



Idaho State UNIVERSITY

Master of Science in Dental Hygiene Program Application

Mail completed form to:

IDAHO STATE UNIVERSITY-MERIDIAN HSC
DEPT OF DENTAL HYGIENE
Division of Graduate Studies
1311 E. Central Drive
Meridian, Idaho 83642
Telephone: 208-373-1805

Students must submit completed application no later than:
Fall: April 1 Spring: Sept 1

Complete information in the space provided or attach additional pages as needed

General Information

Full Name: _____
Last First M.I.

Maiden Name: _____

Address to send admission correspondence:

Number and Street City State Zip Phone

E-mail address: _____

List information about the college or university attended to complete your entry-level degree from an accredited dental hygiene program.

Institution	Dates attended	Degree
_____	_____ to _____ month/year month/year	_____

List the college, university or continuing education sponsor for your local anesthesia education.*

Institution or sponsor	Dates of education
_____	_____ to _____ month/year month/year
_____	_____ to _____ month/year month/year

List the college, university or continuing education sponsor for your nitrous oxide education.*

Institution or sponsor	Dates of education
_____	_____ to _____ month/year month/year

Provide information about completed statistics course.*

Institution or sponsor	Dates of education
_____	_____ to _____ month/year month/year

Professional Information

Professional Experience

Describe your experience within dental hygiene and related fields.*

Position	Employer	Location	Dates	Responsibilities
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			to month/year month/year	
			to month/year month/year	
			to month/year month/year	
			to month/year month/year	

Community or Volunteer Service

Describe your experience within dental hygiene and related fields.*

Position	Entity	Location	Dates	Responsibilities
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			to month/year month/year	
			to month/year month/year	
			to month/year month/year	

Membership

Describe the professional organizations or associations in which you hold membership, including offices you currently hold or previously held.

Organization/Association	Office/Roles/Responsibilities	Dates
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		to month/year month/year
		to month/year month/year
		to month/year month/year

Awards, Honors and Scholarships

Describe awards, honors and scholarships received.

Scholarly Activity

Provide references of your publications, information on professional presentations, and other scholarly activity.

Professional Goals

Discuss three professional goals that are the most important to your career.

I certify that the information contained in this admission application is true and correct. You have my permission to verify any information I have provided. I understand that the Dental Hygiene Graduate Admission Committee will not consider my application if information on any of the application materials is misrepresented or falsified.

Signed: _____ Date: _____