Yearly Application Process for Acceptance in the Clinical Programs

Directions:
Application documents are to be submitted to the address below, no earlier than the 15th and postmarked by the 30th for consideration for the following Fall semester start (Summer start in the case of Accelerated Nursing and Medical Laboratory Science & MLT, Molecular Diagnostics).

If you are mailing the materials, please use a return receipt service through your preferred postal delivery service so that you can be assured your materials were received.

College of Health Professions Student Academic Affairs Office [VFS 209]
Ferris State University
200 Ferris Drive
Big Rapids, MI 49307

1. Refer to the website for assistance (Q&A, forms, policy for admissions)
http://www.ferris.edu/HTMLS/colleges/alliedhe/Admission-to-the-Clinical-Programs.htm

   - Contact Information: CHP Pre-Professional Advisors: Linda Kuk, or Natalia Carvalho-Pinto
     alliedhealth@ferris.edu 1-800-GO-BULLDOGS, ext. 2270; Office: VFS 209; chp@ferris.edu

   - Please refer to the program Progression Policy for guidelines regarding repeated science and math courses (CHEM & BIOL & MATH) available at the program website
     http://www.ferris.edu/HTMLS/colleges/alliedhe/

2. For Admission to the Professional / Clinical Sequence:
   - Students must officially apply to the professional sequence between:
     January 15th – January 30th for ALL programs except Traditional Nursing
     (TRADITIONAL NURSING apply ONLY – March 15th - March 30th note the date change)
   - You must meet your qualification the end of Fall semester for the following programs:
     RADI-Radiography, DMS-Sonography
     You must meet your qualifications the end of Spring semester for the following programs, but you can apply if they are in progress.
     NURS- Nursing, RESP-Respiratory Care, DHYG-Dental Hygiene,
     MLS-Medical Laboratory Science, MLT-Medical Laboratory Technology, DMOL-Molecular Diagnostics
   - NOTE: GPA requirement for DHYG & NURS, it is required at the time you apply.
   - You must be currently enrolled at FSU or accepted for the next academic year.
   - You must be enrolled or accepted in the “pre program” you are applying, as your primary or secondary degree.

3. Application Documents REQUIRED for a complete application packet
   a) Qualification Check List for your appropriate program
   b) Signed Application form, for your appropriate program
   c) Copies of unofficial transcripts from ALL colleges attended after high school. REQUIRED even if official copies have been sent to FSU.
   d) Copies of ACT scores if your score meets the program math requirement.

4. Complete all of the information on your qualification check sheet and application form in its entirety.
   Make sure you complete all “white cell” boxes or the application is incomplete. Please complete all sections and attach appropriate documentation as directed.
   Incomplete application materials will not be reviewed and the applicant will not be considered for admission

5. You will be notified by:
   March 15th for the January application cycle / May 1st for the traditional nursing application cycle
## ACADEMIC STATUS:
- Maintain GPA 2.5 or higher **AND**
- A 2.5 GPA is required at the time of application

## GPA REQUIREMENT:
Overall GPA 2.5 or higher and required at the time you apply.

### List ALL Colleges Attended:
1. 
2. 
3. 

### OVERALL GPA of each college:
1. 
2. 
3. 

## COURSE / QUALIFIERS

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<tr>
<th>COURSE / QUALIFIERS</th>
<th>Minimum CREDITS</th>
<th>Minimum GRADE REQUIRED</th>
<th>SEMESTER TAKEN</th>
<th>COLLEGE WHERE COURSE TAKEN</th>
<th>GRADE(S) (Or GPA) (Or Credit) (or IP) In Progress</th>
<th>REQUIREMENT MET (office use only)</th>
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<td>Math Competency:</td>
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<td>• ^MATH 110 or ACT Math Subscore of 19 or higher</td>
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<td>SOCY 121 Intro to Sociology</td>
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<td>PSYC 150 Intro to Psychology</td>
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<td>Cultural Enrichment</td>
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All courses must meet the above requirements within two attempts. A withdraw “W”, counts as an attempt.

- See: Application Form on the Next Page

Updated: 05/13/14
2015 Application for DENTAL HYGIENE PROGRAM to the Professional Sequence

Student Name:____________________

FSU ID __________________________

Note: All correspondence related to this application will be sent to this address

Current Address:____________________________________________________________

City/State/Zip:______________________________________________________________

Phone number __________________ Alternate number ___________________________

Current Email Address_______________________________________________________

Criminal Background Check Report The criminal background check will be filed after you are admitted to the professional sequence of the program, and submitted at the same time as other required immunization records.

I have met all of the requirements to qualify for admission to the DENTAL HYGIENE PROGRAM as verified by the attached documentation. Check all attached:

_____ Qualification check list reflecting completion of pre-requisites with the required grades as designated by the nursing program. This checklist form is available on the COHP and School of Nursing websites. Please fill in all white boxed/blank areas.

_____ Attach unofficial transcripts from FSU and/or other institutions reflecting all completed coursework to date and/or enrolled in this semester. Required even if they have been submitted to FSU.

_____ Copy of ACT scores for students who did not complete a math course because they had the proficient ACT score.

_____ Other (Specify special documentation to clarify coursework, etc.):

I VERIFY THAT THE INFORMATION PROVIDED WITH THIS APPLICATION IS ACCURATE. I AM ACCEPTED OR ENROLLED AS A PRE-Dental Hygiene MAJOR FOR EITHER MY PRIMARY OR SECONDARY FSU PROGRAM (no documentation is needed).

Student Signature __________________________ Date ____________________

For College or Department Use Only:
Qualifying Semester________________________ Priority Date__________________________

Comments: ________________________________________________________________

______________________________________________________________

Approved to start:_________ Not approved to start:_______ Qualified:_________ Not Qualified___________

Signature:_________________________ Date:____________________