Dental Assisting
Program Admission Application Packet (Adults)

Step 1 – Determine whether you need to test
https://www.otech.edu/future-students/assessment
If you need to test, you may schedule an appointment by calling either (801) 627-8300 or (801) 395-3742. If you are submitting alternate documentation to waive testing, please submit your documentation to the Enrollment Office.

Step 2 – Complete the online College Admissions Application
https://portal.otech.edu/Portal/Student/Application

Step 3 – Complete the online Campus Orientation
https://www.otech.edu/current-students/new-student-orientation/

Step 4 – Complete the online Dental Assisting Program Orientation
https://www.otech.edu/dental-assisting/

Step 5 – Complete Program Specific Admissions Requirements

☐ Sign the Background Check Notification (pg. 3)
☐ Fill out the background check authorization form (pg. 4)
☐ Submit a copy of your high school diploma (or equivalent)
☐ Pay for your background check
  - Pay at the cashier window in the Student Services building
  - You can pay this when you meet with the program advisor, Step 6
Step 6 – Schedule a time to meet with the program advisor and submit documentation

https://calendly.com/johna-howard/orientation

You will meet with Johna to discuss the program, tour the dental assisting program area, learn about your first day in the program and finalize enrollment. You will also submit copies of your documentation and pay your background check fee.

Step 7 – Take enrollment authorization to the Enrollment office

Once you’ve met with the program advisor and Johna has verified that your documentation is complete, you’ll go to the enrollment office, select your schedule, and pay your tuition.

Questions?

If you have questions about the application process or are having difficulty obtaining the required documentation, please contact Johna Howard at (801) 627-8444 or johna.howard@otech.edu.
Health Occupations
Background Check Notification

Students entering a Health Occupations Program at the Ogden-Weber Technical College (OWTC) are required to complete a background check.

- All Students must complete a Criminal Background Check application no later than the first day of class.
- Any charge incurred in the last 7 years will show up on the background check.
- Many states, including Utah, do not seal juvenile records.
- Any misdemeanor or felony conviction on your record may negatively impact your chances of completing the program and being placed at an externship/clinical site.
- The OWTC is required to notify externship/clinical sites prior to placement if a student has a criminal record.
- Externship/clinical sites may request a copy of students’ background check results prior to externship or clinical rotation approval. Background check results will be submitted to potential externship sites as requested.
- An adverse finding on a criminal background check may inhibit a student’s ability to obtain employment and/or obtain certification/licensure in a health occupation.
- There will be no tuition or fee refund for students who are unable to complete the program due to their criminal record.
- Prospective students with a criminal record are strongly encouraged to contact the Program Coordinator prior to enrolling.
- Students must notify the Program Coordinator if new criminal charges are incurred any time after the initial background check. The student may be required to obtain a second criminal background check.
- In keeping with the program’s due process policies, if a student disagrees with the accuracy of the information obtained, he/she may request a meeting with the Program Coordinator to discuss their concerns.

I have read, understand, and agree with the information presented above.

_________________________________________  __________________________
Student Signature                        Date

_________________________________________  __________________________
Parent Signature (if student is a minor)  Date

Updated 03/2019
AUTHORIZATION TO OBTAIN A BACKGROUND CHECK, CONSUMER CREDIT REPORT AND/OR INVESTIGATIVE REPORT FOR STUDENT EXTERNSHIP PLACEMENT PURPOSES

Last Name: ___________________________ First Name: ___________________________ Middle: __________

Maiden/AKA Names: ___________________________

Date of Birth: _______ / _______ / _______ SSN ________________________________

Driver’s License #: ___________________________ State of Issue: _______________

Address: ______________________________________

City: ___________________________ State: ___________ Zip Code: ___________

Phone: ___________________________ Email: ___________________________

I understand that in connection with my application for placement, Ogden-Weber Technical College (OWTC) will procure a consumer report or investigative report on me as part of the process of considering my candidacy as a student intern/extern. I hereby authorize without reservation, the OWTC and/or its designated or appointed agent, Tiburon Enterprises, to make an independent investigation of my background in connection with my application of placement with the school. I authorize and request any present or former employer, school, police department, department of motor vehicles, state or federal court of law, or credit reporting agency, including those records maintained by both public and private organizations, financial institutions or other persons having personal knowledge about me to furnish the OWTC, Tiburon Enterprises, or its designated agent with any and all information in their possession regarding me for the purpose of confirming the information contained on my application and/or obtaining other information which may be material, in the OWTC’s sole discretion, to my qualifications for placement. Such information may include, but not limited to, court records, education, credentials, credit history and references. According to the Fair Credit Reporting Act, I am entitled to know if my placement will be denied because of information obtained from a consumer-reporting agency, and I will receive a copy of such report and a description in writing of my rights under the law. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any agency who may provide information based upon this authorization request.

Furthermore, I hereby release and hold harmless the OWTC, Tiburon Enterprises, and agents, owners and affiliates of the school from and against any and all claims, demand, suits or expenses from or related to the content, validity, or handling of any report obtained herein.

The above information is my true and complete legal name and all information is true and correct to the best of my knowledge. I hereby authorize the OWTC, or its agent, to obtain a consumer or investigative report about myself in order to be considered for placement.

Signature: ___________________________ Date: ___________________________

Parent Signature (if student is a minor): ___________________________ Date: ___________________________

Please be advised that you have a right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made within 5 days of the date that we receive the request or within 5 days of the time the report was first requested.

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