

# ALASKA DENTAL HEALTH AIDE THERAPIST

## 2015 application for admission

Application due  
**April 3, 2015**

Final selection interviews  
**May 1, 2015**

Online anatomy & physiology (A&P)  
**May 25 - July 10, 2015**

Class start date  
**July 20, 2015**

Questions?

email: [dentex@uw.edu](mailto:dentex@uw.edu)  
[akadhat@anthc.org](mailto:akadhat@anthc.org)  
facebook: ANTHCsmile  
phone: 907-729-5600  
fax: 907-729-5610

Links:

<http://depts.washington.edu/dentexak/>  
<http://www.anthc.org/chs/chap/dhs/>

Since 2006 Alaska Native Tribal Health Consortium, in partnership with the University of Washington, has educated Alaska Dental Health Aide Therapist (DHAT) students to provide basic dental care and preventive services in rural Alaska communities. Alaska DHATs have been successful starting oral health prevention programs across Alaska.

Several Alaska Tribal Health Organizations currently sponsor DHAT students and guarantee employment upon completion of the two-year DHAT Educational Program. As of 2014 there are 26 certified DHATs in Alaska; an additional 10 DHAT students are currently in training.

Here are the basic requirements:

- High school diploma or GED
- Completion of sponsoring tribal health organization screening & recommendations to apply for the DHAT Educational Program
- Background check clearance
- Negative drug screening test during first week of classes

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



# 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 Educational Program by the admissions committee, the above named organization agrees to:

1. Pay a student stipend and tuition,
2. Provide supervised preceptorship upon successful completion of the DHAT Educational Program, and
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 the DHAT Educational Program by the admissions committee. The health organization will provide preceptorship, and employ the student for four years upon successful completion of the Program's training and preceptorship.

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### Criminal background requirement:

Each applicant is required to pass a criminal background check before admission to the DHAT Educational Program. 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 Educational Program will be notified before start of the Program if results prevent education 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 Educational 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