

ALASKA DENTAL HEALTH AIDE THERAPIST

2014 application for admission

Application due
April 18, 2014

Final selection interviews
May 9, 2014

Online anatomy & physiology (A&P)
May 26 - July 11, 2014

Class start date
July 21, 2014

Questions?

email: dentex@uw.edu
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 2013 there are 30 certified DHATs in Alaska; an additional 11 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.

DENTAL HEALTH AIDE THERAPIST 2014 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 18, 2014)

- 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

Note: All applicants offered admissions to the ANTHC UW/DENTEX Program will be required to pass drug screening per ANTHC Policy #705 Drug and Alcohol Free Workplace. Students who do not pass the drug testing will be immediately dismissed from the ANTHC UW/DENTEX Program. Drug testing will be completed during the first week of classes.

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

(continued on next page)

Volunteer experience

please list current and past volunteer activities:

Awards and recognitions

please list:

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?

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.

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.

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.

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?

	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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adaptability						
team player						
dependability						
conflict resolution						
reaction to criticism						
overall evaluation						

Summary:

Recommend without Reservation _____ Recommend with Reservation _____

Signature: _____

date