

# ALASKA DENTAL HEALTH AIDE THERAPIST

## 2012 training application

application for training due  
**April 20, 2012**

applicant selection interviews  
**May 25, 2012**

online anatomy & physiology (a&p)  
**June 4 - July 13, 2012**

training start date:  
**July 23, 2012**

Questions?  
email: [dentex@uw.edu](mailto:dentex@uw.edu)  
facebook: ANTHCsmile  
telephone: 907-729-5600

Alaska Native Tribal Health Consortium, in partnership with University of Washington, trains Dental Health Aide Therapist (DHAT) applicants with Alaska Tribal Health Organization sponsorship to provide oral health care in rural Alaska communities. DHATs work with supervising dentists to provide routine restorative care and be active ambassadors of oral health prevention in their communities.

Alaska DHATs have been successful in starting oral health prevention programs across Alaska, and are focused on building relationships with their communities.

Several Alaska Tribal Health Organizations currently sponsor DHATs with financial aid and a guarantee of employment. There are over 20 Dental Health Aide Therapists in practice or completing training.

Are you ready to get started? Instructions begin on the next page.

# DENTAL HEALTH AIDE THERAPIST 2012 application instructions

Please fill out all information on this application. If you have questions, contact your sponsoring organization or DHAT training.

Checklist (all materials must be postmarked by April 20, 2012)

- Applicant information form
- Personal statement
- Official copies of High School or GED transcripts
- Official college transcripts (if applicable)
- Alaska Tribal Health Organization Sponsorship Commitment Form
- Two signed copies of reference waiver
- Reference from dental director of sponsoring organization
- Outside reference

Submit all materials to:

UW DENTEX Admissions  
4311 11th Ave NE, Suite 200  
Seattle, WA 98105-4608

dentex@uw.edu    FAX: 206-616-3889

For regular DHAT news in your newsfeed, Like our **facebook** page **ANTHCsmile!** Stop by to see what Alaska DHAT is up to, and feel free to message us with your application questions.



*DHAT students Kate Kohl and Jana Schuerch with Dr. Mary Williard*

# Applicant Information

## Personal Information

Name:	first	middle	last
Former last name:			
Social Security Number:			
First language spoken:			
Other languages spoken:			
Mailing address:	street or PO Box	city, state, ZIP code	
e-mail:			
phone:			
alternate phone:			

## Employment experience

*Please list your employment experience. Attach an extra sheet if necessary. Include this information:*

employer:			
city & state:			
dates you worked:	from:	to:	
your position:			
supervisor's name:			

## Transcripts

\_\_\_\_\_ *I have requested official high school or GED transcripts be sent to DENTEX Admissions*

\_\_\_\_\_ *if applicable, I have requested official college transcripts be sent to DENTEX Admissions*

UW DENTEX Admissions  
4311 11th Ave NE, Suite 200  
Seattle, WA 98105-4608

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**Volunteer experience**

*please list current and past volunteer activities:*

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**Awards and recognitions**

*please list:*

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**Personal Statement**

*attach separate sheet*

Please address the following topics. 500 - 700 words typed, including your name and the date.

1. Where are you from, and who are you in your community? Please describe one talent you love to bring to your community.
2. Why do you wish to become a Dental Health Aide Therapist?

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AUTHORIZATION: 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 will not be considered for training, or my status as a student may be revoked.

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*signature of applicant*

*date*

# Reference Form Waivers

Print two copies of this page.

*Applicant: please select one of the options below, and sign two copies of this waiver. Submit a waiver, along with reference form, to each of your references.*

## INFORMATION

Q. *What does "waive my right of access to this reference form..." mean?*

A. Applicant releases the right to access references' comments. It is most common for applicants to choose this option, as it encourages a reference to write freely.

Q. *What does "I do not waive my right of access..." mean?*

A. This means that you keep the right to access to your reference's remarks.

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***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.

Signature: \_\_\_\_\_  
*applicant* *date*

Applicant name (printed): \_\_\_\_\_

Applicant social security number: \_\_\_\_\_

# Alaska Tribal Health Organization Sponsorship

## DENTAL HEALTH AIDE THERAPIST

*To be completed and signed by CEO of sponsoring organization.*

applicant name:	
your name:	
tribal health organization:	
phone:	
email:	

### Financial Aid and Employment

*Upon the above applicant's acceptance into the DHAT training program by the DHAT training admissions committee, the above named organization agrees to:*

- 1. Pay a student stipend and tuition.*
- 2. Provide supervised preceptorship upon successful completion of DHAT training.*
- 3. Employ applicant for four years after becoming a certified DHAT.*

The organization named above will sponsor the student on the condition that the applicant is offered admission to DHAT training by DHAT admissions. The health organization will provide preceptorship, and employ the student for four years upon successful completion of training and preceptorship.

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### Criminal background requirement:

Each applicant is required to pass a criminal background check before admission to DHAT training. Please indicate this requirement has been met by checking one of the following two options:

\_\_\_\_ A criminal background check of this applicant was initiated on: \_\_\_\_/\_\_\_\_/\_\_\_\_(date). The DHAT training program will be notified before start of training if results prevent training or employment of the applicant in a clinical patient setting.

\_\_\_\_ A criminal background check of this applicant was completed on \_\_\_\_/\_\_\_\_/\_\_\_\_(date). The Organization above verifies the results do not prevent our ability to employ the applicant in a clinical patient setting, or the DHAT program from training the student in a clinical setting.

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

*Chief Executive Officer*

*date*

# Sponsoring Health Organization Reference

*To be completed by sponsoring organization's Dental Director.*

*Applicant: please submit to Dental Director with a copy of signed waiver.*

*Dental Director: please email, fax, or post completed form, along with signed applicant waiver, to DHAT Admissions by deadline. If sending via US mail, please sign envelope across the sealing flap.*

applicant name:	
your name:	
tribal health organization:	
phone:	
email:	

How long have you known the applicant, and in what capacity?

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	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						
overall evaluation						

Summary:

Recommend without Reservation \_\_\_\_\_ Recommend with Reservation \_\_\_\_\_

Signature: \_\_\_\_\_  
*Dental Director*
*date*

# Personal Reference

*To be completed by reference outside applicant's immediate family.*

*Applicant: please submit to your reference with a copy of signed waiver.*

*Reference: please email, fax, or post completed form, along with signed applicant waiver, to DHAT Admissions by deadline. If sending via US mail, please sign envelope across the sealing flap.*

applicant name:	
your name:	
tribal health organization:	
phone:	
email:	

How long have you known the applicant, and in what capacity?

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	superior 5	4	average 3	2	below average 1	not observed
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communication skills						
emotional maturity						
adaptability						
team player						
dependability						
conflict resolution						
reaction to criticism						
overall evaluation						

Summary:

Recommend without Reservation \_\_\_\_\_ Recommend with Reservation \_\_\_\_\_

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

*date*