

Certified Dental Assistant Program
CRITERION REFERENCE FORM

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 8 points**

FOR OC USE ONLY

VERIFIED: _____

Instructor's Name

Date

POINTS RECEIVED: _____

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 OIC/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: _____

Admissions

Date

POINTS RECEIVED: _____

Educational Needs: _____ Point: 1 point

VERIFIED: _____

Admissions

Date

POINTS RECEIVED: _____

OC STUDENT ID # _____

Selection Criteria for relevant courses available on chairside dental assistant certificate program

work 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 fabricate work paid employment for admission to this program.

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

Please have the dentist (employer) check off the skills or techniques you add to your experience.

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

- charting
- providing oral hygiene instruction
- assisting with general dentistry procedures at chairside
 - rinsing and curing
- placing and removing rubber dams and clamps
 - pouring and trimming study casts
 - polishing dentures
 - taking intra-oral and extra-oral dental radiographs
 - applying topical anesthetic 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 (key board)
- 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 _____

- poured in study casts
- trimmed study casts
- articulated study casts
- waxing
 - castings
- custom shade selection
- clean up/maintain dental laboratory equipment

Date(s) of Employment: _____