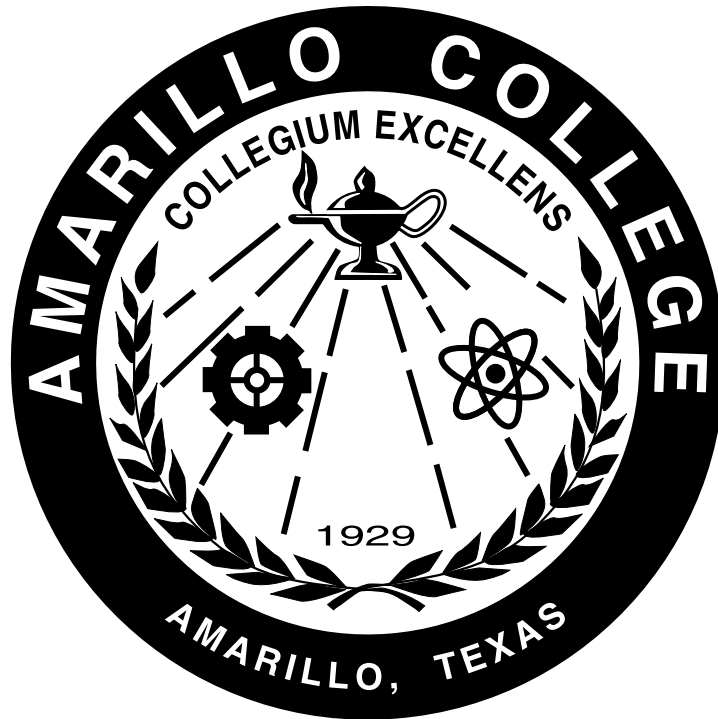


# Program Information Packet

**Amarillo College**  
**DIVISION OF ALLIED HEALTH**



## **DENTIST AIDE**

**A HEALTH SCIENCE CAREER**

Contact:  
Dana Scott  
(806) 356-3616



**Amarillo College**  
*An Equal Opportunity Community College*

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**Amarillo College**  
**DIVISION OF ALLIED HEALTH**  
**Dentist Aide Program**

Thank you for your interest in the Amarillo College Dentist Aide (Dental Assisting) Program. We have been training this specialty since 1970. We appreciate your interest and are eager to serve your educational needs. This information and application packet will explain the duties of a dentist aide and also the application procedures. Please read this packet carefully. If you have additional comments or questions, please feel free to contact any of the numbers below to assist you.

The Dentist Aide Program provides the entry-level skills needed to work as a chairside dental assistant in a dental office. The State of Texas requires that each dental auxiliary that performs the task of exposing radiographs on a patient have completed a course and test to become registered with the State to do such task. The Amarillo College Dentist Aide Program prepares the student for this requirement. We also prepare the student for an additional certification to monitor a patient on Nitrous Oxide (laughing gas). If the student is successful in these certification exams, they will earn the credentials of **RDA**.

The student will be exposed to all facets of dentistry such as, Endodontics (root canal), Periodontics (gum surgery), Oral Surgery, Orthodontics (braces) and Pedodontics (children's dentistry). Additional instruction is given to familiarize the student with the business aspect of the dental office. Assistants make good office personnel.

This program is designed to be completed within 3 semesters. It is not mandatory, but highly suggested that the related college courses ( speech, English and keyboarding/formatting) be completed **prior** to application to the program. If this is not possible, the related courses may be completed the semester after the dental courses are finished. The dental courses require too much time for a student to take the related courses at the same time.

Students contemplating the field of **Dental Hygiene** may benefit from completing the dentist aide course first. Doing so gives the student a foundation of general, basic dentistry and participation in the clinical aspect of the program helps the student to determine if they wish to pursue the specialty of hygiene.

Entry into the program is not automatic. This is a competitive career choice and there are more applicants than positions available. The specific application requirements will be found in this packet.

All dental classes meet on the West Campus of Amarillo College located at 6221 W. 9th Street. Related courses meet on the Washington Campus and also are offered via WEB/ online. Each student will have clinical practice in local and area dental offices.

For additional information please contact:

Dentist Aide Program Director  
Allied Health Division Office

(806) 356-3616  
(806) 354-6055

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# Dentist Aide Program

## THE PROFESSIONAL DENTAL TEAM MEMBER

Working as a teammate in the dental office is a rewarding career. It is a challenging position and those best suited must have good communication skills and public relations skills. Dental assistants must be able to take the initiative in patient communication and patient care. They are called upon daily to use good judgment and do not wait to be told what to do in each situation. They must make patients feel comfortable in uncomfortable situations and the dental assistant must anticipate, in advance, the needs of the dentist in performing patient care. Work in a dental office is often stressful and under time restraint limits. The dental assistant must perform work expediently, independently and as a team member all at the same time. Special situations may call for a change in performed patient care procedures without advanced notice and the dental assistant is required to adjust rapidly and professionally. Dentist aides spend an abundance of time on their feet during the day and use repetitive hand motions.

Some duties of the professional dentist aide will include a variety of patient care, laboratory and office duties. The dentist aide works chairside with the dentist as the dentist examines and treats patients. They make patients comfortable, prepare them for treatment and give post-treatment instructions. The dentist aide obtains and records dental statistics and vitals into the patient record. Aides and assistants hand instruments and materials to the dentist and keep the mouth clear and dry during dental procedures. They also sterilize and disinfect instruments and equipment; prepare tray set-ups for dental procedures; provide post-operative instructions and instruct patients on home health care. They may remove sutures, place topical anesthetics and cavity preventative agents on the teeth and gums. The dentist aide and assistant may also take alginate impressions, expose radiographs, process dental film and construct temporary crowns.

Laboratory duties may include making casts of the teeth and mouth, cleaning and polishing removable partials and dentures, and making bleaching trays for the whitening of the teeth. Office duties may include scheduling and confirming appointments, posting accounts receivable and the ordering of supplies and materials.

Professional behavior is a **must** for all dental personnel. As a part of the educational experiences, the students will be evaluated on their ability to demonstrate the intellectual, ethical, and behavioral attributes necessary to perform the duties required of members of the dental profession.

Healthcare providers must present themselves as healthy examples to the patients in their care. **Excessive body piercing, tongue rings, visible tattoos and other such paraphernalia may be acceptable for some careers, however, the healthcare provider applicant must be aware that these things are not widely accepted in the dental profession and such body adornments may result in difficulty in obtaining employment.** The above mentioned paraphernalia will **NOT** be allowed during the clinical portion of education.

Examples of professionalism for the healthcare student are:

- willingness to accept suggestions for improvement and evaluation gracefully
- abiding by the rules and regulations
- having an attitude of respect, courtesy and cooperativeness toward all fellow classmates, faculty and clinical staff
- maintaining a neat and clean clinical and laboratory area
- practicing good personal grooming and hygiene

Examples of unprofessional behavior are:

- dishonesty
- failure to practice aseptic technique in clinical situations
- unclean and unkempt appearance
- failure to report to class or clinicals on time
- disregard for instructors, clinical staff and hosting offices

Unprofessional behavior may result in failure of the dentist aide course in which the unacceptable behavior occurred.

## THE ADMISSION PROCESS TIMELINE

### Dates of Importance

<b>July 1</b>	Application deadline
<b>July 7-14</b>	Applicant will be notified of results and will either be accepted into the fall class or will be an alternate, depending on total points earned.

# Dentist Aide Program

## REQUIRED CURRICULUM

Prefix	Number	Course Name	Semester Hours
SPCH	1318*	Interpersonal Communications *OR any Speech	3
ENGL	1301*	Freshman Comp I * OR Business English POFT 1301	3
POFT	1329	Keyboarding & Document Formatting	3

### DENTAL COURSES ONCE ACCEPTED TO PROGRAM

DNTA	1415	FALL – Chairside Assisting	4
DNTA	1311	FALL – Dental Science	3
DNTA	1205	FALL – Dental Radiology	2
DNTA	1301	FALL – Dental materials	3
DNTA	1241	FALL – Dental Lab Procedures	2
DNTA	1266	SPRING – Practicum (Clinicals)	2
DNTA	1345	SPRING – Preventive Dentistry	3
DNTA	1249	SPRING – Dental Radiology in the Clinic	2
DNTA	1251	SPRING – Dental Office Management	2
DNTA	1453	SPRING – Assisting Applications	4

## FINANCIAL INFORMATION

Please see the current Amarillo College catalog for tuition and fees for the number of hours you are preparing for.

In addition to the tuition and fees, the student will be expected to purchase the following. The cost of each item is only an **approximation**.

### FALL

Books	\$400.00
N20 Certificate	100.00
2 sets scrubs	125.00
2 dental shirts	50.00
Dental lab kit	500.00
White shoes	75.00
	\$1,250.00

### SPRING

Books	\$100.00
State RDA Exam	100.00
Special projects	30.00
	\$230.00

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# Dentist Aide Program

## THE ADMISSION PROCESS

1. The applicant must have graduated from high school or earned a GED certificate. All transcripts, including any college work, must be submitted.
2. The applicant must be able to participate in all clinical activities routinely required of a dentist aide/dental assistant in such a way as not to pose a risk to the health and safety of patients, clinical personnel or themselves. The working conditions of a dentist aide require long periods of sitting and/or long periods of standing with repetitive hand and wrist motions. If the applicant has concerns regarding any of these conditions, they should consult with their physician. A medical release may be required to document that this criteria has or can be met.
3. The applicant must submit written proof of required immunization as stated on the following page (Texas Immunization Requirements) and proof of a recent TB test.
4. The applicant will take the **Health Occupations Aptitude Test** prior to submission of the portfolio. The applicant will need to call the AC Testing Center at 806-371-5445 to obtain a testing time. The applicant will need to bring a valid picture ID **and \$15.00** to sit for the test.
5. The applicant will need to complete a background check approximately two weeks prior to submitting the portfolio. The website for this can be found in this packet.
6. The applicant will complete and submit an application portfolio to the Dentist Aide Program Director. **Please refer to the specific criteria on packet page titled: Criteria for Portfolio.** The assembled portfolio may be submitted either in person to the director at Amarillo College West Campus Allied Health Building Room 123, or by mail to the Program Director at PO Box 447, Amarillo, Texas 79178. The portfolio may also be given to the Allied Health Division Office located at the front of the building. **The Dentist Aide Director is not available during most of the summer hours, however, can be reached by phone at 806-356-3616 or e-mail at [scott-dc@actx.edu](mailto:scott-dc@actx.edu). All correspondence will be promptly returned.**

The Portfolio **must** contain:

- |                                  |                                    |
|----------------------------------|------------------------------------|
| a. Application for Admission     | f. Up to 3 References              |
| b. Release & Waiver of Liability | g. All Transcripts                 |
| c. Admission Verification        | h. Health Occupations Test results |
| d. Current Immunization Record   | i. Observation Verification        |
| e. Autobiography                 |                                    |
7. After the portfolio is received, the points will be tallied and the top **14** applicants will be offered a position in the next fall class. Other applicants will retain their respective points total and will become alternates. Alternates will be contacted, in the order of their points, if a position should become available.
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# Dentist Aide Program

## TEXAS IMMUNIZATION REQUIREMENTS

The following requirements apply to all students enrolled in health-related programs in Texas schools, which will involve direct patient contact in program affiliated medical care facilities. This includes Radiography majors.

1. Students who were born on or after January 1, 1957, must show, prior to first patient contact, acceptable written evidence of vaccination of two doses of measles-containing vaccine administered since January 1, 1968. Serologic confirmation of immunity to measles is acceptable. Evidence of immunity must consist of a laboratory report that indicates either confirmation of immunity or infection.
2. Students must show, prior to program admission, written evidence of vaccination of one dose of rubella (German measles) vaccine. Serologic confirmation of immunity to rubella is acceptable. Evidence of immunity must consist of a laboratory report that indicates either confirmation of immunity or infection.
3. Students born on or after January 1, 1957, must show, prior to first patient contact, written evidence of vaccination of one dose of mumps vaccine. Serologic confirmation of immunity to mumps is acceptable. Evidence of immunity must consist of a laboratory report that indicates either confirmation of immunity or infection.
4. Students shall have received a **complete** series (three injections) of hepatitis B vaccine prior to first patient contact.
5. Students shall have received a **complete** series (two injections) of varicella (Chicken Pox) vaccine, prior to first patient contact, unless the first dose was received prior to thirteen years of age or must present documentation of varicella immunity. A validated history of varicella disease (chickenpox) or varicella immunity is acceptable in lieu of vaccine. A written statement from a physician will be required to support a history of varicella disease, or the adult student may document a varicella disease history with a signature that must be notarized.
6. One dose of tetanus-diphtheria toxoid is required within the last ten years.

**Questions concerning Texas immunization requirements  
should be directed to a private physician  
or the local or state health department  
(not to Amarillo College personnel)**

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# Dentist Aide Program

## OBTAINING YOUR CRIMINAL BACKGROUND CHECK

The hospitals associated with our clinical education courses require criminal background checks on incoming students to insure patient safety. As one who is making application to enter an allied health program at Amarillo College, you will be required to order your background check in sufficient time for it to be reviewed by the hospital prior to your admission into the program. A background check typically takes 3 - 5 normal business days to complete.

The background checks are conducted by PreCheck, Inc., a firm specializing in background checks for healthcare workers. Your order must be placed **online** only through "StudentCheck."

**Go to [www.PreCheck.com](http://www.PreCheck.com) and click on the StudentCheck link and then click the Student button.**

Complete all required fields and hit Continue to enter your payment information. The payment of \$52.02 (plus state tax for students living in Texas) can be made securely online with a credit or debit card. You can also pay by money order, but that will delay processing your background check until the money order is received by mail at the PreCheck office. You will be provided an order confirmation number and instructions on how to check the status on the completion of your report by email.

PreCheck will not use your information for any other purposes other than a background check. Your credit will not be investigated, and your name will not be given out to any businesses.

If you need assistance, please contact PreCheck at [StudentCheck@PreCheck.com](mailto:StudentCheck@PreCheck.com)

### FREQUENTLY ASKED QUESTIONS:

- **Do I get a copy of the report?**  
No. Only the hospitals or school in the program have access to the reports. However, you can order a copy of your report for an additional fee at the time you place your order.
- **Does PreCheck need every street address where I have lived over the past 7 years?**  
No. Just the city and state.
- **I have been advised that I am being denied entry into the program because of information on my report and that I should contact PreCheck. Where should I call?**  
Call PreCheck's Adverse Action hotline at 800-203-1654. Adverse Action is the procedure established by the Fair Credit Reporting Act that allows you to see the report and to dispute anything reported.
- **I have a criminal record. What should I do?**  
Disclose the crime on your application.

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# Dentist Aide Program

## CRITERIA FOR PORTFOLIO

Each candidate will be required to compile and return a portfolio. All forms required in the portfolio, with the exception of personal documents such as the autobiography and immunization records, are found in this packet. The forms may be copied as needed. Each portfolio will have **required** documentation with point values assigned to each item and **additional recommended (but not required)** documentation that will also have point values.

### Required Documentation

Application for Admission Form	25 points
Release and Waiver of Liability Form	25 points
Admission Verification Form	25 points
Current Immunization Records	25 points
Autobiography	50 points
Reference #1	25 points
Reference #2	25 points
Reference #3	25 points
Transcripts**	up to 75 points
Health Occupations Test	up to 100 points
Observation in Dental Office (Minimum 2 hours)	75 points

### Additional Recommended Documentation

Recommendation Letter from a dentist	100 points
Additional Observation Time in Dental Office:	
2 hours	50 points
4 hours	100 points
6 hours	150 points
American Heart Association or Red Cross CPR certification that is less than 1 year old	25 points
Completion of related college courses:	
Speech	100 points
English	100 points
Keyboarding/Formatting	100 points
College Courses in Progress Each Earn	25 points

\*\* Transcripts will be awarded points based on the final grade earned in math, Science and English. An "A" earns 25 points, a "B" earns 15 points and a "C" earns 5 points.

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# Dentist Aide Program

## APPLICATION FOR PROGRAM ADMISSION

Instructions: Please print or type all information requested on this form. ALL items must be answered before this form can be accepted. ALL information must be current and accurate.

DATE: \_\_\_\_\_, 20\_\_\_\_

Name: \_\_\_\_\_  
First MI Last

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Contact Numbers: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_\_) \_\_\_\_\_ Emergency (\_\_\_\_\_) \_\_\_\_\_

### Education History:

Did you graduate from high school?  Yes  No  
If no, have you completed a GED?  Yes  No  
Have you applied to Amarillo College?  Yes  No  
Have you taken placement tests at AC?  Yes  No

Have you completed any of the related courses for the Dentist Aide Program?

SPCH \* Speech (any)  Yes  No  
POFT 1329 (keyboarding & formatting)  Yes  No  
ENGL 1301 (Freshman Comp I)  Yes  No  
OR  
POFT 1301 (Business English)  Yes  No

### Work History:

Have you ever been employed in a customer service area?  Yes  No  
Have you ever been employed in an area where teamwork was required?  Yes  No  
What was your last occupation? \_\_\_\_\_

Admission into the Dentist Aide Program requires that you must be able to **fully** participate physically and mentally in all on-the-job related activities in such as way as not to pose a risk to the safety of a patient, yourself or other dental personnel. You must be able to perform the following tasks. Can you comply?

Lift 25 pounds  Yes  No  Uncertain  
Sit and/or stand for 2 hours  Yes  No  Uncertain  
Speak and hear the English language clearly  Yes  No  Uncertain  
Have full range of motion in wrists and fingers  Yes  No  Uncertain

**Amarillo College**  
**DIVISION OF ALLIED HEALTH**

STATE OF TEXAS

§

COUNTY OF POTFER

§

§

**RELEASE AND WAIVER OF LIABILITY**

AGREEMENT OF RELEASE made this day between AMARILLO JUNIOR COLLEGE DISTRICT ("Amarillo College")

and \_\_\_\_\_ ("Student").

print full legal name of student or applicant

In consideration of Student being permitted to enroll at Amarillo College in the Dental Aide program and the acknowledgment of Student of the following facts:

1. That student will be required, as part of the normal educational process towards Student's degree or certificate to be placed in a teaching environment including, but not limited to, local medical facilities, offices of local practitioners, ambulances, medical laboratories, and other medical environments (hereinafter called "medical affiliates"), Student may be exposed to conditions which could cause bodily injury and/or death and may be exposed to patients afflicted with terminal or potentially terminal disease processes which may be of a contagious nature; and,
2. That Student will first be provided, as part of the normal educational process toward Student's degree or certificate with detailed information about the nature, risks and preventive measures related to communicable diseases of a terminal or potentially terminal nature prior to the assignment of Student in an environment where these diseases are known to be present; and,
3. That Student could be exposed to high risk toxic substances in the medical affiliates, but will first be provided with information concerning prevention from becoming ill with same.

Student does hereby:

1. Authorize Amarillo College officials to place Student into the respective medical affiliates as they deem necessary for the completion of Student's educational program;
2. Release, waive, and covenant not to sue Amarillo College, its officers, agents, employees, and persons or entities acting together with Amarillo College in its education programs (hereinafter called "Releasees") from all liability to Student for any and all loss or damage, and any claims or demands whatsoever therefore on account of injury to the person or property or resulting in the death of Student or emanating from exposure to said disease processes and toxic substances, or any of these, whether caused by the negligence of Releasees or otherwise while the Student is on or within any of the program medical affiliates;
3. Indemnify and hold harmless Releasees from any loss, liability, damage or cost that Student may incur due to the presence of Student in or upon any of the medical affiliates or in any way observing for any purpose or participating in the educational process in said medical affiliates; and,
4. Assume full responsibility for any and all risks due to participation in the normal educational process in the medical affiliates described above.

Student expressly acknowledges and agrees that the activities described above could be dangerous and involve the risk of injury and/or death and/or contracting terminal or potentially terminal disease processes and exposure to high risk toxic substances.

The UNDERSIGNED expressly agrees that the foregoing Release, Waiver, and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the Laws of the State of Texas and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The UNDERSIGNED is at least eighteen years of age and has read and voluntarily signed the Release and Waiver of Liability and Indemnity Agreement, and agrees that no oral representations, statements or inducements apart from the foregoing written Agreement have been made.

-----  
I have read this document. I understand it is a release of all claims. I understand I assume all risks inherent in the educational process and clinical experience conducted in the medical affiliates of Amarillo College as part of my progressing toward a degree or certificate as set out above. I voluntarily sign my name evidencing my acceptance of the above provisions.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signed: \_\_\_\_\_

(Full Legal Name)

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# Dentist Aide Program

## SWORN STATEMENT OF A HISTORY OF VARICELLA DISEASE

By my signature on this document, I \_\_\_\_\_, attest that

PRINT FULL LEGAL NAME

I have a personal history of varicella disease (chickenpox) or have varicella immunity.

Student Signature (exactly as printed above):

\_\_\_\_\_

Affix Notary Seal Below

Sworn to before me this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_

Notary Public Signature:

\_\_\_\_\_

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# Dentist Aide Program

## IMMUNIZATION VERIFICATION

Student Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  

Last
First
MI
Month
Day
Year

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

Street, Number or PO Box
City
State
Zip

**The following information must be completed by examining physician.**

**As required by Texas Law, students in healthcare career programs must show proof of required vaccinations.**

Vaccination Type	Date Administered	Date of Next Booster if Required
<b>REQUIRED VACCINATIONS</b>		
Poliomyelitis		
MMR (Measles, Mumps, Rubella)		
Tetanus/Diphtheria (Adult)		
Hepatitis B: Injection #1		
Hepatitis B: Injection #2		
Hepatitis B: Injection #3		
Tuberculosis Skin Test		
<b>RECOMMENDED VACCINATIONS</b>		
Hepatitis A: Injection #1		
Hepatitis A: Injection #2		

**Physician's Certification Statement**

I, \_\_\_\_\_, certify that I have examined the above named  
Physican's name (printed or stamped)

patient and find him/her healthy and free of all communicable diseases.

\_\_\_\_\_  
 Physician's Signature

\_\_\_\_\_  
 Date

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# Dentist Aide Program

## OBSERVATION VISIT FORM

Carefully read the instructions below and take this page with you when you go for your observation visit to a dental office. Be sure to have the dentist sign and date the form when the observation time is complete. If performing more than one observation period, you may photocopy this form as needed. After the visit, please take time to write a short (50 to 100 word) account describing your visit and your reaction to what you observed. You may put the account on the back of this form.

The purpose of the observation visit is to acquaint the applicant to the actual duties, experiences and requirements of a dentist aide/dental assistant.

The applicant will be able to observe dental personnel at work and to view the daily operations of a functioning dental office. The minimum time spent observing will be two hours. You may observe additional offices or additional time as needed to score additional points.

When you go for your visit, you will be expected to dress in a manner appropriate for the profession. You will want comfortable clothes and shoes; however jeans, t-shirts, tank tops and sport shoes are NOT in order. Please do not wear strong perfume or cologne. If you smoke, please refrain from doing so until AFTER the visit. During your visit, please stand or sit where directed to do so. Please feel free to ask questions, but do wait until the patient has been dismissed. Do not interrupt during the course of patient care. During the observation time, please do not chew gum.

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


Date of Observation Visit: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_

Signature of Dentist: \_\_\_\_\_

Number of hours the applicant observed in your office: \_\_\_\_\_

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# Dentist Aide Program

## REFERENCE FORM

Thank you for your time in completing this form for the Dentist Aide Program Applicant.  
Your information is valuable and appreciated.

Name of person completing the reference: \_\_\_\_\_

Position or job title of person completing the reference: \_\_\_\_\_

\_\_\_\_\_

Phone number(s) of person completing reference: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

How did you come to know him/her? \_\_\_\_\_

What qualities does the applicant possess that will enable him/her to succeed in a professional dental career? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you observed the applicant during stressful or difficult situations? \_\_\_\_\_ If yes, how did he/she handle the situation?

\_\_\_\_\_

\_\_\_\_\_

Please use the rest of this space to give additional information that will help to evaluate this applicant for admission into  
the Dentist Aide Program at Amarillo College. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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# Dentist Aide Program

## ADMISSIONS VERIFICATION

By my signature on the Admission Verification form, I \_\_\_\_\_  
(print full legal name)

acknowledge that:

1. I have received the complete Amarillo College Dentist Aide Program packet of information and related forms; and,
2. I know the principal duties and the recommended characteristics of a Dentist Aide
3. I have read and understand all admission requirements for acceptance into the Dentist Aide Program; and,
4. I will obtain any required immunizations, including the three series of Hepatitis B, varicella, and TB upon acceptance into the program; and,
5. I have provided officials at Amarillo College with any applicable academic transcripts as requested by the College Admissions criteria; and,
6. I am able to lift 25 pounds; and,
7. I am able to sit and or stand for 2 hours straight; and,
8. I am able to hear and speak the English language fluently; and,
9. I have full use and range of motion with the wrists and fingers; and,
10. I agree to abide by all admission requirements and understand that my application does not guarantee me an appointment into the next Dentist Aide class and that I must compete with other applicants for that appointment based on a point system that has been fully described in admissions document of the Dentist Aide Program Information Packet.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signed: \_\_\_\_\_  
(full legal name)

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# Dentist Aide Program

## APPLICATION PORTFOLIO CHECKLIST

Do not include this form with your portfolio. This form is for your use to help you track your portfolio requirements. Check off each item listed below to be certain you have completed ALL required forms and documentation.

An incomplete portfolio can not be accepted.

- Form - Application for Admission to the Dentist Aide Program
- Form - Release and Waiver of Liability (signed and dated)
- Form - Observation in a dentist office (signed and dated by the dentist)
- Form - Reference from a past teacher, supervisor, co-worker, etc ( up to three)
- Form - Admissions Verification (signed and dated)
- Documentation - Health Occupations Test results
- Documentation - High school transcript or GED
- Documentation - College Transcripts ( if applicable)
- Documentation - Immunization records
- Documentation - Autobiography
- Documentation - Any other documentation of the applicants choice if they wish to provide it.

**After you have completed the required documentation, you are now ready to assemble the information into a portfolio.**

**You may turn in the portfolio to the Allied Health Division  
Administrative Assistant located in the front of the AH Building,  
Or to the Dentist Aide Program Director, located in the AH building in room 123,**

**Or you may mail the completed packet to:**

**Amarillo College  
Dentist Aide Program  
P.O. Box 447  
Amarillo, Texas 79178**

**Application deadline is July 1st of each year**

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