

Applicants are eligible for up to 8 points on Phase I of their application for completing treatment and/or 7 hours of shadowing at the PCC Dental Clinic.

- Treatment and/or shadowing must be completed by the end of the PCC winter term prior to the application deadline. Completing treatment means that applicants have gone through an entire dental hygiene process of care which includes teeth cleaning from start to finish. Each appointment is approximately 4 hours and may require multiple visits.
- All required documentation must be uploaded to your DHCAS online application by 8:59 pm PST by the application deadline. Documentation submitted after the deadline will not be considered.
- Optional: applicants may include a one-page typed reflection after their treatment and/or shadowing.

Tips on how to connect with the PCC Dental Clinic:

- Email dentalclinic@pcc.edu (emails will be returned within 48 business hours)
- Include in your email
 - Which program are you applying to (Dental Hygiene or Dental Assisting)
 - Which year you will be applying to the Dental Hygiene program (2025, 2026, etc.)
 - What type of experience you want to complete (shadowing/completing treatment)
 - What days and times you are generally available
 - The best phone number to reach you
- PCC's Fall and Winter are the best terms to schedule at the PCC Dental Clinic. The Spring term has limited availability. The PCC Dental Clinic is closed during the Summer term.
 - Anticipated Fall term availability is T/W/TH between 8:00am - 5:00pm
 - Anticipated Winter term availability M-TH between 8:00am - 5:00pm

Optional - Reflect on your experience:

Applicants may provide a one-page typed reflection and include it with their Dental Clinic Experience form. Completed reflections will not be considered for additional points.

- Describe the most memorable patient interaction either as the patient or that you witnessed and its impact on your understanding of the profession.
- Consider the communication skills, clinical procedures, and patient education provided during the appointment. How did this experience reaffirm your interest in dental hygiene, and what insights did you gain that you can apply in your future professional practice as a dental hygienist?
- Additionally, reflect on any challenges you observed and how you might approach similar situations differently. How do you envision this experience shaping your path towards becoming a skilled and compassionate dental hygienist?



PCC Dental Hygiene Program
PCC Dental Clinic Experience Verification Form

To Be Completed by The Applicant	
Applicant Name:	Applicant Student ID Number: G0

By signing below, I certify that I have completed dental treatment and/or shadowing at the PCC Dental Clinic. I certify that I understand that providing false information on this form will result in nullification of my application and/or dismissal from the program.

Applicant Signature: _____ Date: ___/___/___

To be completed by the Dental Clinic Coordinator or Dental Hygiene Instructor
Coordinator / Instructor Name:
Coordinator / Instructor Title:
Coordinator / Instructor Email Address:
Applicant PCC Dental Clinic Experience Information
Please indicate if the applicant completed the following experience(s): <input type="checkbox"/> Shadowed for 7 hours <input type="checkbox"/> Completed Treatment
Date(s) of shadowing and/or treatment:
Total hours shadowing (if applicable):
Type of treatment (if applicable):

I verify that the above-identified applicant has either completed treatment and/or shadowed at the PCC Dental Clinic. PCC reserves the right to contact anyone listed on this form to verify that the information is true and correct. **Forms will not be accepted without a valid signature.**

Coordinator / Instructor Signature: _____ Date: ___/___/___

Only page 2 must be uploaded to your DHCAS account.