_\_\_ Expiration Date \_\_\_\_\_ License Number \_\_\_\_\_

State \_\_\_\_\_ Expiration Date \_\_\_\_\_ License Number \_\_\_\_\_

State \_\_\_\_\_ Expiration Date \_\_\_\_\_ License Number \_\_\_\_\_

### Current Dental Hygiene Liability Insurance Coverage

Name of Company \_\_\_\_\_ Expiration Date \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

## College or Post-high School Attended or Now Attending

*2 Official transcripts must be submitted for each college or post-high school attended in official sealed envelopes from that institution.*

Name of College \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Dates Attended \_\_\_\_\_ Date Degree Granted \_\_\_\_\_

Official Name of Degree Received \_\_\_\_\_

Name of College \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Dates Attended \_\_\_\_\_ Date Degree Granted \_\_\_\_\_

Official Name of Degree Received \_\_\_\_\_

Name of College \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Dates Attended \_\_\_\_\_ Date Degree Granted \_\_\_\_\_

Official Name of Degree Received \_\_\_\_\_

## Dental Hygiene Work Experience

Employer	Address	Dates

## References

List the name, address, and telephone number of three professional people who would be willing to recommend your admission into the dental hygiene expanded degree program. The admission committee may wish to contact these individuals at the time of your application is being reviewed and considered. **Letters of recommendation will not be considered.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone day(\_\_\_\_) \_\_\_\_\_ evening(\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone day(\_\_\_\_) \_\_\_\_\_ evening(\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone day(\_\_\_\_) \_\_\_\_\_ evening(\_\_\_\_) \_\_\_\_\_

**ADDITIONAL COMMENTS:** If you wish to make any additional comments regarding individual circumstances, please attach a supplemental page to this application.

## How to Reach Us

If you have any questions, contact (*please include your name, address and phone number*):

Brenda Walstead  
Co-Director Degree Completion Program  
EWU/Clark College  
1800 E. McLaughlin Blvd.  
Vancouver, WA 98663  
bwalstead@clark.edu

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EWU Dental Hygiene Dept.  
Health Sciences Building  
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Spokane, WA 99202  
(509) 368-6528  
rebecca.stolberg@mail.ewu.edu