

Dental Hygiene (10-508-1)

Petition Form

I AM PETITIONING TO START: **FALL SEMESTER** **SPRING SEMESTER** **20**_____

Please Print

Last Name	First Name	Middle Initial	MATC Student ID #	E-mail Address
Address		City/State/Zip		Telephone

Student is responsible for updating any changes to the above information on INFONLINE.

Read the following and circle “Yes” or “No” for each line. By circling “Yes” you verify that you have met the criteria. If you have questions about being ready to petition, see the program counselor.

1.	Yes	No	I have applied and achieved admission to the college through the MATC Admissions Office and have an active program code for the Dental Hygiene program.
2.	Yes	No	I am in Good Academic Standing.
3.	Yes	No	I have a cumulative GPA of 2.5 or higher.
4.	Yes	No	I have received a grade of “C” or better in each Liberal Arts course I have taken.
5.	Yes	No	I have completed all the required Natural Science courses with a grade of “B-” or better.
6.	Yes	No	I have attached the signed Job Shadow form.
7.	Yes	No	I have current American Heart Association CPR Certification — Healthcare Provider Level (attach copy).
8.	Yes	No	I have submitted the following forms to the MATC Milwaukee campus Records Office, Room M240: (attach verification form). <ul style="list-style-type: none"> Essential Functions Form Health Certification Forms Hepatitis Release Form
9.	Yes	No	I have submitted the Criminal Background Check (CBC) Form to the MATC Paralegal, Room M240 (attach verification form). <ul style="list-style-type: none"> MATC CBC Cover Page State BID (disclosure form) MATC Release and Conditions Form <p><i>I understand that completion of the CBC form does not guarantee clinical placement.</i></p>
10.	Yes	No	I have taken dental hygiene classes and/or science courses at another college. <i>If yes, I have attached a copy of my letter of Good Standing from my previous college (attach copy).</i>
11.	Yes	No	I have attached a copy of my MATC program plan accessed through INFONLINE (if applicable).
12.	Yes	No	I have submitted official transcripts from other colleges and the courses have been transferred (transferred courses will appear in my MATC Program Plan).

I have read and understand the requirements, petition and notification instructions. I have read and understand all the conditions of my petition to enter my program.

Signature

Date

Dental Hygiene (10-508-1) Petition Instruction Sheet

REQUIREMENTS

To be eligible to petition for entry into the Dental Hygiene technical courses the following requirements must be completed:

- Officially admitted into MATC with an active program code for the Dental Hygiene program.
- Be in Good Academic Standing. (Refer to the MATC Standards of Academic Success)
- All Liberal Arts courses taken have a final grade of “C” or better.
- Completion of all Natural Science courses: NATSCI-177 or NATSCI-201 and NATSCI-202, NATSCI-197, NATSCI-186 or NATSCI-209 with a grade of “B-” or better in each course.
- Transfer students must submit a *Letter of Good Standing* from other institutions or colleges, for any dental hygiene or science courses taken. (Attach a copy of the required *Letter of Good Standing* to your petition).
- Verification that official transcripts have been received by the MATC Admission Office and courses have been transferred and are reflected on my Program Plan (A copy of the Program Plan must be attached to your petition). The Program Plan may be accessed and printed through *INFONLINE*.
- Completion of Job Shadowing experience form. Must complete four hours at an office setting or MATC Dental Clinic setting (attach signed form to your petition).
- Verification of current American Heart Association CPR certification at the Healthcare Provider Level (you must attach a copy of the front and back of your card to your petition).
- Verification of completion of the Essential Functions, Health Certification Form and Hepatitis Release Form. Submit these forms to the MATC Health Records Specialist in M240 and obtain verification. (Attach a copy of your verification form to your petition).
- Verification of completion of the Criminal Background Check (CBC). Submit the CBC form to the MATC paralegal in M240 and obtain verification. (Attach a copy of your verification form to your petition).
Please Note: Completing the CBC does not guarantee clinical placement.
- Cumulative College GPA of 2.5 or higher.

PETITION INSTRUCTIONS

- You must submit all of the required documents as requested (regardless of how many times you have petitioned).
- Petitions must be turned in or mailed in a sealed envelope to Room H116, the Health Occupations Division Office (Milwaukee Campus) no later than the close of business by the petition deadline date. No exceptions.
- Mailed petition packets must be received by the deadline date. The mailing address for the Health Occupations Division is 700 West State Street, Milwaukee, Wisconsin 53233.
- Your petition will not be considered unless ALL REQUIREMENTS ARE MET, ALL DOCUMENTS ARE SUBMITTED AS REQUESTED AND YOU HAVE NO OUTSTANDING DEBTS TO MATC.

NOTIFICATION

- Students will be notified of their status via letter within forty-five (45) days of the close of the petition window.
- Accepted students will be required to attend **mandatory** program specific orientations for their respective programs.
- Accepted students that do not attend /complete the program orientation, do not register by the registration deadline or drop core technical courses will **forfeit their seat**.
- Deferring to another year or semester is not an option.
- Non-accepted students and forfeited students are encouraged to petition again during the subsequent petition period.
- All decisions regarding acceptance or non-acceptance are final and cannot be appealed.

MATC reserves the right to hold all decisions final.

**SUMMARY OF MATERIALS
TO BE ATTACHED TO YOUR PETITION:**

- Copy of my unofficial MATC Program Plan, accessed through INFONLINE
- Verification of signed Job Shadow form.
- Verification form of completion of the Essential Functions, Health Certification, and Hepatitis Release Form
- Verification form of completion of the Criminal Background Check
- Current American Heart Association (AHA) Healthcare Provider CPR certification. You must attach a copy of the front and back of your card to the petition.
- If applicable — for transfer students — a letter of Good Standing from previous college attended if dental hygiene and/or science classes were taken at that college.

Criminal Background Check
Verification Form

Student Name _____ Student ID# _____

\$ _____ was received on _____, and
(the required fee amount)
the completed criminal background check forms were received by the
Paralegal office on _____; thereby satisfying this requirement
in the admission's process.

Student Signature

Date

Print Student Name

Print Student Program

I understand that the signature below neither guarantees clinical placement nor implies that the criminal background check has been approved or passed.

MATC Paralegal Staff Signature

Date

Health Records
Petition Verification Form

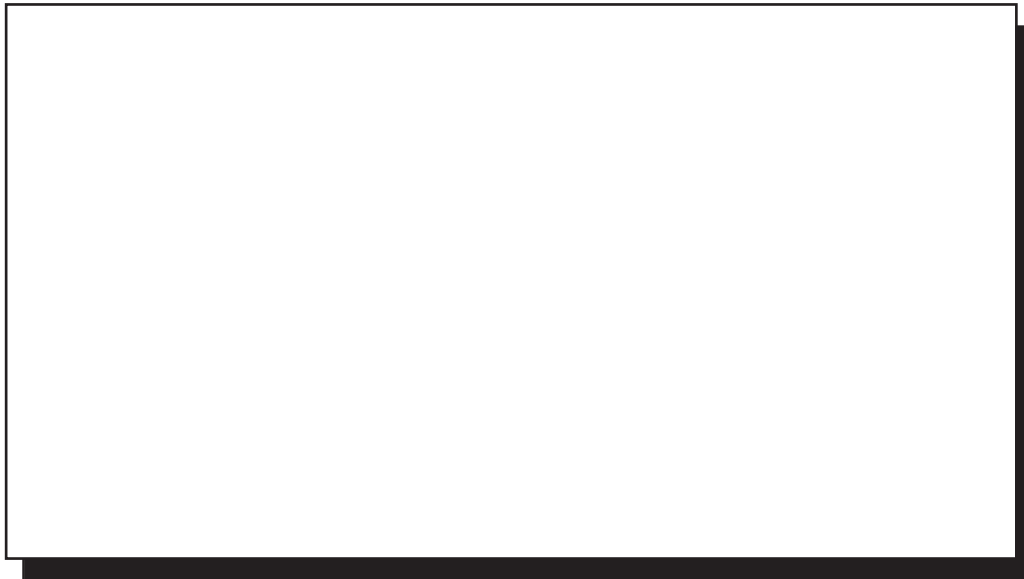
Student ID Number

Date

Print Student Name

Print Student Program

A signature below verifies that you have submitted a complete set of health forms to the Health Records Office, Downtown Milwaukee Campus, Room M240. It does not guarantee clinical placement.



This verification form is only valid for the individual program listed and for petitions submitted during designated petition periods.



Dear Dental Hygiene Student:

A requirement to be completed prior to starting the technical/clinical courses of the Dental Hygiene program is a job shadow, for 4 hours in a dental office or at the MATC Dental Hygiene Clinic.

Enclosed is the form to be completed by the designated person at either experience. In the form, obtain all required signatures and submit a copy of the form in your petition packet during the designated petition window. If you have already completed this required observation and have returned your form to MATC Admissions, you may disregard this letter.

Please choose one of the following choices:

- **Dental Office Observation:**

Please select a dentist's office convenient to you that employs a dental hygienist. Call to request observation time. Answer the two questions for the job shadow, and have the hygienist complete the form accordingly.

Or

- **MATC Dental Hygiene Clinic Observation:**

We ask that you prearrange this observation with Mrs. Gee at 414-297-6573. The clinic hours are Monday 3pm-7pm, Tuesday 1pm-5pm, and Wednesday 8am-12pm, Thursday 10am-2pm or 3pm-7pm and Friday 12pm-4pm. Answer the two questions for the job shadow, and have the hygienist complete the form accordingly

Include a copy of the completed and signed form whenever you petition for entry into the clinical portion of the Dental Hygiene program. It is recommended that you keep the original in your personal files.

If you have any questions or concerns regarding the job-shadow, please call Laurie Klos, Dental Hygiene Instructional Chair, at 414-297-7126.

We look forward to helping you meet your educational goals.

Sincerely,

Division of Health Occupations

Rev: 1/09

**Milwaukee Area Technical College
Dental Hygiene Program**

**MATC Dental Hygiene Clinic or Dental Office
Job Shadow Form**

Student Instructions:

Obtain the required signature at your chosen site, either the MATC Dental Hygiene Clinic or a Dental Office. Include a copy of the completed and signed form whenever you petition for entry into the clinical portion of the Dental Hygiene program.

Please answer the following questions about your observation:

- 1. What did you learn about the job of a Dental Hygienist that you didn't already know?**

- 2. How did your observations influence your decision to become a Dental Hygienist?**

RDH Instructions:

Please complete the Job Shadow form as appropriate, and give to the student.

_____ has shadowed in the
(Student name – please print)

MATC Dental Hygiene Clinic or Dental Office – 4 hours.
(Please circle the job shadow site above)

***For dental office job-shadow, also list the office full name and address:**

RDH Signature from Dental Office/ or MATC Instructor Date