



**OKANAGAN COLLEGE
Certified Dental Assistant Program
CRITERION REFERENCE FORM**

Revised: Jan. 19/16

Applicant Name: _____ **OC ID:** _____

Address: _____

Telephone: Day: () _____ Evening: () _____

This form must be returned no later than February 28th to:

Okanagan College
Admissions Office
1000 KLO Road
Kelowna, BC V1Y 4X8

**** The maximum number of points for Selection Criteria is 9 points.**

FOR OC USE ONLY

VERIFIED: _____ POINTS RECEIVED: _____
Instructor's Name Date

1: Completion of HLT 092 or equivalent. Selection Criterion for completion of HLT 092 - Introduction to Dental Assisting, a Dental Reception program, or full or part completion of another Dental Assisting program, **validated by submission of official transcripts.** Please note that all OUC/OC Continuing Education certificates must be submitted by February 28.
Point Value: 2 points (maximum 1 point per Certificate or HLT 092)

FOR OC USE ONLY

VERIFIED: _____ POINTS RECEIVED: _____
Admissions Date

2: Previous application to Certified Dental Assistant Program: To be verified by OC Admissions
Selection Criterion for demonstration of prior interest in the program, validated by completing the application process the year immediately preceding the current one at Okanagan College and **(Met All Educational Requirements).** **Point Value: 1 point**

FOR OC USE ONLY

VERIFIED: _____ POINTS RECEIVED: _____
Admissions Date

OC STUDENT ID # _____

Selection Criterion for relevant experience such as chairside dental assistant, dental receptionist, dental laboratory technician/assistant, or working in a dental office as a 'clean-up' person for a minimum of six months (minimum 20 hours per week, paid employment for each position), validated by submission of this form by the actual employer. **This is to support working assistants in giving them an opportunity to upgrade. Please do not feel you must seek employment to gain admission to this program.**

Please photocopy this form if required for more than one employer.

Please have the dentist (employer) check off the following duties or procedures that apply to your experience:

3: Chairside Dental Assistant or Level I Assistant (Point Value: 2 points)

- charting
- providing oral hygiene instruction
- processing exposed radiographic films
- assisting with general dentistry procedures at chairside
- rinsing and suctioning
- placing and removing rubber dams and clamps
- pouring and trimming study casts
- polishing dentures
- taking intra-oral and extra-oral photographs
- applying topical anaesthetic agents
- assisting with impression taking
- applying topical fluoride
- exposing intra-oral and extra-oral dental radiographs
- sterilization procedures

Date(s) of Employment: _____

PRINT Dentist Name

Dentist ORIGINAL Signature (no stamp)

() _____
OFFICE Telephone Number

Dentist Registration Number

Date

4: Dental Receptionist (Point Value: 2 points)

- maintained front office and reception area, prepared office for the day
- managed charts/ledgers, filed, prepared for next day
- used telephone system
- scheduled appointments, completed appointment card, confirmed appointments
- managed a recall/maintenance system
- used copier, calculator, postage meter, credit card imprinter, fax machine, typewriter (keyboard)
- maintained inventory control system
- managed patient accounts, and prepared estimates
- completed dental claim forms
- operated dental office computer

Date(s) of Employment: _____

PRINT Dentist Name

Dentist ORIGINAL Signature (no stamp)

() _____
OFFICE Telephone Number

Dentist Registration Number

Date

5: Dental Laboratory Technician/Assistant (Point Value: 2 points)

- poured up study casts
- trimmed study casts
- articulated study casts
- wax-ups
- castings
- custom shade selection
- cleanup/maintain dental laboratory equipment

Date(s) of Employment: _____

PRINT Dentist Name

Dentist ORIGINAL Signature (no stamp)

() _____
OFFICE Telephone Number

Dentist Registration Number

Date