**DENTAL HYGIENE PACKAGE CHECK LIST**

* + 1306/7
  + Letter of recommendation: Dentist / Periodontist / Medical Officer
  + Dental Hygiene Application
  + Copy of Last 3 Performance Evaluation
  + Completed PMK-EE
  + Enlisted Leader Development Courses Certificate (FLDC-E3-E4, ILDC-E5, ALDC–E6)
  + NAVPERS 1070/604 Enlisted Qualification History
  + NAVPERS 1070/650 History of Assignments
  + Copy of full PRIMS Report
  + Medical/Dental screening forms: NAVMED 1300/1, DD2807, DD2808
  + Page 13 (Guidance concerning pregnancy and/or utilization tour assignment) o Financial Screening / Counseling
  + Copy of Joint Service Transcript (ONLY ACADEMIC INSTITUTION COURSES)
  + Unofficial College Transcripts (High School Transcripts if applicable)

o Prerequisite courses completed:

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| --- | --- |
| **PSC** | **CCCC** |
| \_\_\_\_ ENC English Composition | \_\_\_\_ ENG Expository Writing |
| \_\_\_\_ BSC Anatomy & Physiology I and Lab | \_\_\_\_ MTH College Algebra |
| \_\_\_\_ MCB Microbiology and Lab  \_\_\_\_ CHM General Chemistry and Lab  \_\_\_\_ MAC College Algebra | \_\_\_\_ CHM General Chemistry/ Lab |
| GPA: \_\_\_\_ | GPA: \_\_\_\_ |

# DENTAL HYGIENE PROGRAM APPLICATION

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| **PERSONAL INFORMATION** | | | | |
| Name: | | | Rate / Rank: | |
| SSN: |  | Date Of Birth: | | |
| * Male * Female |  |  | | |
| * Married * Single |  | Dual- Military | | # of Dependents |
| U.S. Citizen   * Yes * No |  |  | | |
| Current Mailing Address |  |  | | |
| Street: |  | City: | | |
| State: |  | Zip Code: | | |
| Personal Email: |  | Work Email: | | |
| **COMMAND INFORMATION** | | | | |
| Name: UIC: | | | | |
| **LCPO Information**  Name:  Email Address:  Phone Number  **Command Career Counselor Information**  Name:  Email Address:  Phone Number: | | | | |
| **MILITARY INFORMATION** | | | | |
| 1. Are you a Dental Assistant? Yes No | | | | |
| 2. Date of Rate: 3. ADSD: | | | | |
| 4. PRIMS Report (CFL or PFA Coordinator):  Does this candidate meet all physical requirements? Yes No  CFL/PFA Coordinator’s Name:  Signature and Date: | | | | |
| 5. Address High Year Tenure (HYT) Waiver (if applicable) | | | | |
| 6. **PERSONAL STATEMENT**. Describe the reason for applying for the Dental Hygiene Program, your personal and professional goals, strengths, and personal characteristics you possess which will contribute to your success in the Dental Hygiene Program. (250 words limit) | | | | |

Enclosure (6)

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| LEADERSHIP RECOMMENDATION (OIC/DH/SEL) | | | | |
| Please evaluate candidate in the following areas | | | | |
| **TRAITS** | | **OUTSTANDING** | **EXCELLENT** | **GOOD** | **SATISFACTORY** | | **UNSATISFACTORY** |
| Professional Performance | |  |  |  |  | |  |
| Personal Appearance | |  |  |  |  | |  |
| Teamwork | |  |  |  |  | |  |
| Technical Rating | |  |  |  |  | |  |
| Knowledge | |  |  |  |  | |  |
| Academic potential | |  |  |  |  | |  |
| Motivation for Program | |  |  |  |  | |  |
| Overall Evaluation | |  |  |  |  | |  |

Is the candidate World Wide Assignable? Yes No

Remarks:

In the space provided, write your personal recommendation and certification concerning the applicant’s eligibility requirements for the Dental Hygiene Program. Please provide amplifying information which would help a board in determination. Address and make recommendation if applicant request a waiver for HYT.

Print Name: Signature: Date:

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| **ELIGIBILITY REQUIREMENTS** |
| 1. Must be a HM in pay grade E3-E6 with less than 12 years’ time in service (TIS) |
| 2. Approved C-Way |
| 3. Physically qualified in accordance with MANMED and meet operational suitability screening per MILPERSMAN 1300-800. (Include PG13. With application) |
| 4. Must be recommended for advancement/retention |
| 5. NO evaluation mark below 3.0 over the past two years |
| 6. Previous to date of application:   1. No NJP/court martial (18 months) 2. No civilian convictions (3years) 3. No Substantiated family advocacy incident (3 years) 4. No incident of substance abuse |
| 7. Required prerequisites and GPA: PSC 2.75 (C+ or better) / CCCC 2.0 GPA (C or better)  **PSC 2.75 CCCC 2.0**  ENG English Composition ENG Expository Writing MTH College Algebra MTH College Algebra  CHM General Chemistry CHM General Chemistry  BIO Anatomy & physiology 1 with Lab \*BIO Basic Anatomy & Physiology  BIO Microbiology with Lab \*BIO Microbiology  \*CHM General, organic Biochemistry  \*COM Interpersonal Communications  \*SOC/HUM/PHI Social Psych or Fin Arts  \*CIS Basic PC Literacy  Classes with asterisk (\*) are NOT required prerequisites but help to enhance selection for CCCC.  HIGH SCHOOL WITHIN 5 YEARS  Algebra II  Chemistry  Biology with Lab English |
| **REQUIRED ENCLOSURES** |
| 1. NAVPERS 1306/7 |
| 2. Dental Hygiene Application |
| 3. Letter of recommendation (Dentist / Periodontist / Medical officer) |
| 4. NAVPERS 1070/605 History of Assignments |
| 5. Copy of last 3 Performance Evaluation |
| 6. PRIMS Report: BCA and PRT |
| 7. Medical and Dental Screening (NAVMED 1300/1, DD 2807-1, DD 2808 |
| 8. Copy of JST Transcript ONLY of Academic Institution Courses |
| 9. College Transcript(s) COPY / OFFICAL |
| 10. High School Transcript (if graduated within 5 years and applicable) COPY /OFFICIAL |

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| **SUBMISSION** |
| Electronic/email: [usn.bethesda.navmedleadprodevcmd.list.nmlpdc-hmdentalhygieneprog@health.mil](mailto:usn.bethesda.navmedleadprodevcmd.list.nmlpdc-hmdentalhygieneprog@health.mil)  FEDEX/Mail (do NOT fax) to:  Naval Medical Leader and Professional Development Command  ATTN: Dental Hygiene Program manager  8955 Wood Road, Bethesda, MD 20889-5611  Contact Program Manager for other submission options |