

Please submit this form in addition to a UFV Application for Admission.

A. PROGRAM OPTIONS

Certified Dental Assistant

Dental Hygiene

B. PERSONAL INFORMATION

Last name (family name)		First name	UFV student number (if known)
Former names (copy of birth certificate/marriage certificate/change of name will be required)			
Email address			Date of birth (YYYY, MMM, DD)
Phone number (with area code)		Alternate phone number (with area code)	
Emergency contact's name		Emergency contact's phone number (with area code)	
Emergency contact's address			
Do you have any illness or disability to which our early attention may facilitate your participation with the program?			
<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify): _____			

C. EDUCATIONAL INFORMATION

Aside from the previous high school and/or post-secondary experience you have indicated on your *UFV Application for Admission*, please list any other education you have completed (i.e., courses, seminars, conferences, etc.).

COURSES, etc.	INSTITUTION	COMPLETION DATE

Have you completed program prerequisites, as outlined in the UFV calendar (www.ufv.ca/calendar)?

Yes No If no, please explain prerequisites in progress: _____

D. DENTAL EXPERIENCE (if applicable)

DATES	JOB/TITLE/RESPONSIBILITIES	EMPLOYER	CONTACT PHONE

E. MANAGEMENT/LEADERSHIP EXPERIENCE (for **Dental Hygiene** applicants)
PUBLIC SERVICE EXPERIENCE (for **Certified Dental Assistant** applicants)

DATES	JOB/TITLE/RESPONSIBILITIES	EMPLOYER	CONTACT PHONE

F. VOLUNTEER EXPERIENCE

ORGANIZATION	CONTACT NAME	CONTACT PHONE	DUTIES

G. REFERENCES

DENTAL HYGIENE	CERTIFIED DENTAL ASSISTANT
<input type="checkbox"/> Work — letter of reference (submit with this form) <input type="checkbox"/> Personal — letter of reference (submit with this form) <input type="checkbox"/> Dental office experience — confidential reference form (must be sent to us by mail, directly from referee)	<input type="checkbox"/> Work — letter of reference (submit with this form) <input type="checkbox"/> Personal — letter of reference (submit with this form)

H. APPLICATION ESSAY

Be prepared to write an essay at the information session. More details will be provided at the information session.

I certify that the information provided is correct.	
Applicant's signature	Date

To the applicant: Complete this section before forwarding form to the referee.

Your name

Previous surname (if applicable)

To be completed by the referee, who is...

a dental hygienist, if applicant completed observation

a dentist, if applicant was employed in a dental office

1. Please identify the applicant's **length of employment** or **number of hours**: _____

2. Briefly describe the duties the applicant performed in your practice: _____

3. Please indicate with an **X** your rating of the applicant.

	Excellent	Average	Below Average	No basis to comment
Attendance/punctuality				
Safety				
Communication				
Working with others				
English: Speaking				
Writing				
Reading comprehension				
Creativity				
Initiative				
Independent thinking				

4. Please indicate your recommendation of this applicant for admission to the Dental Hygiene diploma and support your recommendation with comments and/or examples where appropriate.

Highly recommend

Recommend

Recommend with reservations

Do not recommend

Comments: _____

Referee's name

Title

Dental practice

Phone

Address

City

Postal code

Signature

Date

Please return form directly by mail to:

Dental Hygiene Program

School of Health Sciences

University of the Fraser Valley

45635 Yale Road

Chilliwack, BC V2P 6T4

Tel: 604-795-2817

*****IMPORTANT*****

This form must be submitted in a sealed envelope with the referee's signature across the seal.
Forms submitted incorrectly will not be considered.