

DENTAL HYGIENE AAS PROGRAM
Verification of Good Standing Form



This form should ONLY be completed and submitted if an applicant needs to provide proof of Good Standing in a Nursing and/or Health Science program that the applicant did not graduate/complete.

Verification of Good Standing Forms must be completed using the following directions:

1. Applicant must complete the 'Applicant Waiver' section before submitting the form for completion.
2. Verification of Good Standing Forms must be completed by the program Director/Department Chair.
3. Completed form must be returned to applicant to submit when applying to TJC Dental Hygiene.

APPLICANT WAIVER

This area must be completed by the applicant **PRIOR** to submitting the form for completion.

Pursuant to the Family Education Rights and Privacy Act (Buckley Amendment) enacted on December 31, 1974,

I do do not waive the right to inspect and review this completed 'Verification of Good Standing Form'.

Applicant Printed Name: _____ A#: _____

Applicant Signature: _____ Date: _____

PROGRAM ENROLLMENT INFORMATION

Do **NOT** complete this form if the Applicant Waiver section above has not been completed by the applicant.

Applicant Name: _____

College/Institution Name: _____

Department Chair/Director Name: _____

Phone Number: _____ Email: _____

Select the program applicant was enrolled in:

- | | |
|--|---|
| <input type="checkbox"/> Dental Hygiene | <input type="checkbox"/> Veterinary Technician |
| <input type="checkbox"/> Dental Assisting | <input type="checkbox"/> Medical Lab Technology |
| <input type="checkbox"/> Traditional RN (ADN/BSN) | <input type="checkbox"/> Occupational Therapy Assistant |
| <input type="checkbox"/> LVN/Paramedic-RN | <input type="checkbox"/> Physical Therapist Assistant |
| <input type="checkbox"/> LVN-BSN | <input type="checkbox"/> Radiological Technologist |
| <input type="checkbox"/> Vocational Nursing (VNE) | <input type="checkbox"/> Respiratory Therapist |
| <input type="checkbox"/> Surgical Technologist | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Diagnostic Medical Sonography | |

First Semester Attended: _____ Last Semester Attended: _____

- Is the student eligible to continue in the program? yes no
- Is the student eligible to reapply for admission to the program? yes no

Director/Department Chair Signature

Date

DH AAS Admissions Administrative Use ONLY

APPROVED DENIED

By: _____
Carrie Hobbs, Department Chair