

ACCESSING THE TMCC DENTAL HYGIENE ENGLISH ACCUPLACER EXAM FOR OUT-OF- STATE APPLICANTS

Directions/Process

1. **Apply to be a student at TMCC**

The application is found online at <http://apply.tmcc.edu>

2. All out-of-state students must allow a minimum of three weeks prior to the dental hygiene application deadline to arrange for testing. Applications submitted without testing scores may not be considered.

3. **Fees:** Pay the \$10 fee to TMCC controller's office. Students may do this by faxing the completed form below permitting TMCC to charge a credit card for the TMCC ACCUPLACER Dental Hygiene test in the amount of \$10. Students/applicants may also mail a personal check, yet be aware that this may take more time to process.

- Cashier's checks and money orders are also accepted - payable to: *Board of Regents*
- Proof of payment will be sent to the TMCC testing center when received.

4. The student/applicant must locate a NCTA (National College Testing Association) Testing Center. Testing centers can be found through www.ncta-testing.org. Click on the NCTA Consortium of College Testing Centers.

5. Contact the NCTA Testing Center nearest you and arrange for a proctor.

6. Once a proctor is identified, send the proctor's contact information to TMCC Testing Center at studenttesting@tmcc.edu along with the date(s) the student/applicant will test. ***(TMCC reserves the right to contact and verify any testing center.)***

7. TMCC's Testing Center will send instructions to the proctor along with the student's/applicant's password. The password has a five (5) day limit. The test must be completed within the five days.

8. TMCC will notify the student/applicant (via e-mail) of the password and that it has been sent to the proctor along with the dates in which the student is able to test.

9. After the student/applicant completes testing, it is the student/applicant's responsibility to submit a copy of the test results with the Dental Hygiene application packet to:

*TMCC Admissions and Records Office
Dental Hygiene Program, RDMT 319
7000 Dandini Blvd.
Reno, NV 89512-3999*

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Application

Please Print/Type

Name of Student/Applicant: _____
Last First MI

Name of Desired Testing Center: _____

Desired Date(s) of Testing: _____

♦ Please charge my credit card \$10.00 for the TMCC Dental Hygiene ACCUPLACER Test. Send proof of payment to the TMCC Testing Center

Credit Card #: _____ Expiration Date: ____/____/____

Name on Card: _____
Please Print

Signature: _____ Date: ____/____/____
Required for Processing

Day Time Telephone: _____ - _____ - _____

E-mail Address: _____

All information is confidential

Fax to TMCC Controller's office @ 775-673-7085

****Controllers send copy of this application with payment receipt to testing center***