WICHITA STATE UNIVERSITY – SCHOOL OF ORAL HEALTH
DENTAL HYGIENE DEPARTMENT
Bachelor of Science in Dental Hygiene

FALL 2019 APPLICATION INFORMATION

To ensure fairness to all who apply to the Wichita State University (WSU) Dental Hygiene Program, it is necessary that all requirements be complied with, in complete and accurate detail.

GENERAL INFORMATION

All information and transcripts received become the property of the Dental Hygiene Department and cannot be sent elsewhere or returned. A new application is necessary each year a candidate wants to be considered.

QUALIFICATIONS FOR APPLICATION TO THE DENTAL HYGIENE PROGRAM

1. You must be admitted to WSU before your Dental Hygiene application can be considered.
2. Overall GPA of 2.75 and WSU GPA of 2.00 or higher are required.
3. See the course summary for prerequisite courses. Starred prerequisites must be completed by the spring semester prior to starting the dental hygiene program, as well as at least 4 of the 6 general education courses. Chemistry, Human Anatomy & Physiology, Microbiology and Nutrition courses taken more than 10 years ago must be repeated. Pharmacology taken over 5 years ago must be repeated.

APPLICATION PROCESS

1. Attendance at a scheduled information session for the Dental Hygiene Program is highly recommended.
2. If not a WSU student, an application to WSU, including official transcripts of all college work, to the WSU Admissions Office is required. University application and official transcripts should be submitted by the second Friday in November. Acceptance to the University does not constitute acceptance to the Dental Hygiene Program. Please contact: Office of Admissions, 1845 Fairmount, Wichita KS 67260-0124, or www.wichita.edu/apply (See application review process on the WSU website). If you have not heard from the WSU admissions office by December 1, 2019, please contact the admissions office at (316) 978-3085.

Application packets will be accepted for the fall 2020 class until 5:00 p.m. CST on the second Friday in November. The application packet can be printed from www.wichita.edu/dh. There is a $30.00 non-refundable application fee which must be enclosed with the application packet.

3. Students enrolled in Fall 2019 courses must submit sealed official transcripts (faxes are not accepted) from all universities and colleges attended except Wichita State University to the Dental Hygiene office by the first Friday in January. WSU transcripts do not need to be sent. Be sure the official transcripts show fall 2019 grades. The department of dental hygiene will send the Fall 2019 transcripts to the Registrars office.

4. All completed applications received by the deadline will be considered equally. Those that are incomplete or received after the deadline will not be considered, nor will they be returned. It is the responsibility of the applicant to see that all college transcripts and other materials are received by the Dental Hygiene Department by the designated deadline. The department will not be responsible for transcripts or other materials that are “lost in the mail” etc.

5. The Dental Hygiene Admissions Committee will review all completed applications. Based on: overall GPA, dental/healthcare work experience, previous degrees from accredited colleges, WSU hours, survey answers and observation form. After review, 72 applicants will be invited to interview in mid-February. Qualified applicants will be notified for interviews in early February.

6. All prerequisites must be completed with a C or better no later than spring 2020.
APPLICATION CHECKLISTS AND DEADLINES

APPLICATION CHECKLIST FOR WSU STUDENTS

Deadline – second Friday in November
Must be received in the Dental Hygiene Department by 5:00 pm CST

___ Dental Hygiene application form
___ $30.00 non-refundable application fee made payable to Department of Dental Hygiene
___ Official transcripts of all course work sent to the WSU Office of Admissions (except WSU courses)
___ Course summary form with information on all completed, ongoing, and future courses
___ Applicant questionnaire
___ Dental/Healthcare work experience form
___ Dental Hygiene observation form, your observation of a dental hygienist in a clinical setting for one half-day

Deadline – first Friday in January
Must be received in the Dental Hygiene Department by 5:00 pm CST

___ Fall 2019 official transcripts for courses taken outside of WSU, sent to the WSU Dental Hygiene Department (WSU transcripts do not need to be sent)

APPLICATION CHECKLIST FOR TRANSFER STUDENTS

Deadline – second Friday in November
Must be received in the Dental Hygiene Department by 5:00 pm CST

___ WSU Application Form and WSU application fee
___ Dental Hygiene application form
___ $30.00 non-refundable application fee made payable to Department of Dental Hygiene
___ Official transcripts of all course work sent to the WSU Office of Admissions (except WSU courses)
___ Course summary form with information on all completed, ongoing, and future courses
___ Applicant questionnaire
___ Dental/Healthcare work experience form
___ Dental Hygiene observation form, your observation of a dental hygienist in a clinical setting for one half-day

Deadline – first Friday in January
Must be received in the Dental Hygiene Department by 5:00 pm CST

___ Fall 2019 official transcripts for courses taken outside of WSU, sent to the WSU Dental Hygiene Department. (WSU transcripts do not need to be sent)
WICHITA STATE UNIVERSITY
DENTAL HYGIENE PROGRAM

TECHNICAL STANDARDS FOR DENTAL HYGIENE STUDENTS

All essential clinical skills necessary to practice dental hygiene effectively and safely are incorporated into the program curriculum. Published requirements to complete the program reflect those clinical skills. The student has to meet all graduation requirements to be eligible for a degree.

To be successful in the program, the following information should be of importance to prospective students:

1. Ability to maintain a grade point average of 2.0 or higher while in the professional program and 2.0 or higher in all courses.

2. Demonstrate minimal competence in all major course objectives which include, but are not necessarily limited to:
   - utilize appropriate oral and written communication
   - establish and maintain appropriate relationships with patients, families, and other health care professionals conducive to providing quality dental hygiene care and services
   - demonstrate ability to perform clinical skills such as periodontal probing, scaling, CPR, local anesthetic administration and others
   - demonstrate personal and professional qualities such as appropriate initiative, good judgment, flexibility, self-confidence, resourcefulness, and tact
   - demonstrate ethical and professional abilities
   - demonstrate organizational skills including time management, record keeping, and ability to work as a member of a professional health care team
   - demonstrate ability to adapt rapidly and appropriately to new clinical setting

3. Ability to handle the stresses of an intensive academic and clinical training program.

4. Ability to apply standard precautions when indicated.

Reasonable accommodations will be made for disability after the student notifies the department of the disability and the disability has been documented by appropriate professionals.

Transferability of courses is dependent on the receiving institutions’ analysis of courses. The Department of Dental Hygiene will provide all course syllabi and or schedules to facilitate transfer as needed.
APPLICATION FOR ADMISSION TO THE FALL 2020 DENTAL HYGIENE PROGRAM

To be considered for fall 2020 admission, this application form MUST be completed and submitted to the Dental Hygiene Department by 5:00 p.m. CST on the second Friday in November.

It is important that you answer each question completely; the information contained in this application will be treated confidentially. Please print or type your answers. Please keep the department advised of any changes in address or phone.

1. Full Name ________________________________________________________________
   Last       First       Middle       Maiden

2. Current Address __________________________________________________________
   City __________________ State _______ Zip ___________ Phone __________________

3. Permanent mailing address (if different from current address)
   Street _________________________________________________________________
   City __________________ State _______ Zip ___________ Phone __________________

4. I have submitted an application to the WSU Admissions Office. ☐ Yes ☐ No
   Date Application Submitted ______________________

5. How did you hear about the WSU Dental Hygiene Program? __________________________

NOTE: Criminal background checks are required prior to enrollment in Dental Hygiene curriculum. You will receive information about this when accepted to the program.

NOTE: Many state and national licensing and governing organizations will not grant a license, certification, registration or other similar document to practice ones chosen profession if one has been convicted of a felony, and in some cases a misdemeanor. Prospective applicants are encouraged to consult with the dental board of the state in which they wish to be licensed for more detailed information before applying. The Kansas Dental Board requires applicants have a social security number to apply.

CERTIFICATION

I hereby certify that the information in this application is correct and complete to the best of my knowledge. All materials submitted become the property of Wichita State University and will not be forwarded to another institution or returned to me. I understand that false and/or misleading statements or information will prevent my entry in the Dental Hygiene Program or cause my subsequent dismissal if I am admitted.

___________________________________________________
Signature of Applicant               Date

MyWSU id # _______________________ Date of Birth ______________________

___________________________________________________
Email Address

Department Use Only – Check # ____________ - Received ____________
WICHITA STATE UNIVERSITY (WSU), COLLEGE OF HEALTH PROFESSIONS (CHP)
DENTAL HYGIENE, BACHELOR OF SCIENCE (BS), 2019-2020

►►►►►► PREREQUISITES

<table>
<thead>
<tr>
<th>GEN ED FOUNDATION</th>
<th>COURSE #</th>
<th>CR</th>
<th>GRADE</th>
<th>SEM/YR</th>
<th>COLLEGE/NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundation courses must be complete with a C (2.0) grade within the first 48 hours of college coursework.</td>
<td>*ENGL 101 College English 1</td>
<td>3</td>
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<td>*ENGL 102 College English 2</td>
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<td>*COMM 111 Public Speaking</td>
<td>3</td>
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<td>*MATH 111 College Algebra or *MATH 112 Pre-Calculus Math</td>
<td>3</td>
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<tr>
<th>SCIENCE PREREQUISITES</th>
<th>COURSE #</th>
<th>CR</th>
<th>GRADE</th>
<th>SEM/YR</th>
<th>COLLEGE/NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum grade of C (2.0) required in each course.</td>
<td>*± CHEM 103 Chemistry/Lab</td>
<td>5</td>
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<td></td>
<td>*± BIOL 223 or HS 290 Human Anatomy &amp; Physiology/Lab</td>
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<td></td>
<td>*± BIOL 220 Microbiology/Lab</td>
<td>4</td>
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<td></td>
<td>± HS 301 Pharmacology</td>
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<thead>
<tr>
<th>ADDITIONAL PREREQUISITES</th>
<th>COURSE #</th>
<th>CR</th>
<th>GRADE</th>
<th>SEM/YR</th>
<th>COLLEGE/NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum grade of C (2.0) required in each course.</td>
<td>*PSY 111 General Psychology</td>
<td>3</td>
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<td></td>
<td>*SOC 111 Intro to Sociology</td>
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<td>HP 203/303 Medical Terminology</td>
<td>2/3</td>
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<td></td>
<td>± HS 331 Dietetics and Nutrition</td>
<td>3</td>
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*These courses may fulfill general education requirements.
± Chemistry, Anatomy & Physiology, Microbiology, and Nutrition courses taken more than 10 years ago must be repeated. Pharmacology taken over 5 years ago must be repeated.

►►►►►► ADDITIONAL GENERAL EDUCATION REQUIREMENTS

- General education coursework below is waived for students who have earned a prior bachelor’s degree from a regionally accredited institution.
- These tables lay out remaining general education requirements, assuming that prerequisite courses listed above fulfill other general education requirements. Transfer students should confirm general education needs with CHP academic advisor.
- Students who have completed an AA or AS through a Kansas Community College may choose to fulfill general education requirements by completing two 300-level TIER 3 courses at Wichita State University (see WSU curriculum below).
- At least 4 of the remaining 6 general education classes listed below must be completed by the spring semester prior to starting the program.
- www.wichita.edu/generaleducation

<table>
<thead>
<tr>
<th>WSU GEN ED CURRICULUM</th>
<th>COURSE #</th>
<th>CR</th>
<th>GRADE</th>
<th>SEM/YR</th>
<th>COLLEGE/NOTES</th>
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<tbody>
<tr>
<td>All students may follow this curriculum.</td>
<td>Intro Fine Arts</td>
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<tr>
<td>If FS chosen, course must be in second division from the first FS: Fine Arts/Humanities, Social/Behavioral Science, or Math/Natural Science. If I+P chosen, course must be in a subject other than first I+P.</td>
<td>Intro Humanities (1st subject)</td>
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<td>Intro Humanities (2nd subject)</td>
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<td></td>
<td>Tier 3 Further Study (FS)</td>
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<td></td>
<td>Tier 3 Issues and Perspectives (I+P)</td>
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<td></td>
<td>*Tier 3 FS or I+P</td>
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| OR
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<tr>
<th>KBOR GEN ED CURRICULUM</th>
<th>COURSE #</th>
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<th>GRADE</th>
<th>SEM/YR</th>
<th>COLLEGE/NOTES</th>
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<tr>
<td>Transfer students may choose the Kansas Board of Regents curriculum if: Admitted to WSU as a transfer student Have completed 24 or more credit hours after high school graduation</td>
<td>Fine Arts/Humanities (1st subject)</td>
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<td>Fine Arts/Humanities (2nd subject)</td>
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<td>Fine Arts/Humanities (3rd subject)</td>
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<td>Fine Arts/Humanities (any subject)</td>
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<td>Social/Behavioral Science (not PSY or SOC) Ex: ANTH, CI, ECON, ETHS, GEOG, POLS, SCWK</td>
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<td></td>
<td>Social/Behavioral Science (any subject)</td>
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PROGRAM APPLICATION AND ADMISSION REQUIREMENTS

Visit www.wichita.edu/dh for application, instructions, and more information.

►►►►►► APPLICATION DEADLINE
Application information available on program website in September.
Application available: September 1st
Application deadline: 2nd Friday in November

►►►►►► SELECTION CRITERIA
The program starts a class of 36 every fall.
► Admission is competitive.
► Admission decisions are made by Dental Hygiene Admissions Committee.

►►►►►► CHP and WSU GRADUATION REQUIREMENTS
NOTE: The dental hygiene professional program totals 58 credit hours. Students must complete a minimum of 60 hours from a four-year institution.

►►►►►► PROFESSIONAL UNDERGRADUATE DENTAL HYGIENE PROGRAM (58 credit hours)

FALL SEMESTER 1: 15 hrs
DH 311 Preclinical Dental Hygiene 5
DH 317 Clinical Radiology 4
DH 318 Oral Anatomy, Histology, & Embryology 3
DH 319 Dental Materials 3

SPRING SEMESTER 1: 16 hrs
DH 314 Intro to Periodontics 3
DH 331 DH Concepts I 3
DH 332 DH Clinic I 3
DH 334 Evidence-Based Practice 2
DH 335 General & Oral Pathology 3
HS 315 Head & Neck Anatomy 2

SUMMER SEMESTER: 2 hrs
DH 333 DH Clinic II 2

FALL SEMESTER 2: 12 hrs
DH 410 Community Oral Health Mgmt I 3
DH 416 Pain Management 2
DH 431 DH Concepts II 3
DH 434 DH Clinic III 4

SPRING SEMESTER 2: 13 hrs
DH 407 Ethics & Jurisprudence 3
DH 432 DH Concepts III 3
DH 435 DH Clinic IV 4
DH 440 Comm. Oral Health Mgmt II 3

►►►► CONTACT INFORMATION

CHP Advising Center
Ahlberg Hall 402  316-978-3304 #2
chp.advisor@wichita.edu
wichita.edu/chpadvising

Department of Dental Hygiene
Ahlberg Hall 312  316-978-3614
dental.hygience@wichita.edu
wichita.edu/dh
EDUCATION HISTORY

PLEASE LIST ALL PREVIOUS COLLEGES ATTENDED

<table>
<thead>
<tr>
<th>Name of Accredited College Attended</th>
<th>Dates Attended Begin/End</th>
<th>Did you receive a degree? *Answer Yes or No.</th>
<th>If degree received, Degree Type (AS, BS, MS etc..)</th>
<th>Date degree received</th>
<th>Did you receive a CDA? *Answer Yes or No.</th>
<th>Date CDA Received</th>
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*If degree or CDA is still in progress answer No.

DIRECT PATIENT CARE WORK EXPERIENCE

Dental or other health care experience is not required for application to the WSU Dental Hygiene program. Credit for such experiences is given, based on the type of activity. Examples could include office-trained dental assistant, certified dental assistant, licensed practical nurse, etc. Please list below the type of dental/health care experience. **If none, please write N/A.**

<table>
<thead>
<tr>
<th>Place of employment</th>
<th>Start Date Month/year</th>
<th>End Date Month/year</th>
<th>Brief Description of duties</th>
<th>Contact person/Telephone #</th>
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Applicant Questionnaire

Please circle the appropriate answer for the following questions:

1. What is the size of the community where you spent the major portion of your high school years (more than one year)? (Circle One)
   a. Large city (population 500,000 or more)
   b. Suburb of a large city
   c. City of moderate size (population 50,000 to 499,999)
   d. Suburb of moderate size city
   e. Small city (population 10,000 – 49,999)
   f. Town (population 2,500 – 9,999, other than suburb)
   g. Small town (population less than 2,500)
   h. Rural/unincorporated area

2. What is the size of your current resident’s community (the residence you have called “home” for more than 1 year)? (Circle One)
   a. Large city (population 500,000 or more)
   b. Suburb of a large city
   c. City of moderate size (population 50,000 to 499,999)
   d. Suburb of moderate size city
   e. Small city (population 10,000 – 49,999)
   f. Town (population 2,500 – 9,999, other than suburb)
   g. Small town (population less than 2,500)
   h. Rural/unincorporated area

3. Are you the first person in your immediate family (i.e., parents, siblings) to attend college?
   a. Yes
   b. No

4. In which of the following settings would you most like to practice following graduation and licensure?
   a. Large city (population 500,000 or more)
   b. Suburb of a large city
   c. City of moderate size (population 50,000 to 499,999)
   d. Suburb of moderate size city
   e. Small city (population 10,000 – 49,999)
   f. Town (population 2,500 – 9,999, other than suburb)
   g. Small town (population less than 2,500)
   h. Rural/unincorporated area

5. Are you fluent* in
   a. Spanish
   b. Asian language spoken in Vietnam and Cambodia

*Must provide verification, which must include verification from a foreign language fluency testing service (such as Language Testing International, [http://www.languagetesting.com/](http://www.languagetesting.com/)), a college or university international office official, or a college or university foreign language faculty member. The verification must attest to your fluency in the language specified above.

6. Gender _____ Male _____ Female

7. Voluntary Information: This information is used only for reporting to accreditation agencies. (Please check appropriate space)
   □ Hispanic/Latino of any race;  
   And, for individuals who are non-Hispanic/Latino only
   □ American Indian or Alaskan Native
   □ Asian
   □ Black or African-American
   □ Native Hawaiian or Other Pacific Islander
   □ White
   □ Two or more races
DENTAL HYGIENE OBSERVATION
(To be completed in your own handwriting on this form – DO NOT create a new form or type answers on a separate page.)

Please have the registered dental hygienist sign at the designated place at the bottom of this form. Please respond to the following brief questions. Please return to: Wichita State University, Department of Dental Hygiene, 1845 Fairmount, Wichita KS 67260-0144. THIS FORM MUST BE RECEIVED IN OUR OFFICE NO LATER THAN 5:00 P.M. CST ON THE SECOND FRIDAY IN NOVEMBER.

1. What were your expectations prior to this visit of what the hygienist would be doing?

__________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________

2. How did your observations compare with your expectations?

__________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________

3. Which of the observed procedures would you enjoy doing the most, and WHY?

__________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________
4. Which of the observed procedures would you enjoy doing the least, and **WHY**?

______________________________________________

______________________________________________

______________________________________________

______________________________________________

5. How did the observation influence your decision to pursue a career in dental hygiene?

______________________________________________

______________________________________________

______________________________________________

______________________________________________

6. Please list what dental hygiene procedures you observed during this required visit.

_______________________________________________________

______________________________________________

______________________________________________

______________________________________________

I verify that ________________________________________ observed me for a half day at the office of _________________________________.

Date of Observation: ____________

____________________________________

Registered Dental Hygienist

______________________________

Dental Hygiene School and Year of Graduation
BLOODBORNE PATHOGEN POLICY STATEMENT

1. Dental Health Care Personnel (DHCP) are responsible for knowing their health status and monitoring changes in their status. DHCP who have acute or chronic medical conditions that may affect their ability to deliver dental health care safely need to consult with their physician.

2. Any conditions that would exist beyond a short term illness/absence (2-3 days) and could be a contraindication to delivering patient care must be reported to the Dental Hygiene Department Chairperson (e.g. HBV, HCV, HDV, and HIV). The DHCP will be restricted from patient contact until a determination is made regarding their ability to have patient contact. The department chairperson will convene an expert review panel to make that determination.

3. The expert review panel will consist of at a minimum: a) DHCP’s personal physician(s), b) the director of Student Health, and c) department chair of the Dental Hygiene Department.

4. The expert review panel will advise, based on current science, which exposure prone procedures each DHCP testing positive for a bloodborne pathogen may perform.

5. Based upon the advice of the expert review panel, a determination will be made whether the faculty, staff or student testing positive for a bloodborne pathogen can satisfactorily complete the requirements for graduation or perform the essential functions of the position without being a direct threat to the health and safety of others.

6. To the extent required by law, the bloodborne pathogen status of a DHCP will be kept confidential.

7. Transmission of bloodborne pathogens is a rare occurrence in dental health care settings today. However, the consequences of transmitting a bloodborne pathogen is serious and warrants discussion of methods of prevention such occurrences. Transmission can occur between dental health care personnel (DHCP) and patients. The bloodborne pathogens hepatitis B (HBV), hepatitis C (HCV), hepatitis D (HDV) and human immunodeficiency virus (HIV) are of particular interest to DHCP.

8. Preventing occupational exposure to blood is the primary way to prevent transmission of a bloodborne pathogen. Exposure may occur through injury or exposure to other potentially infectious material (OPIM). The use of standard precautions, devices to prevent sharp injuries, and work place modifications will aid in reducing exposures. The Dental Hygiene Department routinely educates students, faculty, and staff in exposure prevention methods.

9. DHCP are considered to be at risk for acquiring HBV, influenza, measles, mumps, and rubella. All of these infections are preventable through immunization. The Dental Hygiene Department requires immunization with HBV, MMR and tetanus booster. The HBV immunization series must be completed before beginning clinical care in Clinic I the second semester of the first year. DHCP may decline the HBV vaccine but must document their decision with the department. Influenza vaccination is strongly recommended for all DHCP. Varicella (chickenpox) vaccination or physician documentation is required.
## Approximate cost of Attending WSU DH Program 2020-2021

<table>
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<tr>
<th></th>
<th>First Year Expenses</th>
<th>Second Year Expenses</th>
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<tbody>
<tr>
<td><strong>Tuition</strong> <em>(per cr. hr.)</em></td>
<td></td>
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</tr>
<tr>
<td>Kansas Resident and Shocker City Partnership</td>
<td>$ 223.62</td>
<td>$ 223.62</td>
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<tr>
<td>Shocker Select and Midwest Student Exchange</td>
<td>$ 335.43</td>
<td>$ 335.43</td>
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<tr>
<td>Non-Resident</td>
<td>$ 529.68</td>
<td>$ 529.68</td>
</tr>
<tr>
<td><strong>Campus Infrastructure and Support Fee (per cr. hr.)</strong></td>
<td>6.00</td>
<td>6.00</td>
</tr>
<tr>
<td><strong>Technology Fee (per cr. hr.)</strong></td>
<td>1.00</td>
<td>1.00</td>
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<tr>
<td><strong>Transportation Fee (per cr. hr.)</strong></td>
<td>0.75</td>
<td>0.75</td>
</tr>
<tr>
<td><strong>Student Activity Fee (fall and spring semester)</strong></td>
<td>679.18</td>
<td>679.18</td>
</tr>
<tr>
<td><strong>Student Activity Fee (Summer semester)</strong></td>
<td>339.60</td>
<td>N/A</td>
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<tr>
<td><strong>College of Health Professions Fees (per cr. hr.)</strong></td>
<td>15.00</td>
<td>15.00</td>
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<tr>
<td><strong>Dental Hygiene Program Fee (fall and spring semester only)</strong></td>
<td>375.00</td>
<td>375.00</td>
</tr>
<tr>
<td><strong>Textbooks</strong></td>
<td>800.00</td>
<td>400.00</td>
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<tr>
<td><strong>Uniforms/Shoes</strong></td>
<td>150.00</td>
<td>150.00**</td>
</tr>
<tr>
<td><strong>Instrument/Supply Kit</strong></td>
<td>2724.00</td>
<td>200.00**</td>
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<tr>
<td><strong>Loupes</strong></td>
<td>1000.00 - 1500.00</td>
<td>N/A</td>
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<tr>
<td><strong>Health Physical Examination</strong></td>
<td>160.00</td>
<td>50.00</td>
</tr>
<tr>
<td><strong>Student Professional Association Dues (optional)</strong></td>
<td>75.00</td>
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<tr>
<td><strong>Liability Insurance (included in University Comprehensive Fee Schedule; fall only)</strong></td>
<td>16.00</td>
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<tr>
<td><strong>Health Insurance</strong></td>
<td>Varies</td>
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<tr>
<td><strong>Licensure/Board Examinations:</strong></td>
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<tr>
<td>- National Boards</td>
<td>N/A</td>
<td>440.00</td>
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<tr>
<td>- CRDTS</td>
<td>N/A</td>
<td>995.00</td>
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<tr>
<td>- KS License Fee (must have a social security number)</td>
<td>N/A</td>
<td>131.00</td>
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<tr>
<td><strong>WSU Dental Hygiene Pin (optional)</strong></td>
<td>N/A</td>
<td>20.00-40.00</td>
</tr>
<tr>
<td><strong>Commencement Expenses (optional)</strong></td>
<td>N/A</td>
<td>25.00</td>
</tr>
</tbody>
</table>

**NOTE:** These figures are estimated, there may be some variation from year to year on books and instruments depending on options purchased.

* Current tuition costs listed above. Tuition rates are subject to change for each fall semester.

** As Needed

*Wichita State University does not discriminate in its programs and activities on the basis of age, ancestry, color, disability, gender, gender expression, gender identity, genetic information, marital status, national origin, political affiliation, pregnancy, race, religion, sex, sexual orientation, or status as a veteran.*

*The following person has been designated to handle inquiries regarding nondiscrimination policies:*

*Director*

*Office of Equal Opportunity*

*316-978-3186*