

Certified Dental Assistant Program  
CRITERION REFERENCE FORM

Applicant Name: \_\_\_\_\_

OC ID: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Day: \_\_\_\_\_

Evening: \_\_\_\_\_

This form must be returned no later than February 28<sup>th</sup> 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: 1 point, 1 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 or employment. Admission to this program.

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

Please have the dentist (employer) check off traits or high values pertinent 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: \_\_\_\_\_