GETTING TO KNOW YOU
Please Print Clearly

Name_____

Address_____

Phone #_____

E-mail_____

Emergency Contact and Phone #_____

Why did you choose to become a dental hygienist?

_____

_____

_____

_____

_____

_____

Please share any specific information that can assist the faculty to help you in your success In the dental hygiene program

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____