

Application for Admission RDH/BSDH Program

APPLICANT PERSONAL INFORMATION

First Name

Middle Name

Last Name

Date of Birth

GHC ID

Maiden Name

Address

Phone #s

NEXT

DENTAL HYGIENE SCHOOL

School Attended

State

▼

Year of Graduation

▼

Add Additional Schools

[Go to Licensure Information](#)

LICENSURE INFORMATION

State

ComboBox ▼

License Number

Active

☐

[Enter Additional Licenses](#)

[Go to Emergency Contact](#)

EMERGENCY CONTACT

First Name

Last Name

Relationship

Address

Phone #s

NEXT

EMPLOYMENT INFORMATION

Currently Employed? ☐

Name of Employer

Phone

[Enter Additional Employers](#)

[Next](#)

