



Southern University at Shreveport  
Dental Hygiene Program Clinic  
3050 Martin Luther King Jr. Drive  
Shreveport, LA 71107  
318-670-9561

**February 2, 2026**

**Dear Applicant,**

Thank you for your interest in the Southern University at Shreveport Dental Hygiene Program. Included with this application packet is a guide for proper submission of your application materials as well as a checklist for you to follow. Here's a quick breakdown of the important steps and requirements you should focus on to ensure you submit a complete and on-time application:

1. **Observation Hours:** You'll need to complete a minimum of 16 hours of observation with a licensed dental hygienist. Be sure to use the provided observation form to track and document these hours. This is a newer requirement, so don't overlook it.
2. **Checklist & Guide:** Carefully follow the guide and checklist that came with your packet. This will help ensure that you don't miss any essential documents or steps.
3. **Recommendation Letters:** Make sure you have your recommendation letters, and remember that these can be mailed separately, but they must be received by the deadline.
4. **Complete Application:** Double-check that all the requested items are included in your packet, as incomplete applications will not be considered.
5. **No Deadline Extensions:** Be aware that the deadline will not be extended for any reason, so make sure you mail everything in early enough to avoid last-minute issues.
6. **Start Early:** It's a good idea to start gathering your materials as soon as possible to avoid the stress of last-minute preparation.

For faster response to questions regarding program requirements, please email me at [tmjohnson@susla.edu](mailto:tmjohnson@susla.edu)

Thank you again and best wishes,

*Terri Johnson*

Interim Dental Hygiene Program Director

## **SOUTHERN UNIVERSITY DENTAL HYGIENE APPLICATION PROCEDURE**

1. Ensure 12 hours of coursework has been obtained at SUSLA.
2. Complete the Dental Hygiene Program application form, with all supporting documents, and mail or deliver no later than Monday, April 6, 2026 to the Dental Hygiene Program Office at:  
3050 Martin Luther King Jr. Dr  
Shreveport, LA 71107  
ATTN: Dental Hygiene Program

**\*\* always request proof of shipping/ mailing when using US mail, UPS, FedEx, etc.**

3. **Transcripts:** In addition to the electronic transcripts submitted to admissions, please enclose official transcripts in your dental hygiene application packet. Include all universities you have attended, including SUSLA. Each transcript should be submitted in a sealed envelope and generally will be marked with a school seal and/or signature on the back of the envelope.
4. **ATI TEAS:** Complete the ATI TEAS. Enclose score sheet in your application packet. We need the score sheet that reports the scores for all 4 subject areas and the overall score. The ATI TEAS is administered at SUSLA through the Allied Health Tutorial Center and SUSLA testing center. You are limited to completing this test one time per semester. **Spring 2026 TEAS test dates are March 16<sup>th</sup> and March 31<sup>st</sup>.**
5. **Observation Form:** You must complete a minimum of 16 hours of observation with a licensed dental hygienist. Use the provided observation form to document these hours and include it in your application packet.

**Recommendation forms:** Submit two (2) completed recommendation forms from 1 college instructor, and 1 from employers, members of the clergy, teachers, civic leaders, or individuals unrelated to you that would be familiar with your qualifications for the dental hygiene profession. You **must** use 2 different sources, and one **must be a college instructor** (i.e. 1 employer, 1 teacher, 1 friend, etc.) Letters/forms must be received in individual sealed envelopes and submitted with your complete packet or separately. Please attach an envelope to the form for the recommender and use the provided form. A separate letter may be attached to the form, if desired.

6. Attending an informational session is mandatory. Currently, we are providing the sessions via ZOOM. The session for this Spring 2026 semester will be held by invitation on

**Tuesday, Feb 3, 2026 at 6:00 pm**

**Friday, March 6, 2026 at 11:00 am**

7. Interviews are a part of the application process and invitations will be sent via email.

8. All points will be calculated based on the points rubric.

**Science GPA**

**Comprehensive GPA**

**Prerequisite Completion**

**TEAS Score**

9. Each applicant is responsible for ensuring that the SUSLA Dental Hygiene Program has received all information. Any application that is incomplete will not be considered for the Spring 2026 application process.
10. Please submit your application packet, which includes the Dental Hygiene application form, official transcripts, recommendation forms, receipt of application fee, ATI TEAS Score and Dental Hygiene Personal Statement in a 1/2" - 1" binder.

**The application fee is \$75.00.** The payments can be made in person or by phone.

**In Person:** at the cashier's window located in the administration building on the main campus (3050 Martin Luther King Dr. Shreveport, LA 71107).

**Make money orders payable to: Southern University**

**By Phone:** Call 318-670-6000, select option 4 for the cashier's window. Let the cashier know you want to pay for dental hygiene application fee

The packet must be postmarked, or delivered to the Dental Hygiene office no later than Monday, April 6, 2026. It is highly recommended that you request a return receipt if mailing or shipping via US mail, UPS or FedEx.

***Failure to meet this deadline will disqualify your application for the class entering Fall 2026.***

**Southern University at  
Shreveport Dental Hygiene  
Program Clinic** 3050 Martin  
Luther King Dr Shreveport,  
Louisiana 71107  
318-670-9561

**GLUE a recent *PASSPORT*  
(HEAD SHOT ONLY)  
photograph here.  
Do not Scan  
  
Not larger than 2x2**

**Admissions Application  
(MUST BE TYPED)**

**PERSONAL INFORMATION:**

Full Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
(last, first, middle)

Mailing Address: \_\_\_\_\_

Evening Phone #: \_\_\_\_\_ Daytime Phone#: \_\_\_\_\_

Your SUSLA email (*required*) \_\_\_\_\_ alternate email \_\_\_\_\_

\*\*\*\*\*

**EDUCATION:**

Applicants must **minimally** complete 12 credit hours at Southern University at Shreveport or be enrolled in 12 hours at the time of application to the program. You must also successfully complete the following courses:

English DHYG110S	3 credits hours	Biology DHYG 222S & 222LS	4 credit hours (Lec/Lab)
Math DHYG 121S	3 credit hours	Chemistry DHYG 130S	3 credit hours (lecture)
Biology DHYG 220S & 220LS	4 credit hours (Lec/Lab)	Intro to Dental Hygiene DHYG 101S	1 credit hour

Along with this application, obtain a receipt of \$65.00 for the (non-refundable) application fee made payable to (Southern University) from the cashier, official *unopened* transcripts from all colleges and universities attended including Southern University at Shreveport. REMINDER: You must also (if you have not done so previously) request official transcripts from all other universities/colleges attended to be sent to the Registrar's office of Southern University at Shreveport, 3050 Martin Luther King, Jr. Drive, Shreveport, LA 71107, Attention: Dental Hygiene Clinic.

**WHERE TO RETURN THIS PACKET:**

Please mail or deliver your packet to the address listed above. If you would like confirmation of delivery of your packet, please inquire with your post-office or other mail carrier services.

List in chronological order all undergraduate and graduate colleges or universities attended. (*Do not include vocational school or business school; only schools awarding college credit*)

Institution & Location	Dates Attended	Degree Earned
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any college courses in which you are **CURRENTLY ENROLLED**. If none, leave blank.

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

List any college courses in which you plan to enroll during summer term(s) 2026. If none, leave blank.

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

## PROFESSIONAL LETTERS OF RECOMMENDATION:

Applicants to the program must include two (2) signed and sealed letters of recommendation with this application; at least one must be from one of the applicant's college instructor. **Persons making recommendations should not be related to the student, be a current or past Southern University Administrator, faculty of the dental hygiene program, or person currently holding or seeking political office.** The letters should attest to your ability as a student as well as address character traits. Persons making recommendations may, if they so choose mail letters directly to the program director. It is the student's responsibility to ensure that letters are received by the application deadline. **ONLY TWO LETTERS WILL BE ACCEPTED AND ADDITIONAL LETTERS WILL BE DISCARDED.**

By signing and submitting this application to the dental hygiene program at Southern University at Shreveport, I

\_\_\_\_\_: (Type full name)

- agree to accept the decision of the selection committee as final.
- understand that meeting the minimum qualifications of the dental hygiene program at Southern University at Shreveport, does not guarantee my admission to the program.
- verify that all information that I have included in this application is complete and is accurate.
- understand that my acceptance into this program is based solely upon the objective criteria listed in this application.
- accept that my failure to comply with regulations regarding clinical selection will result in the dismissal of this and future applications to the dental hygiene program at Southern University at Shreveport.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(**Note:** This must be your actual signature and not a computer font.)

**Completed packet must be received  
no later than April 6, 2026.**

Southern University at Shreveport assures equal opportunity for all qualified persons without regard to race, color, religion, sex, national origin, age, handicap, marital status, or veteran's status in the admission to, participation in, and treatment or employment in the programs and activities that the University operates. Anyone having questions or complaints regarding any of the above listed items may contact the Office of Student Affairs or the Office of Personnel/Human Resources.

Name: \_\_\_\_\_ SUSLA ID# U \_\_\_\_\_ DOB: \_\_\_\_\_  
(Typed) (Month/Day ONLY)

## **DENTAL HYGIENE PROGRAM APPLICATION COMPLETION FORM 2026**

**Handwrite** your initial next to each item below which indicates that each item is complete. The completed application must be placed in clear plastic sheet protector ½ to 1-inch size 3 ring binder of your choice, a personalized cover page should be placed in the front sleeve on the binder, and application materials must be placed in the binder as follows:

- \_\_\_\_\_ 1. The initial and signature page (this page) must be place in 3-hole punched clear plastic page protector. It should be placed at front of application binder. (Note: This should not be typed but actually initialed and signed by you.)
- \_\_\_\_\_ 2. **Typed** Dental Hygiene Application Form. Place in 3-hole punched clear plastic sheet protector. Place behind divider labeled as follows: **DENTAL HYGIENE APPLICATION**
- \_\_\_\_\_ 3. Obtain Official **un-opened transcripts** from all colleges and universities you have attended. Place them all **un-opened** into 1(one) 3-hole punched clear plastic sheet protector. Place behind divider labeled as follows: **TRANSCRIPTS**
- \_\_\_\_\_ 4. Obtain letters of recommendation (If they are not to be mailed directly to Dental Hygiene Department) and place the letters into one plastic sheet protector. Place behind divider labeled as follows: **LETTERS OF RECOMMENDATION**
- \_\_\_\_\_ 5. Obtain a receipt for the application fee from the cashier and place it in a 3-hole punched clear plastic sheet protector. Place divider labeled as follows: **APPLICATION FEE**
- \_\_\_\_\_ 6. Place your dental hygiene personal statement with your name on it in a 3-hole punched clear plastic sheet protector. Place behind divider labeled as follows: **DENTAL HYGIENE PERSONAL STATEMENT**
- \_\_\_\_\_ 7. I have taken **all** minimum prerequisite course work. Refer to pages 1 and 2 of Application packet.
- \_\_\_\_\_ 8. I have taken and placed the **Test of Essential Academic Skills (TEAS)** exam score in a 3-holepunched clear plastic sheet protector or will register to do so for the upcoming dates. (Dates: March 16, 2026, or March 31, 2026)
- \_\_\_\_\_ 9. I have completed the required observation hours and have included the properly filled out observation form in the **1/2" - 1" binder**.
- \_\_\_\_\_ 10. I am turning in my packet on time with a **PASSPORT picture affixed to the application in the correct space**. (Note: Please use a pharmacy center such as Walgreens or CVS. **No selfies or snapshots**.) It is Post-marked no later than **April 6, 2026**
- \_\_\_\_\_ 11. I have addressed my entire packet to 3050 Martin Luther King, Jr. Dr. Shreveport, LA 71107  
Attention: **DENTAL HYGIENE DEPARTMENT**
- \_\_\_\_\_ 12. *I understand if accepted into the program, prior to Fall 2026 registration, I must register and accept the course fees that will include required instruments, uniforms, and supplies. I understand I am responsible for all related financial obligations.*
- \_\_\_\_\_ 13. *The items that I purchase become my property and should I decide not to continue in the Dental Hygiene program, I will not receive a refund for these items, they belong solely to me.*

This application is complete and all required elements are included. I have followed all submission instructions:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **GENERAL INFORMATION**

Please read carefully and retain for your own reference

1. Due to the extreme competitiveness of the application process for the dental hygiene program, it is strongly recommended that all students who are serious about a career in dental hygiene apply to several dental hygiene programs in order to increase probability of acceptance to a clinical dental hygiene program. A listing of dental hygiene programs Accredited by the ADA's Commission on Dental Accreditation is available at [www.ADA.org](http://www.ADA.org) or [www.ADHA.org](http://www.ADHA.org).
2. Students must register and accept their fees prior to the first day of class in order to receive their instrument, uniforms and supplies. Both first year and second year students are required to purchase unused textbooks/workbooks that may cost up to \$1,200.00 per year. The first-year kit is purchased **prior** to the first day of class in the program. (***The Dental Hygiene Program does not provide refunds for uniforms, supplies, books, instruments, tuition, or any other fees paid by student***). Please see the attached estimated program expense sheet.
3. Students accepted into the program must have transportation to various clinical facilities. It may be necessary for travel to extramural clinical sites outside of the Shreveport – Bossier City area. Students may also be required to travel to dental meetings which require overnight stay.
4. Due to the potential for exposure to communicable diseases, students ***who are accepted*** into the program are required to have current immunizations including the Hepatitis A & B, Influenza and H1N1 influenza vaccines. Students are required to have the influenza vaccine annually, as well as be tested for Tuberculosis and the HIV virus annually. Students not accepted into the program are not obligated to meet this requirement. Many students go to the Willis Knighton Work Kare centers to have this done. You may see personal physician, etc. You are responsible for the cost associated with vaccinations and blood testing.
5. **If you have prior criminal convictions, you must submit information regarding your conviction to the Louisiana State Board of Dentistry and to the dental hygiene program prior to enrollment in the program. Depending on the conviction, you may be denied access to clinical training facilities and/or a license to practice in the state of Louisiana or any other state of your choosing, and therefore, you may choose to withdraw your application to the program. Students who are not accepted into the program are not obligated to meet this requirement.**
6. Students **accepted into the program** must have proof of current CPR certification. This certification must be the Course "C" or Health Care Provider certification that includes Adult, Child, and Infant CPR, rescue breathing and Choking. This course will be offered at the onset of the Fall 2026 semester by certified instructor of American Heart Association. You need not seek this certification on your own, as we will arrange course for clinical students. Students not accepted into the program do not need to meet this requirement.
7. All students accepted into the dental hygiene program must meet performance standards for admission. Those accepted must be physically and mentally capable of successfully performing all tasks safely, accurately and expeditiously. Please see the program director if you have any questions regarding performance standards. After proper instructions have been given, the Southern University dental hygiene program reserves the right to verify one's performance level.
8. The Dental Hygiene Program admission process is competitive. Applicants will be scored on the following criteria: cumulative grade point average, science grade point average, Test of Essential Academic Skills (TEAS) test (admission exam), and interview with admissions committee. Please keep in mind that not being accepted does not mean that the student is not qualified, it means that the student did not earn the points to be in the top 12 admitted to the program.

9. Applicants are required to take the **Test of Essential Academic Skills (TEAS)**. Study guides are available at [www.atitesting.com](http://www.atitesting.com). You can also inquire at a chain bookstore for availability and purchase. Be sure it is the sixth edition. (TEAS score will be added into applicants total score for program. Students scoring above a 70 composite will be more competitive in selection process.) All persons interested, regardless of TEAS score, are encouraged to apply.
10. Interviews for the program will be scheduled for the interim period following the end of the Spring 2026 Semester but prior to the onset of Summer I –Term 2026. **Your interview date and time will be mailed to your email address by the end of April 2026.** You will be notified of acceptance status prior to registration for the Summer I – Term 2026.
11. To obtain a dental hygiene license, students must successfully complete this program, Pass the written National Board for Dental Hygiene with a 75% score and pass a clinical regional Board. Upon successful completion of these exams, the student, is eligible to take the state jurisprudence exam (in the state of their choosing) and obtain licensure.
12. Dental hygienists work in a variety of settings, including governmental clinics, private dental offices, in research, sales, public health departments, schools, and higher education. The salaries dental hygienists earn varies from state to state and even region to region.
13. Once admitted into the Dental Hygiene Program, students are required to attend a mandatory departmental orientations.
14. You will need regular access to a computer, internet and Windows capability both at school and away from school. You will also need access to a color printer. Some assignments are posted in and require submission via CANVAS.
15. Students who earn admission to this dental hygiene program will be required to submit to drug testing prior to enrollment each year as well as incidental testing where accidents occur or where student's behavior is such that it may jeopardize the safety and well-being of patients, peers or faculty. Students must assume the drug testing expense. (See attached policy)

# **DENTAL HYGIENE PROGRAM DRUG TESTING POLICY**

## **A. Definitions:**

**Controlled or Illegal Drug** - includes narcotics, hallucinogens, depressants, stimulants, look-alike drugs, or other substances which can affect or hamper the senses, emotions, reflexes, judgment, or other physical or mental activities. Included are controlled medications or substances not prescribed for current personal treatment by a licensed health practitioner in a medical setting to address a specific physical, emotional, or mental condition.

**Job/School Related Accident** - any individual behavior (action or inaction) which resulted in, but is not limited to, an accident, injury, or illness requiring an incident report. The accident may result in:

- Lost work/school time by an individual
- Death or serious injury or illness to a patient, employee, student, visitor, or co-worker
- An accident involving a vehicle, equipment, or property
- An injury requiring medical treatment
- Release of hazardous waste

**Legally Prescribed Medication** - includes drugs prescribed by a licensed practitioner and over-the-counter drugs, which have been legally obtained and are being used in the appropriate amount solely by the individual and for the purpose for which the medication was prescribed or manufactured.

**Positive Alcohol Test** – an alcohol concentration of 0.020 g/100ml or greater. An alcohol concentration between 0.020 and 0.039 g/100ml will result in the individual being temporarily removed from work/school until their breath alcohol concentration is less than 0.020 g/100ml. An alcohol concentration of 0.040 g/100ml or greater will result in disciplinary sanctions imposed by the appropriate Administrative Body or their designee. A person with an alcohol concentration of 0.040 g/100ml or greater is considered to be “under the influence” of alcohol. Alcohol will be tested for in breath, urine, or on blood as necessary.

**Positive Drug Test** - defined as testing positive for a specific drug at a specific ng/ml level. A drug test will be performed on urine, blood, or hair as necessary.

**Reasonable Suspicion/For Cause** - any individual may be tested who is suspected of being under the influence of alcohol and/or drugs where the suspicion is based on, but not limited to, any of the following:

- Observable behavior or physical symptoms
- A pattern of abnormal or erratic behavior
- Arrest or conviction of a drug-related offense
- Being identified as the subject of a criminal investigation regarding drugs
- Reliable information from independent sources
- Evidence of drug tampering or misappropriation
- Post-accident when accompanied by individualized suspicion that the individual may be under the influence of alcohol or drugs

**Reasonable suspicion that a substance abuse problem exists includes, but is not limited to:**

- The appearance of impairment or intoxication on the job or at school
- Unusual or aberrant behavior
- The existence of collaborative documentation
- Patterns of absenteeism or tardiness

**SAMHSA Laboratory** - a laboratory certified for forensic urine (and/or blood and hair) drug testing by the Substance Abuse and Mental Health Services Administration (SAMHSA).

**Under the Influence** - testing positive for alcohol at a 0.040 g/100ml or greater alcohol concentration and/or testing positive for drugs.

**Unsafe/Impaired Symptoms may include, but are not limited to:**

- Drowsiness or sleepiness



- Alcohol or drug odors on the breath
- Slurred or incoherent speech
- Confusion
- Unusually aggressive behavior
- Unexplained mood changes
- Lack of manual dexterity
- Lack of coordination
- Unexplained work/school related accidents or injuries
- Excessive sloppiness
- Illegible or errant charting
- Leaving work areas for extended periods or unexplained reasons
- Hand / body tremors

## **B. Alcohol and Drug Testing**

### **Reasonable Suspicion/For Cause Testing and Post Accident**

Southern University Dental Hygiene Department requires any individual who observes a Southern University at Shreveport affiliated student whose behavior appears impaired or unsafe due to the possible use/abuse of alcohol or drugs, to report the observations to their program director immediately. This includes drugs prescribed by a licensed practitioner and over-the-counter drugs, which have been legally obtained and are being used in the appropriate amount solely by the individual and for the purpose for which the medication was prescribed or manufactured.

An individual whose behavior appears impaired or unsafe at clinic/school must immediately submit to alcohol and drug testing.

Southern University at Shreveport Dental Hygiene Program may require someone involved in an accident (clinic/school related) while at clinic/school to immediately submit to alcohol and drug testing. An individual may be tested when one or more of the following conditions occur and there is individualized suspicion that the individual may be under the influence of alcohol or drugs:

- Death or serious bodily injury
- Loss of or damage to Southern University property or equipment
- An injury requiring medical treatment (testing may occur while receiving medical treatment)
- Release of hazardous waste (or radiation)

A student who refuses a drug/alcohol test will have all clinical privileges suspended immediately and will be required to report to the dean of allied health and or the dean of student affairs for further action:

### **Drugs searched for during alcohol and/or drug testing may include (but are not limited to):**

- Alcohol
- Amphetamines
- Barbiturates
- Benzodiazepines
- Cocaine
- Opiates (including various synthetic opiates)
- Phencyclidine
- Marijuana

The dental hygiene program director will notify the individual if a confirmed positive drug test (blood, urine, or hair tested twice) and shall offer the individual the opportunity to challenge the drug test at their own expense. All positive alcohol and drug tests will be forwarded to the appropriate Administrative Body or their designee.

If you have any questions regarding prescription medications, please plan to meet with program director and submit prescribing physicians' statement of the following:

Name of drug (brand and generic)

Reason for prescribing / use of medication Length of time medication is prescribed Effects/ Side effects

Physicians contact information

## DENTAL HYGIENE ESTIMATED PROGRAM EXPENSES

Item	Pre Program	Freshman Fall	Freshman Spring	Senior Fall	Senior Spring	Freshman Summer
Application Fee	75.00					
HOBET (TEAS TEST)	75.00					
CPR	70.00					
Passport Pictures	17.00					
Immunizations/ Physicals (varies)	120.00					
Eye Exam (varies)	75.00					
<b>Total</b>	<b>\$432.00</b>					
Tuition & Fees		2170.50	2170.50	2170.50	2170.50	904.00
Parking Pass		35.00		30.00		
Registration Fee (DH Mixer)		95.00				
Instruments		3,993.00		1,980.00		
Loupes		1700.00				
Teeth/Models/ Typodonts		650.00				
Uniforms/ Shoes/BP kit		550.00				
SADA Fees		75.00		75.00		
Books Fall		1,200.00	580.00	700.00	222.00	200.00
Table Clinic				50.00		
<b>Total</b>		<b>\$10,468.50</b>	<b>\$2,750.50</b>	<b>\$4995.50</b>	<b>\$2,392.50</b>	<b>1104.00</b>
Dental Hygiene Pin					85.00	
National Board					600.00	
Regional Board					1195.00	
LA state Jurisprudence					400.00	
Hesi levels 3					400.00	
Background Check					70.00	
Passport Pictures					20.00	
Malpractice Insurance					50.00	
Board Kit					55.00	
Graduation Fee					95.00	
<b>Total</b>					<b>\$5,149.50</b>	

**Total estimated Program Cost: 27,292.50**

*Costs are estimated and subject to change  
without notice*

**PLEASE MAIL FORM TO:**  
**Southern University at Shreveport, Dental Hygiene Program**  
**3050 Martin Luther King, Jr. Dr Shreveport, LA 71107**

### DENTAL HYGIENE PROGRAM RECOMMENDATION FORM

**Applicants:** This form is required. Complete section A and then give this form to the person completing your recommendation, along with a stamped envelope addressed to the Southern University at Shreveport Dental Hygiene Program so that they may mail the completed recommendation directly to the dental hygiene program. Please notify them that a letter of support on company letterhead is required along with the recommendation form. You may also have your recommender give you the sealed recommendation back directly to you. When you receive your sealed recommendation form & letter, leave the documents in its signed envelope and place in your application binder or mail the documents to the dental hygiene program using the address above.

#### SECTION A: Completed by Applicant

**Applicant Name:** \_\_\_\_\_

Please select the appropriate phrase below and sign your name.

- ☐ I waive \_\_\_\_\_ my right of access to this recommendation form.
- ☐ I do not waive \_\_\_\_\_

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

**Recommender:** The dental hygiene applicant has asked you to provide a recommendation on his or her behalf for admission to the Southern University at Shreveport Dental Hygiene Program. The categories below provide a list of representative traits or behaviors to help assist you in evaluating the applicant. Please check the most appropriate box for each category. We ask that you support your selections with a separate letter on your letterhead with this form. Please mail the form and the letter to the address above.

#### SECTION B: Completed by Recommender

**Name of Recommender:** \_\_\_\_\_

Recommender's Title: \_\_\_\_\_

Recommender's Telephone Number: \_\_\_\_\_

In what capacity have you known the applicant? How Long \_\_\_\_\_

**Recommender's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

	Exceptional	Above Average	Average	Below Average	Poor	No Comment/evaluation
<b>INTEGRITY:</b> Takes responsibility for her/his work; readily admits mistakes and takes corrective action. Demonstrates honesty and ethical behaviors.						
<b>PROFESSIONALISM:</b> Responds to corrective criticism in a positive manner, demonstrates respect for others, and presents a neat, clean appearance.						
<b>INITIATIVE &amp; MOTIVATION:</b> Demonstrates a commitment to learning new things and pays attention to quality. Works independently or as a team member, as appropriate.						
<b>PSYCHOMOTOR SKILLS:</b> Exhibits manual dexterity, eye-hand coordination, and is able to produce results with precision and accuracy.						
<b>COMMUNICATION SKILLS:</b> Expresses thoughts clearly and is able to interact and relate with a diverse group of people. Is sensitive to and respects cultural differences.						
<b>ORGANIZATIONAL SKILLS:</b> Able to complete assigned tasks in a reasonable amount of time in an efficient and organized manner, records data legibly and accurately, and maintains a clean and orderly work area.						

**PLEASE MAIL FORM TO:**  
**Southern University at Shreveport, Dental Hygiene Program**  
**3050 Martin Luther King, Jr. Dr Shreveport, LA 71107**

### DENTAL HYGIENE PROGRAM RECOMMENDATION FORM

**Applicants:** This form is required. Complete section A and then give this form to the person completing your recommendation, along with a stamped envelope addressed to the Southern University at Shreveport Dental Hygiene Program so that they may mail the completed recommendation directly to the dental hygiene program. Please notify them that a letter of support on company letterhead is required along with the recommendation form. You may also have your recommender give you the sealed recommendation back directly to you. When you receive your sealed recommendation form & letter, leave the documents in its signed envelope and place in your application binder or mail the documents to the dental hygiene program using the address above.

#### SECTION A: Completed by Applicant

**Applicant Name:** \_\_\_\_\_

Please select the appropriate phrase below and sign your name.

- ☐ I waive my right of access to this recommendation form.
- ☐ I do not waive

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

**Recommender:** The dental hygiene applicant has asked you to provide a recommendation on his or her behalf for admission to the Southern University at Shreveport Dental Hygiene Program. The categories below provide a list of representative traits or behaviors to help assist you in evaluating the applicant. Please check the most appropriate box for each category. We ask that you support your selections with a separate letter on your letterhead with this form. Please mail the form and the letter to the address above.

#### SECTION B: Completed by Recommender

**Name of Recommender:** \_\_\_\_\_

Recommender's Title: \_\_\_\_\_

Recommender's Telephone Number: \_\_\_\_\_

In what capacity have you known the applicant? How Long

\_\_\_\_\_

**Recommender's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

	Exceptional	Above Average	Average	Below Average	Poor	No Comment/evaluation
<b>INTEGRITY:</b> Takes responsibility for her/his work; readily admits mistakes and takes corrective action. Demonstrates honesty and ethical behaviors.						
<b>PROFESSIONALISM:</b> Responds to corrective criticism in a positive manner, demonstrates respect for others, and presents a neat, clean appearance.						
<b>INITIATIVE &amp; MOTIVATION:</b> Demonstrates a commitment to learning new things and pays attention to quality. Works independently or as a team member, as appropriate.						
<b>PSYCHOMOTOR SKILLS:</b> Exhibits manual dexterity, eye-hand coordination, and is able to produce results with precision and accuracy.						
<b>COMMUNICATION SKILLS:</b> Expresses thoughts clearly and is able to interact and relate with a diverse group of people. Is sensitive to and respects cultural differences.						
<b>ORGANIZATIONAL SKILLS:</b> Able to complete assigned tasks in a reasonable amount of time in an efficient and organized manner, records data legibly and accurately, and maintains a clean and orderly work area.						

## Southern University at Shreveport Dental Hygiene Observation Form

DATE	LAST NAME	FIRST NAME	SUSLA U#

### Directions

- You must observe a Licensed/Registered Dental Hygienist for all procedures and appointments.
- This form must be completed and signed by a Licensed/Registered Dental Hygienists regardless of employment experience of the prospective applicant. Observation of a Dentist or EDDA will not count towards required hours.
- Patient procedures and hours can be combined. *For example, during one observation, you can observe local anesthesia and a scaling and root debridement procedures that takes 2 hours.*
- This form will be submitted as part of your completed SUSLA Dental Hygiene application.
- It is required that you submit a minimum of 16 hours of observation. You must observe in **at least 2** dental offices to meet your 16-hour minimum requirement.

Observed Procedures		Dental Office	City, State	Date	RDH Name	RDH Signature
<b>Infection Control</b>  <i>(Observe Infection Control Procedures at two different offices)</i>	1.					
	2.					
<b>Exposure of Dental Images</b>  <i>(Digital or traditional film) Two different patients</i>	1.					
	2.					
<b>Local Anesthesia</b>  <i>Three different patients</i>	1.					
	2.					
	3.					
<b>Scaling/Root Debridement</b>  <i>Two Patients</i>	1.					
	2.					
<b>Sealant Application</b> <i>One Patient</i>	1.					

## Southern University at Shreveport Dental Hygiene Observation Form

Observation Hours	# of Hours	Dental Office	City, State	Date	RDH Name	RDH Signature
<b>Adult Prophylaxis Appointment</b> <i>Utilize additional pages if needed</i>  <b>A minimum of 16 hours of observation within a Dental Office must be completed</b> <b>Hours must be completed in at least Two Dental Offices</b>  <b>Observation of Dentist or EDDA will <u>not</u> count towards required hours</b>  <i>It is recommended applicants observe a variety of dental hygiene appointments. For example: prophylaxis, periodontal scaling and root debridement, etc.</i>	1.					
	<b>Activities Observed:</b>					
	2.					
	<b>Activities Observed:</b>					
	3.					
	<b>Activities Observed:</b>					
	4.					
	<b>Activities Observed:</b>					
	5.					
	<b>Activities Observed:</b>					
	6.					
	<b>Activities Observed:</b>					
<b>Child Prophylaxis Appointment</b>  <i>One Patient</i>	1.					
<b>Activities Observed:</b>						