



## ADEA Dental Hygiene Centralized Application Service (ADEA DHCAS) Program Participation Form

The ADEA Dental Hygiene Centralized Application Service (ADEA DHCAS) is a centralized application service of the American Dental Education Association (ADEA) and administered by Liaison International. ADEA DHCAS is scheduled to launch the 2015 admissions cycle on September 15, 2014. The Service processes applications for applicants applying to entry level, degree completion, and graduate level dental hygiene programs.

All dental hygiene programs are invited to participate in ADEA DHCAS. It is encouraged that all institutions that participate in ADEA DHCAS require all applicants to the professional apply through the Service, including individuals who are given preference in the admissions process. Institutions with multiple dental hygiene programs are required to submit one form for each individual program.

**ADEA DHCAS shall:**

- Facilitate the admissions process for applicants and dental hygiene degree programs
- Provide program directors and admissions staff with multiple tools for processing, analyzing and reviewing applications
- Verify college level transcripts and calculate grade point averages (GPAs)
- Collect and serve as a clearinghouse for national applicant data
- Assess applicants a fee based upon the number of dental hygiene programs designated and administer a fee waiver program

**ADEA DHCAS will provide:**

- A secure, web-based application and applicant portal
- Access to a secure, web-based admissions portal for program-specific applicant data and electronic applicant files
- Accurate, timely and comprehensive applicant data
- Dedicated customer support for applicants, advisors and programs

**This agreement to participate in ADEA DHCAS is non-binding.** The program reserves the right to withdraw participation or join ADEA DHCAS at any point. Programs are encouraged to submit a signed ADEA DHCAS Program Participation Form to ADEA as soon as possible. Programs may join ADEA DHCAS at any time during the admissions cycle; however, programs that register to participate early will receive extra training during April, May, and June.

\_\_\_\_\_ **My program will participate in ADEA DHCAS during the 2015 admissions cycle.**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Institution

**ADEA Dental Hygiene Centralized Application Service (ADEA DHCAS)  
Additional Information Requested**

Program Information

Program Type:  Entry Level-Associate  
 Entry Level-Bachelors  
 Entry Level-Post Bac  
 Degree Completion  
 Graduate

List the **deadline** dates for each program:

Entry Level-Bachelors  
 Entry Level-Post Bac  
 Degree Completion  
 Graduate

ADEA Membership\*:  Yes  
 No  
 Not Sure

\*ADEA Membership is not required for a program to participate in ADEA DHCAS.

Accepting applications for:  Fall Semester  
 Spring Semester  
 Other; please describe \_\_\_\_\_

Primary ADEA DHCAS Contact

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Phone Email address

\_\_\_\_\_  
Address

How familiar is this person with CAS?

\_\_\_\_ familiar with CAS and has used it before \_\_\_\_ knows the basics but has not personally used a CAS \_\_\_\_ new to CAS

Please return the signed form to Erica Wasserman, Director of ADEA DHCAS via email:

Email: [wassermane@adea.org](mailto:wassermane@adea.org) or

Mail: ADEA 1400 K St, NW • Suite 1100 • Washington DC 20005