You’ve probably watched the pre-enrollment orientation and decided this is the program for you. We’re excited to have you in our program! Below is a list of steps you need to complete in order to be admitted into the program.

**Step 1 – Contact your high school CTE counselor to obtain a voucher**

**Step 2 – Determine whether you need to test**


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 include it in your application packet.

**Step 3 – Complete the online College Admissions Application**

[https://portal.owatc.edu/Portal/Student/Application](https://portal.owatc.edu/Portal/Student/Application)

**Step 4 – Complete the online Campus Orientation**

[http://www.owatc.edu/current-students/new-student-orientation/](http://www.owatc.edu/current-students/new-student-orientation/)

**Step 5 – Complete the online Dental Assisting Program Orientation**

[http://www.owatc.edu/training/health/dental-assisting/](http://www.owatc.edu/training/health/dental-assisting/)

**Step 6 – Complete Program Specific Admissions Requirements**

- [ ] Pay for your background check
  - Pay at the cashier window in the Student Services building
  - Submit your receipt with your completed application packet
- [ ] Complete Dental Assisting Observation Assignment (pg. 3-5)
- [ ] Sign the Background Check Notification (pg. 6)
- [ ] Fill out the background check authorization form (pg. 7)
Step 7 – Submit Documentation to program advisor

You may either email copies of your documentation or you can submit hard copies. Email submissions should be sent to howardj@owatc.edu. If you would prefer to submit hard copies, you will need to schedule an appointment.

Step 8 – Take enrollment authorization to the Enrollment office

Once Johna has verified that your documentation is complete, she will send you an authorization form that will allow you to enroll in the program. You will then take the authorization form along with the voucher you received from your CTE counselor to the enrollment office.

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 howardj@owatc.edu.
DENTAL OFFICE OBSERVATION ASSIGNMENT

PURPOSE: The dental office observation visitation experience provides dental assisting applicants with an overview of general practice dentistry. This will enable students to become acquainted with a daily dental office routine, dental terminology, dental equipment, dental infection control, and dental services rendered in a general practice. If you are presently working in a dental practice, your working experience may be used as a substitute for the office observation assignment.

FORMAT:

1. Observe in a general practice dental office for a total of four (4) hours. The observation time can be arranged for a full morning or afternoon session or the time can be divided to include both the morning and afternoon.
2. Complete the Dental Observation Worksheet attached.
3. Leave the Student Evaluation with a representative of the dental practice to be completed and returned to the instructor.

ARRANGING THE VISIT:

1. Contact a general practice dental office (e.g., family dentist, relative, etc.).
2. Explain who you are and the purpose of your assignment.
3. Make an appointment to observe in the dental office (e.g., 8:00 a.m., Monday, August 16). *DO NOT DROP IN WITHOUT AN APPOINTMENT*
4. The day before the office visitation, call and confirm your appointment to observe in the office. Schedules do change and the dentist may not be in the office on your scheduled day.

OFFICE OBSERVATION:

1. Your appearance should be professional and suitable for a dental office setting.
2. Be prompt in arrival to the dental office.
3. During the observation you should maintain professional conduct by avoiding excessive or loud talking, gum chewing, etc.
4. At the conclusion of the observation appointment, remember to express gratitude to the dentist and the staff for allowing you to observe in the office. It is suggested that you mail a written thank-you note to the dentist as well.
5. Complete the Dental Office Visitation Worksheet.
DENTAL OFFICE VISITATION WORKSHEET

Answer the following questions; use an additional sheet of paper if necessary. Submit completed worksheet with your application.

1. List the necessary preparations of the dental office at the beginning of the day.

2. State the average number of patients seen daily in the dental office.

3. State the responsibilities of the chairside assistant.

4. List the expanded functions that were performed by the chairside assistant.

5. State the responsibilities of the administrative assistant.

6. Identify infection control procedures utilized in the dental office.

7. Identify hazard control procedures utilized in the dental office.

8. List the operative procedures that were performed during your visit.

9. Which member(s) of the dental health team provided patient education?

10. List and describe some of the equipment used most often in the dental practice.
DENTAL OFFICE VISITATION
STUDENT EVALUATION

Instructions: The student will leave this form with a representative of the dental practice during the visit. At the conclusion of the student’s visit, the representative will complete the form and return to:

Johna Howard, CDA
Dental Assisting Program Coordinator
Ogden-Weber Technology College
200 N. Washington Blvd.
Ogden, UT 84404-6704
Fax: 801.395.3703
howardj@owatc.edu

Student’s Name _____________________________________________

Date of Visit _______________________________________________

1. Was the student on time for his/her appointment?

2. Did the student keep the appointment originally set up?

3. Was the student’s appearance professional and suitable for the dental office?

4. Did the student maintain professional conduct during his/her visit?

5. Did the student seem enthusiastic?

6. In your opinion, do you see the student as a potential dental assistant? Please explain?

THANK YOU FOR YOUR COMMENTS AND YOUR PARTICIPATION!
HEALTH OCCUPATIONS
BACKGROUND CHECK NOTIFICATION

Students entering a Health Occupations Program at the Ogden-Weber Tech College are required to complete a background check prior to entering the Dental Assisting, Pharmacy Technician and Medical Assisting programs and within 2 weeks of entering the Nursing Assistant program.

- Any felony or misdemeanor relating to drug offenses, assault/violent crimes, sexual assault, fraud or theft, identified on the student’s record may result in the college not being able to place the student in a clinical or externship site. As a result they may be unable to complete the Dental Assisting, Pharmacy Technician, Medical Assisting, or Nursing Assistant programs.

- An adverse finding on a criminal background check may also inhibit a student’s ability to obtain employment and/or obtain a license in a health occupation.

- In keeping with the program’s due process policies, if a student disagrees with the accuracy of the information obtained, she/he may request a meeting with the program advisor to discuss their concerns.

I have read and understand the information presented above.

_____________________________________         ______________________
Student Signature          Date

_____________________________________         ______________________
Parent Signature (if student is a minor)        Date
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 Tech 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: _______________

Printed Name: ___________________________ Relationship: __________________

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.

Revised 6/2017