



Master of Science in Dental Hygiene Recommendation Form

Mail Completed Form to:
IDAHO STATE UNIVERSITY-MERIDIAN HSC
 DEPARTMENT OF DENTAL HYGIENE
 Division of Graduate Studies
 1311 E. Central Drive
 Meridian, ID 83642
OR Fax Completed Form To:
 Attn: Dr. Linda Boyd
 208-373-1795

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

<p>I. Directions for Applicant: This recommendation form must be sent directly to the Dental Hygiene Graduate Program Director. You must provide all information requested in this section. Provide your personal information to ensure that this recommendation will be matched to your application file. Sign on the appropriate line.</p> <p>Print the name and address of your recommender where indicated. Provide him or her with an addressed envelope. The completed recommendation and any attached information (if applicable) must go directly to the graduate program.</p> <p>Name of Recommender _____ Title _____ Address _____ _____ Telephone _____ E-mail _____</p>	<p>Name of Applicant _____ Application Deadline Date _____</p> <p>Under the provisions of the Family Education Rights and Privacy Act of 1974, you will have access to the information provided unless you have waived such access. Please sign and date below to inform us of your decision.</p> <p><input type="checkbox"/> I hereby waive my right to the information recorded below.</p> <p>Signature of applicant _____ Date _____</p> <p>OR</p> <p><input type="checkbox"/> I retain my right of access to the information recorded below.</p> <p>Signature of applicant _____ Date _____</p>
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<p>II. Recommender Under the provisions of the Family Education Rights and Privacy Act of 1974, this applicant will have access to the information provided unless he/she has waived such access.</p> <p>In addition to responding to the items below, please comment specifically on the applicant's strengths and limitations for graduate study. Please use the back side of this form for your comments or attach a letter. Descriptions of significant actions, accomplishments, and personal qualities related to scholarly achievement are particularly helpful. Several paragraphs will be more useful to the admission committee than one or two sentences.</p>	<p>If you do not wish to use this form. Please include the full name of the student as it appears above to ensure that your recommendation will be added to the correct applicant file.</p> <p>1. How long and in what capacity have you known the applicant?</p>
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2. Please indicate the strength of your overall endorsement by placing an "X" along the scale.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Highly recommended	Recommended	Recommended with some reservations	Not Recommended

3. Describe the applicant's professional behavior as a dental hygienist.

4. Describe the applicant's leadership abilities.

5. Explain the applicant's potential for intellectual advancement within dental hygiene.

6. Provide additional information about the applicant that you feel is pertinent to their success as a graduate student.

Clinical Qualities

4. Please rate the applicant in comparison with others whom you have known at similar stages in their careers.

	Rarely 1	Sometimes 2	Frequently 3	Very Often 4	Almost Always 5	Not Applicable
Utilizes attentive listening skills when working with patients, faculty and other professionals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays mutual respect by discussing clinical viewpoints and rationale for decisions/actions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays professionalism in attitude, actions and appearance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Considerate towards patient needs, questions and treatment at all times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates ability to think critically related to client care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilizes appropriate record keeping and documentation procedures (record of services, informed consent, fee payment, appointment schedule)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates the ability to incorporate internet resources into the clinical setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains organization during patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes initiative to actively seek information (will look up information when necessary or seek assistance/guidance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays confidence in the clinical setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows evidence of being a self-directed and autonomous learner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrates NSPT (non-surgical periodontal therapy) on a routine basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accurately collects, records, and interprets medical history and vital sign data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accurately collects, interprets, and records assessment findings related to extra-oral, intra-oral, dental, and periodontal examination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accurately develops and follows a written care plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrates NSPT (Non-surgical periodontal therapy) on a routine basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incorporates effective instrumentation using hand and ultrasonic instruments during the provision of care (adaptation, activation, instrument selection, no heavy-handedness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implements supportive therapy procedures during the provision of care (e.g. sealants, desensitization, fluoride therapy, local or systemic antibiotics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrates evaluation and reevaluation following dental hygiene care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expanded Services						
Integrates into care plan, pain control (local anesthesia/nitrous oxide analgesia) methods needed during care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to administer local anesthesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to administer nitrous oxide analgesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to place and carve amalgam restorations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to place and finish composite restorations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name (printed) _____

Signature _____ Date _____