



Petition Application

1. **Institution Name** _____

Mailing Address: _____

Telephone Number _____

Fax Number _____

E-Mail Address _____

2. **Request Submitted By:**

_____ **Administrative Title** _____

3. **Dental Hygiene Program established in:** _____ **Month** _____ **Year** _____

4. **Accreditation Status Determined by the American Dental Association Commission on Dental Accreditation (*please check one*):**

Approval (without reporting requirements) _____

Approval (with reporting requirements) _____

Accreditation Eligible _____

5. **Degree(s) Awarded:**

6. **Average graduating class size (*For each program, if more than one*):**

7. **Individual(s) responsible for chapter formation:**

(Two to three individuals who will be designated as charter members – please list names, e-mail addresses and phone numbers)

Based on the above information, our institution petitions Sigma Phi Alpha, Supreme Chapter, to establish a Component Chapter of Sigma Phi Alpha, National Dental Hygiene Honor Society. The charter fee is enclosed.

Signature _____

Date _____