Application
Dental Hygiene Refresher Course

Full Name: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Phone Number: _____

Email Address: _____

Hygiene School Attended: _____

Graduation Year: _____

Degree Awarded: _____

How long did you practice? _____

How soon would you like to be relicensed? _____

Give a brief summary of your career experiences in regard to the types of practices you have worked in:

Why do you want to get back into practice?

What dental hygiene skills do you feel are your weaknesses at this point in time?

In what areas of the profession would you most like to focus on? Read over the list below and check your first 5 priorities.

Preparation, Assessment & Treatment:

___ Hand Care	___Unit Disinfection	___Patient/Operator Positioning
___Medial History	___Vital Signs	___Oral Pathology/Exams
___Charting	___Perio Exam	___Legal and Ethical Issues
___Calculus Detection	___Instrumentation	___Instrument Sharpening
___Use of ultrasonics	___Fluorides	___Medical Emergencies
___Occlusion	___Oral Health care Products	

Prostheses:

___Care of implants	___Care of other prosthetic devices

Dental Materials:

___Sealants	___Impressions	___Study Models

Radiography:

___Digital x-rays	___Panoramic films

Electronics in the Dental Office:

___Intra-oral camera

Any other information you would like to provide?

Please note that this course is prepared to update and review information on the topics listed above. In some cases, additional workshops may be required. In the case of participants who wish to take the ADEX dental hygiene exam at NHTI, and need to screen patients, those participants will also need to take the ADEX Orientation Workshop.

(NOTE: ADEX is only required with 5 or more years of inactivity)