

Petition into Dental Hygienist

PETITION PERIOD: February 7-11, 2022 for Fall 2022 Admission

DENTAL HYGIENIST PETITIONING REQUIREMENTS

In order to be eligible to petition the program for entry, you **must** apply to and be admitted by the college, attend an Advising, Registration, and Orientation (ARO) session, and attend a health sciences petition meeting specific to the program you plan to petition.

Required Courses – must be completed with a grade of “C” or better, prior to petitioning

- Intro to Biochemistry (806-186) OR General, Organic, & Biochemistry (806-199)
- General A&P (806-177)
- Microbiology (806-197) – must be completed within five (5) years of petitioning into Dental Hygienist

Admissions Testing – TEAS for Allied Health Students: Information regarding the TEAS for Allied Health Students test scheduling and administration may be found on [BTC's Admission Testing Page](#). A transcript/copy of your TEAS results must be included with the submission of your petition packet. If multiple attempts have been made, you may submit your highest test score.

PETITION PROCESS

After meeting the minimum requirements (outlined above), you are now eligible to petition. It is your responsibility to submit a completed petition packet and all required petitioning documents during the designated petition period in order to be considered for entry into the clinical program.

As program entry is granted to only a designated number of students, the petition packets are awarded points. Note: There are additional factors (i.e. previous, related work experience) that may be considered and awarded extra points for competitive entry – these are outlined below. More information will be available at the required petition information meetings. *Please note: Continuous enrollment is not required in order to maintain a current application.*

DENTAL HYGIENIST PETITION APPLICATION

Only students who have **completed the application process** and **meet all program-ready requirements** are eligible to petition. Petition forms and work experience forms **must be submitted/received no later than 4:00 p.m. on the last day of the petition period.** Information regarding submitting the petition application is included at the end of this packet.

Failure to complete all sections and submit all required documents will result in an invalid petition.

STUDENT INFORMATION

Student Name	BTC Student ID Number	Date of DH Petition Meeting Attended
Identify School District: <input type="checkbox"/> BTC <input type="checkbox"/> WCTC <input type="checkbox"/> RVC <input type="checkbox"/> Other: _____ <i>*If applying from RVC or WCTC, you must provide a letter of proof that you are affiliated with that college.</i>		

Please read and initial the following statements:

- _____ I have verified that Blackhawk Technical College (BTC) has my current mailing address on file.
- _____ I understand that in the case of a tie, the "Date of Pre-Clinical Admission" (as date-stamped by BTC Admissions) will be the deciding factor.
- _____ I understand that if I am selected and choose not to begin the core clinical courses, I must petition again.
- _____ I understand that if I am selected as an "alternate" I may be contacted as late as one month prior to the start of the core courses. If I choose not to begin core clinical courses at that time, I understand that I must petition again.
- _____ I understand a background check and possible drug screen will be conducted and the results may prevent my placement at a clinical site and interfere with my ability to complete the program.
- _____ I understand that program requirements for future petition periods may have different selection criteria and I must meet those new requirements if I am not selected in this current petition period or thereafter.
- _____ I understand that a petition meeting must be attended every year that I petition. Failure to attend a petition meeting every year before petitioning will result in my application being considered incomplete and void.
- _____ I understand that I must attach an unofficial BTC transcript. Students can print unofficial transcripts through MyBTC at mybtc.blackhawk.edu. Any relevant transfer coursework **must** be documented on the BTC transcript at the time of submission to be considered valid. *Failure to provide BTC transcripts will result in an invalid petition.*
- _____ I understand that an incomplete petition will be considered invalid.

Student Signature	Date
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I. COLLEGE COURSEWORK (____/135 points)

For each course, indicate where the course was completed and points based on what grade was achieved. Award the following points per grade achieved: A = 10pts, A-/B+ = 8pts, B = 5pts, B-/C+ = 3pts, C = 0pts. Award an additional 5 points for each course that was taken at Blackhawk Technical College.

Required Pre-Requisite Courses – these courses must be completed in order to petition:

Course	Grade	Location	Awarded Points
Intro to Biochemistry OR GOB*			
General A&P*			
Microbiology*			

* Points are doubled for science and math courses marked with an asterisk (*).

Additional Points for Additional Courses – these courses are not required for petitioning:

Course	Grade	Location	Awarded Points
English Composition			
Intro to Psychology			
Speech			
Intro to Sociology			

II. PROGRAM ADMISSION TESTING (____/75 points)

Test Score: _____

Award the following points for your TEAS Allied Health test score: 0-59 = 0pts, 60-64 = 15pts, 65-69 = 30pts, 70-74 = 45pts, 75-79 = 60pts, 80-100 = 75pts. **Note:** A transcript/copy of your test results must be included with the submission of your petition packet. If multiple attempts have been made, you may submit your highest test score.

III. PREVIOUS DEGREE OR BTC DENTAL ASSISTANT GRADUATE (____/10 points)

Indicate the highest, previous degree obtained below. Award the following points for the degree level achieved: Masters = 10pts, Bachelors = 8pts, and Associate = 5pts. If you do not have a degree but are a graduate (or currently enrolled student) of BTC's Dental Assistant Program, you will also receive 10pts.

Institution Granting Degree	Year Obtained	Degree Level

IV. DENTAL CLINIC WORK EXPERIENCE (____/20 points)

Indicate if you have any **dental clinic** work experience within the last five years. Include a completed **Verification of Occupational Experience Form (top portion only)** (located at the end of this packet) when submitting your packet. Only the final candidates will be audited. This is not required for petitioning.

Position Title/Location	Type of Position	Time in Position
	<input type="checkbox"/> No direct patient care (5pts)	<input type="checkbox"/> 0-1 year (5pts)
	<input type="checkbox"/> Direct patient care (10pts)	<input type="checkbox"/> 1+ years (10pts)

V. BTC DISTRICT RESIDENT (____/10 points)

If you reside within the Blackhawk District (i.e. Rock or Green Counties in Wisconsin), you will receive 10pts. If not, you will receive 0pts. District residence is verified by BTC by the address on file but is not a requirement.

FOR OFFICE USE ONLY Final Ranking Process	DH Petition Meeting Attended: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	College Coursework	_____/135 points
	Program Admission Testing	_____/75 points
	Previous Degree/BTC DA	_____/10 points
	Dental Clinic Work Experience	_____/20 points
	BTC District Resident	_____/10 points
	Total Points	_____/250 points

SUBMITTING THE PETITION PACKET

Once completed, petition packets must be submitted:

- Dropped-off at the Health Sciences Reception Desk (Room 2304) at Central Campus
- Mailed (and received by deadline) via US mail to: Blackhawk Technical College, Attention: Health Sciences (Room 2304), 6004 S County Rd G, Janesville, WI 53547-5009
- Faxed to (608) 743-4578

Students will be notified by US mail within two months of the petition deadline regarding the status of their petition packet. Letters will be sent to the address on record in the college computer system.

Verification of Occupational Experience

Dental Hygienist Program

Please carefully read the following instructions: The top half is to be completed by the applicant only and then returned with the petition packet. If the applicant is selected, then the bottom half may be completed by the employer and returned to the address listed.

The Dental Hygienist Program requires that all relevant work experience pertaining to the program application be verified. The Dental Hygienist Program will consider pertinent, verifiable volunteer work to meet this criteria.

TO BE COMPLETED BY DH APPLICANT:

Dental Hygienist Applicant Name		BTC Student ID Number	
Street Address	City	State	Zip Code
Business Name		Position Held	
Street Address	City	State	Zip Code
Contact Person		Phone Number (with Area Code)	
Employment Began (MM/DD/YYYY)	Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	If part-time, list average weekly hours:	
Last Day Employed (MM/DD/YYYY)		Total Hours:	

I authorize my employer/former employer to release the following information to Blackhawk Technical College:

Applicant Signature	Date
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After petition review, **if the applicant is selected**, this form will be sent to the applicant's employer for verification of employment. Employers should complete the section below and return the form for review:

TO BE COMPLETED BY EMPLOYER:

The above named person was employed as a(n) _____ for the period(s) and hours listed above.
job title/classification

Employer Signature	Employer Title	Date
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Please return the completed form to: Blackhawk Technical College, Attention: Health Sciences – Dental Hygienist Program (Room 2304), 6004 S County Rd G, PO Box 5009, Janesville, WI 53547-5009, Fax: (608) 743-4578.