

# DENTEX Dental Health Aide Therapist Training Program Program and admission information



## *General Program Information:*

The DENTEX Dental Health Aide Therapist Program is a two-year program training midlevel dental providers for practice in rural Alaska. The program takes place in Anchorage (year one) and Bethel (year two). Students focus on building clinical skills and knowledge the first year, and shift to transitioning into clinical and community roles during the second year.

Based on available funding, we anticipate admitting a fourth class for the 2010-2012 cycle. Please start your application process now.

<b>Application Deadline September 1<sup>st</sup>, 2009</b>	All parts of the DENTEX application must be postmarked, emailed, or faxed by SEPTEMBER 1st, 2009.
<b>Your application status</b>	Once your application is submitted, DENTEX will email you to confirm that it has been received, and will notify you if any portions are missing.
<b>DENTEX Selection Conference and Interviews</b>	The final part of your application to the program is by interview, at a selection conference to be held in Anchorage. Qualified applicants will be notified of the interview date. The interview panel will be comprised of DENTEX faculty and other program supporters.  The selection conference and interview process is a group experience, and lasts for an entire day.
<b>Required Online Anatomy and Physiology course</b>	If you are accepted into the program, you are required to successfully complete the program's six-week, online Anatomy and Physiology course, prior to beginning regular classes in Anchorage in January. The online A&P will take place in early November.
<b>Pre-session in Anchorage</b>	A required weeklong pre-session takes place in the week before you begin your classes.

For more information on student life, visit the DENTEX website at <http://depts.washington.edu/dentex/>

**DENTEX Dental Health Aide Therapist Training Program - Admissions**  
4311 11th Ave NE, Suite 200, Seattle, WA 98105-4608 | Phone: 206.616.4001 | FAX: 206.616.3889 | [dentex@u.washington.edu](mailto:dentex@u.washington.edu)

ADMISSION and PROGRAM INFORMATION

# DENTEX Dental Health Aide Therapist Training Program Application Instructions



All signed and dated forms to be completed and postmarked by **SEPTEMBER 1, 2009**.

Applications received after this date will be considered on a space available basis.

## PERSONAL INFORMATION

- Enter your home address, daytime phone number and preferred e-mail address.
- Enter the name, city and state of your current employer if appropriate.
- Enter any language you speak other than English.
- Enter your paid work experience, your volunteer experience, and any special recognitions or awards

## PERSONAL STATEMENT

- Please answer both questions in the personal instruction section of the application. Your personal statement is your opportunity to tell us about unique experiences which have shaped you, as well as your goals in becoming a Dental Therapist. 500-700 words typed. Please include your name and the date.

## DOCUMENTATION

### TRANSCRIPTS

- Send one copy of high school transcripts or GED certificate.
- If you have completed any college level coursework please send the corresponding transcripts.

### SIGNED SPONSORSHIP FORM A

- To be completed and returned to DENTEX by sponsoring Tribal Health Organization's Chief Executive Officer.

### TRIBAL ASSOCIATION RECOMMENDATION FORM B

- To be completed by the health organization's Dental Director or Dental Chief complete Form B and send it directly to the DENTEX address listed below.

### REFERENCE FORMS C – 1 and C – 2

- C-1 Waiver. Please fill out form and give to recommender, along with form C-2.
- C-2 Reference Form. Please request that a member of your community complete this form. Choose a tribal elder, employer, or someone who knows you and your potential. Your recommender should send the form and letter directly to DENTEX UW.

### CRIMINAL HISTORY BACKGROUND

- The DENTEX program requires that your tribal health organization verify your eligibility of employment in a clinical patient setting through a criminal background check. Contact your Tribal Health Organization for assistance in completing this section of the application.

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APPLICATION INSTRUCTIONS

**DENTEX Dental Health Aide Therapist Training Program  
PERSONAL INFORMATION - 1**



DENTEX ADMISSIONS  
4311 11<sup>TH</sup> Avenue NE, Suite 200  
Seattle, WA 98105-4608  
Phone: 206.616.4001  
Fax: 206.616.3889  
email: dentex@u.washington.edu

To be considered for training in the 2010 – 2012 Dental Therapist Training Program, please email, fax, or have all application materials postmarked by **SEPTEMBER 1st, 2009**. Applications received after this date will be considered on a space-available basis

**PERSONAL INFORMATION**

Entering Year <b>2010</b>	Ms. <input type="checkbox"/> Mr. <input type="checkbox"/>	Full Legal Name (Last, First, Middle)	
Date of Birth	Former Last Name	Preferred First Name	
Mailing Address (Street, City State, Zip Code)			
Home Telephone Number ( )		Preferred email Address	
Employer (Name, City and State)			
Please list languages other than English read and spoken:			

1. Copy of High School transcripts or GED attached? Yes  No   
Please send corresponding transcripts
2. Do you have college level coursework? Yes  No   
Please send corresponding transcripts
3. Signed Sponsorship Form attached? Yes  No:   
Please use Form A
4. Health Association Recommendation? Yes  No:   
Checking "yes" indicates you have submitted Form B to your Dental Chief or Dental Director.
5. Reference Form C - 1? Yes  No:   
Please attach form C-1
6. Reference Form C – 2 ? Yes  No:   
Checking "yes" indicates Page 2 has been submitted to recommender

**DENTEX Dental Health Aide Therapist Training Program**  
**PERSONAL INFORMATION - 2**



**WORK EXPERIENCE**

Please list any work you were paid for:

From	To	Title	Employer	Supervisor's name

**COMMUNITY and VOLUNTEER EXPERIENCE**

Please list activities you participate in regularly, or have participated in the past:

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**AWARDS**

Please list any awards or recognitions you have received:

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**PERSONAL STATEMENT**

Please attach personal narrative statement which addresses the following topics:

1. Please explain who you are in your community, and your goals.
2. Why do you want to become a Dental Health Aide Therapist?

This personal statement should be 500 – 700 words, typed, and double-spaced. Please include your name and date.

**AUTHORIZATION SIGNATURE**

All of the information submitted in this application is accurate and complete to the best of my knowledge. If any information on the form is found to be incomplete or inaccurate my application or status as a student will be re-evaluated.

<b>Date of Application</b>	<b>Signature of Applicant (required)</b>

# DENTEX Dental Health Aide Therapist Training Program FORM A: Tribal Health Organization Sponsorship



Name of applicant (print or type): \_\_\_\_\_

Name  
**Sponsor Instructions:**  
This form to be completed by the applicant's sponsoring tribal health organization, and signed by the CEO. Please complete the following information on behalf of the applicant, and return to applicant in time for submission by 9/1/09. For more information regarding tribal support obligations, please contact Mary Anaruk, Program Coordinator, at 907-729-5601 or [meanaruk@anthc.org](mailto:meanaruk@anthc.org)

Your name: \_\_\_\_\_

Tribal Health Organization: \_\_\_\_\_  
See list below for eligible tribal health programs.

Phone: \_\_\_\_\_  
(Daytime Phone #)

Email: \_\_\_\_\_

*Please indicate the tribal organization's sponsorship of the applicant below.*

**Upon the above applicant's acceptance into the DENTEX program by the DENTEX admissions committee, we agree to:**

- Pay a student stipend and tuition.
- Provide a preceptorship at the end of two years.
- Employ or support the applicant during the two-year training program, and for four years after becoming a certified DHAT.
- Fiscal and employment sponsorship of the applicant takes effect only if the above applicant is offered admission to the DENTEX program, by the DENTEX admissions committee.

**A criminal background check is required – please select one option:**

A criminal background check of this applicant has been initiated on \_\_\_\_\_ (Date). The DENTEX program will be notified if results prevent employment of the applicant in a clinical patient setting.

OR

A criminal background check of this applicant has been completed, a copy is attached here. The results do not prevent our ability to employ the applicant in a clinical patient setting.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Chief Executive Officer

Aleutian Pribilof Island Association  
Arctic Slope Native Association  
Bristol Bay Area Health Corporation  
Chugachmiut  
Copper River Native Association  
Council of Athabaskan Tribal Governments

Eastern Aleutian Tribes  
Kenaitze Indian Tribe  
Ketchikan Indian Community  
Kodiak Area Native Association  
Maniilaq Association  
Metlakatla Indian Community

Norton Sound Health Corporation  
SouthEast Alaska Regional Health Consortium  
Southcentral Foundation  
Tanana Chiefs Conference  
Yukon-Kuskokwim Health Corporation

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**DENTEX Dental Health Aide Therapist Training Program  
FORM B Tribal Health Association Recommendation**



Name of applicant (print or type):

\_\_\_\_\_

**Instructions:**

This recommendation form must be completed by the Dental Director or Dental Chief. Once completed, please email, fax, or post to DENTEX admissions by 9/1/09.

Note: if mailed via US mail, please sign the envelope across the sealing flap.

Name: \_\_\_\_\_ Tribal affiliation: \_\_\_\_\_

Phone: \_\_\_\_\_  
Daytime Phone #

Email: \_\_\_\_\_

Please indicate your evaluation of the applicant with a check mark.

	Superior 5	4	Average 3	2	Below Average 1	Not Observed
Intellectual Ability						
Communication skills						
Emotional maturity						
Adaptability						
Team Player						
Dependability						
Conflict resolution						
Reaction to criticism						
<b>OVERALL EVALUATION</b>						

**Summary Evaluation:**

Recommend without Reservation

Recommend with Reservation

If you would like to write some additional comments about this person, please attach a separate letter to this recommendation form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**DENTEX Dental Health Aide Therapist Training Program  
REFERENCE FORM C-1**



**Applicant Instructions:**

Consider requesting references from individuals who know you well and can comment on your past achievements, as well as your potential. Such individuals might include teachers, employers, or other community leaders you have worked with.

Please complete the following information and give this form, along with C-2, to your reference.

Provide a stamped envelope to your reference, addressed to:

DENTEX Admissions  
4311 11<sup>th</sup> Ave NE, Suite 200  
Seattle, WA 98105-4608

**Applicant (print or type):**

Name \_\_\_\_\_ SSN# \_\_\_\_\_

References written in confidence are often of greater value in assessing an applicant's qualifications. Please read the statement below and indicate your preference with regard to the confidentiality of this evaluation.

In accordance with the Family Education Rights and Privacy Acts of 1974 (Public Law 93-380), I understand that I have the right of access to this reference but may choose to waive that right. My preference is noted below:

I waive my right of access to this reference form and accompanying letter.

I do not waive my right of access to this reference form and accompanying letter.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

