



Dental Hygiene Program Application

2026

Have you previously applied to the Dental Hygiene program? Yes _____ No _____

If so, when: _____ Name on previous application: _____

RSC Student ID #: _____ (You must apply to Rose State to get a student ID number.)

Name: _____
(Last) (First) (Middle Initial)

Home Address: _____
(Number and Street) (City) (State) (Zip Code)

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact:

Name: _____ Phone: _____

Relationship: _____

How did you learn of the RSC Dental Hygiene program?

Social media _____

RSC employee _____

High school counselor/employee _____

Family/Friend _____

Other _____

Name: _____

Student ID #: _____

Spring/Summer 2026 Enrollment

Spring 2026

I am enrolled in the following classes for the spring semester. Do not forget to include intersession courses.

Course #	Credit Hours	Course Name	College

Summer 2026

I plan to enroll in the following for the summer semester. Do not forget to include intersession courses.

Course #	Credit Hours	Course Name	College

_____ I am not enrolled in any courses for the Spring 2026 semester.

_____ I do not plan to enroll in any courses for the Summer 2026 semester.

Name: _____

Student ID #: _____

STATEMENT OF ACKNOWLEDGMENT

(Refer to <https://www.rose.edu/content/academics/academic-divisions/health-sciences/dental-hygiene/> for more information.)

- I understand that I must be able to meet the physical and mental qualifications independently or with reasonable accommodation.
- I understand that I am responsible for communicating requests for accommodation to the Coordinator of Student Access Services.
- I understand that any past criminal record could potentially interfere with my ability to complete the Dental Hygiene program and become a licensed Dental Hygienist.
- I understand that a positive finding on my drug screen constitutes immediate removal from the Dental Hygiene program.
- I understand verification of citizenship is required for licensure as a dental hygienist.
- I understand that falsification of any information on this application could jeopardize my position in the Dental Hygiene program.

I affirm that the information which I have provided in/with this application is complete and accurate. I understand that my application will not be considered until all necessary official transcripts have been submitted and the application procedures completed.

SIGNATURE

DATE

Name: _____

Student ID #: _____

Application Checklist

If you cannot answer yes or N/A to each statement,
your application is incomplete and may not be considered.

I have:	Yes	No	N/A
Applied for admission to Rose State College			
Submitted all official college transcripts to the Admissions office * Original documentation for CLEP/AP scores must also be on file. * If you are currently enrolled in any course(s) at a different school, you must include a transcript copy with this application showing that you are enrolled or your application may not be considered.			
Completed a current Dental Hygiene program application			
Included a complete, signed observation form https://www.rose.edu/content/academics/academic-divisions/health-sciences/dental-hygiene/admission/			
Included a complete, signed employment verification form https://www.rose.edu/content/academics/academic-divisions/health-sciences/dental-hygiene/admission/			
Included a copy of current DANB dental assisting certification			
Included a copy of current expanded function certifications (radiation safety, nitrous oxide, coronal polishing, and/or sealant)			
Included completed Degree Audit evaluation of all out-of-state coursework			

Application materials are to be submitted to the Allied Dental Health Building. The office is open 8:00am-12:00pm and 1:00pm– 5:00pm Monday-Friday.

Materials can also be mailed to:

Dental Hygiene Program
Rose State College
6420 SE 15th
Midwest City, OK 73110

Please contact the Health Science Division advisors at 405-733-7562 or hsadvisor@rose.edu with questions.