



Bachelors of Applied Science

S. 16th Avenue & Nob Hill Boulevard, PO Box 22520, Yakima, WA 98907-2520

P: 509.834.4522 • bachelors@yvcc.edu • www.yvcc.edu

BASDH Bridge Program Application

Personal Information				
Date:	Applying for: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer			Year
First Name:	Last Name:	Middle Initial:	Previous Name:	
Mailing Address:		City:	State:	Zip:
Phone:		Email Address:		
Date of Birth (MM/DD/YY):		YVC ID Number:		
Washington State Dental Hygiene License Number:				
Date Issued:			Date Expires:	
Financial Resources (check all that apply): <input type="checkbox"/> Financial Aid <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Employer Assistance <input type="checkbox"/> Personal Funds				
Education History				
Dental Hygiene pre-requisites completed at the following colleges:				
Institution Name	Beginning Date		Ending Date	
At what college or university did you complete the accredited Dental Hygiene program:			Date of graduation:	
Cumulative Dental Hygiene Program GPA (2.5 minimum required):				

REQUIRED APPLICATION DOCUMENTS:

- \$25 BASDH Bridge Program Application Fee (Payable to YVC BASDH Bridge Program)
- BASDH Bridge Program Application
- Completed BASDH Degree Worksheet
- Copy of Dental Hygiene License
- Official JCNDE verification of passing score on Dental Hygiene National Board Exam
- Official Transcripts (Must reflect all pre-requisite and Dental Hygiene Program coursework.)

Complete applications will be evaluated in the order they are received. An individualized education plan for BASDH Degree Completion will be determined based on an evaluation of submitted transcripts.



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TO APPLY SUBMIT THE REQUIRED DOCUMENTS TO:

Yakima Valley College
BASDH Bridge Program
PO Box 22520
Yakima, WA 98907-2520

"I affirm that all information requested on this application is complete and accurate. I understand if false information is provided that I will be removed from the candidate pool for the BAS program to which I applied. I acknowledge that YVC BAS staff may request copies of all evaluated transcripts from previously attended colleges through the Yakima Valley College Registrar's office for selective admissions review. By signing this application, I hereby give permission to review any and all information provided through this application process, which includes but is not limited to, contact of references and college transcript review."

X

Signature

Date: