



Santa Cruz County CTEP
399 Encinal Street, Santa Cruz CA 95060
Mark Hodges, Director
Henry Michel, Assistant Director
Debbie Reynon, CDA RDA, Dental Assisting Program Coordinator

CTEP Dental Assisting 2020-2021
Application Guidelines

Thank you for your interest in the Dental Assisting Program with the Santa Cruz County Office of Education: CTEP (formerly known as ROP)!

Dental Assistant clinical training is a ten-month program and is WASC accredited. The classroom instructional portion of the program will be held at the Santa Cruz County CTEP/COE Annex at 399 Encinal Street, Santa Cruz, CA 95060. This program meets Monday through Thursday, 2:30 pm to 6:45 pm.

Instruction includes orientation to the dental profession, dental healthcare team, dental nomenclature, communication skills, interpersonal skills, computer applications, ethics and legal considerations, math applications, asepsis and universal precautions, employability skills, dental materials, infection control and sterilization procedures, four-handed chairside skills, instrumentation and equipment. Students have an opportunity to earn four mandated certifications for unlicensed dental assistants.

The [**estimate**] fees for Dental Assisting for the **FIRST SEMESTER** are as follows:

Fees include:

- Text/book bundle
- CPR
- Supplies
- Pin
- Dental X-Ray Materials
- Registration/tuition

Total **\$3,000.00** **** fees will be due in full when accepted into the program

The [**estimate**] fees for Dental Assisting for the **SECOND SEMESTER** are as follows:

Fees include:

- Supplies
- Registration/tuition

Total **\$3,000.00** **** fees will be due in full when accepted into the program

***THIS COST IS AN ESTIMATE AND MAY CHANGE AT REGISTRATION**

- **A payment plan is available, with a \$100.00 administrative fee per semester added. *Of the enrollment fee \$25.00 is non-refundable.** For DA 1 – First Semester, a (non-refundable) deposit is due upon acceptance into the program, followed by monthly payments in September, October, November, and December. For DA 2 – Second Semester, a (non-refundable) deposit is due upon acceptance into second semester, followed by monthly payments in February, March, April and May until paid in full. Late payment fees will apply. **Specific dollar amounts may change and will be specified as of June 1, 2020.**

- ***Of the registration fee \$25.00 is non-refundable.** If a student drops the program once the class has begun then NO portion of the registration is refundable. If supplies are returned within three days of the class start date in “as new” condition the instructor may determine if they can be returned for a refund. Refund processing require a minimum of 10 days.

Santa Cruz County Career Technical Education Partnership Medical and Dental Assisting Program Financial Information

The CTEP program does not offer financial aid but does qualify for several assistance programs. For those students who qualify, they may contact Workforce Santa Cruz for information. They can be contacted at:

- <http://santacruzhumanservices.org/WorkforceServices/WorkForceSantaCruz/tabid/329/Default.aspx/>
- Watsonville Career Center 18 West Beach Street, Watsonville, CA 95076 (831) 763-8700
- Santa Cruz Workforce 2045 40th Ave., Suite B, Capitola, CA 95010 (831) 423-8611

Please note, if you need assistance, you must apply to these agencies as soon as possible. CTEP is not responsible to arrange for your application. These programs take time and require documentation so it is highly advised that you do not delay in getting the information you need. They may require your letter of acceptance to process your application.

HEALTH REQUIREMENTS

Those students accepted into the program must complete a “2” – step TB testing and Hepatitis B vaccine series at their own expense. Students must provide their own uniforms under program guidelines. All health requirements must be completed by deadline presented at orientation in order to participate in the program. Please note: students may be required to have a “flu vaccination” if assigned to Clinica de Salud, Dientes Community Dental Group, San Benito Health Foundation, or Salud de Par le Gente Dental Clinic.

The **Dental Assisting Program** has strict guidelines that will prepare the student for the work place. CTEP prepares students with both dental and work-ready skills. The Dental Assisting Program is run with the same integrity as a business. We have strict policies for tardies, absences and testing.

Submitting Your Application

Applicants are required to participate in one of the “mandatory” orientations, assessment testing and interviewing process. The Dental Assisting program schedule for application, assessment, mandatory orientation, and interviewing process is as follows:

- **Download Application:** Once application is received, download and complete the application.
- **Submit Application:** Student must submit application within three weeks after attending mandatory orientation. Final application deadline is August 21, 2020, Registration opens on July 1, 2020 – all registration fees for first semester will be due by Monday, August 24, 2020.

Mail or drop off to: Santa Cruz County Career Technical Education Partnership (CTEP)
Attn: Debbie Reynon, CDA RDA BS - DAP Coordinator
Note Address → 399 Encinal Street
Santa Cruz, Ca 95060

NOTE THE ADDRESS (BELOW) FOR ASSESSMENT< ORIENTATION< INTERVIEWING

Orientation Information:

- Students are required to attend at least ONE mandatory orientation. Orientations are scheduled at least twice a month on a Wednesdays (June & July 2020) at 1:30 pm or 6:30 pm. Contact instructor for additional August 2020 Monday - summer dates orientation offerings.
- **Mandatory Orientations held at:** Via ZOOM Virtual Orientations – Link will be emailed to student once they have confirmed date and time of attendance. Orientations are scheduled at 1:30 pm or 6:30 pm. Upcoming dates for July 2020 (7/8/20, 7/15/20, 7/22/20, 7/29/20) + August 2020 Mondays – 8/3/20, 8/10/20 and 8/24/20) 1:30 pm or 6:30 pm

Assessment Test/Interviews: • YOU MUST HAVE PHOTO ID WITH YOU!

- Will take approximately 30 to 60 minutes for assessment.
- Reading assessments are currently scheduled by appointment during the summer.
- Interviews will be scheduled via ZOOM virtual meeting after student has taken the reading assessment.

Assessments/Interviews will be scheduled with Debbie Reynon, CDA RDA (Dental Assisting Program Coordinator). Please contact coordinator at (831) 262-8617 or email to dreynon@santacruzcoe.org.

Please download and fill out the Dental Assisting Program application. All applications must be received within ten days of the mandatory orientation attended. All completed applications are carefully reviewed for the necessary prerequisites. Final application deadline is Monday, June 10, 2020! After acceptance into the Dental Assisting Program, students will be able to register for the DA Program.

Students will be required to register by Friday, August 21, 2020! Class begins on Wednesday, August 26, 2020!

Applicants must meet the following qualifications to complete application:

1. Student must be 18 years of age
2. High school diploma or equivalent
3. Complete downloaded application
4. Attendance at a mandatory orientation
5. Sit for assessment test
6. Interview with instructor
7. Applicant is required to possess a high degree of professionalism and be able to exhibit the motivation and positive attitude necessary to succeed in the program
8. Meet minimum health clearance

Please submit a copy of following documents with your application:

1. High School Diploma or equivalent
2. Drivers License or California ID

Incomplete or failure to follow instructions will disqualify applicant and applications will be returned.

Should you have any questions please contact:

**Debbie Reynon, CDA RDA AA AS BS
Dental Assisting Program Coordinator/Instructor
(831) 262-8617
Email: dreynon@santacruzcoe.org**



Dental Assisting



2020-2021

Summer Application

Application sent or delivered in person to ROP on: _____

**Student is responsible for contacting instructor if for any reason you are unable to keep any of the following appointments! Appointments will be scheduled at the mandatory orientation unless student has contacted instructor for appointment.*

Contact INSTRUCTOR to schedule the following. Assessment and interview are generally scheduled together on the same day. Prepare for interview following your scheduled assessment.

Date I will come for Assessment Testing: _____ **Time:** _____

Date I will come for Interview: _____ **Time:** _____

Application Instructions: Students must completely fill out this application. If it does not apply to you, simply write "N/A" to indicate that you have READ and have completely fill out your application. Please PRINT and use black or blue ink only! **Complete the ESSAY at the end of the application!**

General Information

Name _____
(last) (First) (Middle)

Address _____
(Street) (city) (state) (zip)

Phone _____
(cell) (message) (home)

Email _____

Are you at least 18 years of age: ___ yes ___ no

Education and Training

School	Major/Subject	Degree/Certificates

Additional Skills: (*Please indicate beginning, intermediate, or advanced level of experience)

Skill	Type of Experience	Level of Expertise (Beginning, intermediate, advanced)
Computer Programs (Windows, Microsoft Word Soft, Excel)		
Professional Licenses/Certifications (CPR)		
Typing/Keyboarding		
Other		

Background Information

Please be advised many employers are requesting background clearance before students are allowed to do externships and or employment. Please PRINT neatly and completely. If it doesn't apply – write in "not applicable."

Employment History

Beginning with your present or most recent employment, list your employment history. Include self-employment, military service, volunteer experience and periods of unemployment.

Employer: _____ **From:** _____ **To:** _____

Address: _____ **Supervisor:** _____

Phone: _____ **Hours worked/week** _____ **Starting salary:** _____

Position: _____ **Last salary:** _____

Primary duties:

May we contact this employer: ___yes ___no

Reason for leaving: _____

Employer: _____ **From:** _____ **To:** _____

Address: _____ **Supervisor:** _____

Phone: _____ **Hours worked/week** _____ **Starting salary:** _____

Position: _____ **Last salary:** _____

Primary duties: _____

May we contact this employer: ____yes ____no

Reason for leaving: _____

Employer: _____ **From:** _____ **To:** _____

Address: _____ **Supervisor:** _____

Phone: _____ **Hours worked/week** _____ **Starting salary:** _____

Position: _____ **Last salary:** _____

Primary duties: _____

May we contact this employer: ____yes ____no

Reason for leaving: _____

Employer: _____ **From:** _____ **To:** _____

Address: _____ **Supervisor:** _____

Phone: _____ **Hours worked/week** _____ **Starting salary:** _____

Position: _____ **Last salary:** _____

Primary duties: _____

May we contact this employer: ____yes ____no

Reason for leaving: _____

Personal References

Instructions: Please complete the top portion of each of the “personal references” forms included in this packet. Give the personal reference form to a former teacher, counselor, pastor, co-worker, supervisor, or someone that knows you and can provide a personal character reference.

Please list the names of three personal references you have given a form to:

1. _____ Received: _____

2. _____ Received: _____

3. _____ Received: _____

Personal Recommendation Form #1

Dental Assisting Program 2020-2021

Instructions to the candidate (applicant): Please complete the information in this box and provide this form to your reference that will provide the recommendation on your behalf. Remember that this form is to be sent directly to the school. Therefore, as a courtesy, please also provide your reference person with an envelope addressed to:

**TO: Debbie Reynon, CDA RDA BS
Santa Cruz County ROP
399 Encinal Street
Santa Cruz, CA 95060**

Candidate/Applicant Information:

Student Last Name _____ **First Name** _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (_____) _____ cell ___ home ___ (check one)

Email address: _____

This form was given to which type of contact : (check one)

- current employer/ supervisor
- current/former work colleague
- personal reference not related to work
- past teacher/counselor

Student Signature _____ **Date:** _____

Instructions for References: Please provide an honest assessment of this applicant listed or write a reference on letterhead attached to this form and mail it to the address above. We are particularly interested in the applicant's strengths, weaknesses and characteristics that would help the review committee judge the applicant's ability to succeed as a Dental Assistant. Thank you for your assistance.

Characteristic	Excellent Top 10% of people I know	Good Top 25% of people I know	Not a strength for this candidate	Unable to assess
Personal Integrity				
Self-Drive, Passion and Motivation				
Dependability and Reliability				
Ability to receive feedback or criticism.				
Humanity and caring for others				
Positive attitude				
Leadership				

A particular strength I noticed in this candidate is:

An area for improvement I notice in this candidate is:

Additional comments:

Name:	Title:	Signature:
Address:	Phone:	Relationship:

Personal Recommendation Form #2
Dental Assisting Program 2020-2021

Instructions to the candidate (applicant): Please complete the information in this box and provide this form to your reference that will provide the recommendation on your behalf. Remember that this form is to be sent directly to the school. Therefore, as a courtesy, please also provide your reference person with an envelope addressed to:

TO: Debbie Reynon, CDA RDA BS
Santa Cruz County ROP
399 Encinal Street
Santa Cruz, CA 95060

Candidate/Applicant INFORMATION:

Student Last Name _____ **First Name** _____
Mailing Address _____
City _____ State _____ Zip _____
Phone (_____) _____ cell ___ home ___ (check one)
Email address: _____
This form was given to which type of contact : (check one)
 current employer/ supervisor
 current/former work colleague
 personal reference not related to work
 past teacher/counselor

Student/Applicant Signature _____ **Date:** _____

Instructions for References: Please provide an honest assessment of this applicant listed or write a reference on letterhead attached to this form and mail it to the address above. We are particularly interested in the applicant's strengths, weaknesses and characteristics that would help the review committee judge the applicant's ability to succeed as a Dental Assistant. Thank you for your assistance.

Characteristic	Excellent Top 10% of people I know	Good Top 25% of people I know	Not a strength for this candidate	Unable to assess
Personal Integrity				
Self-Drive, Passion and Motivation				
Dependability and Reliability				
Ability to receive feedback or criticism.				
Humanity and caring for others				
Positive attitude				
Leadership				

A particular strength I noticed in this candidate is:

An area for improvement I notice in this candidate is:

Additional Comments:

Name:	Title:	Signature:
Address:	Phone:	Relationship

Personal Recommendation Form #3
Dental Assisting Program 2020-2021

Instructions to the candidate (applicant): Please complete the information in this box and provide this form to your reference that will provide the recommendation on your behalf. Remember that this form is to be sent directly to the school. Therefore, as a courtesy, please also provide your reference person with an envelope addressed to:

TO: Debbie Reynon, CDA RDA BS
Santa Cruz County ROP
399 Encinal Street
Santa Cruz, CA 95060

Candidate/Applicant Information:

Student Last Name _____ **First Name** _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (_____) _____ cell ___ home ___ (check one)

Email address: _____

This form was given to which type of contact : (check one)

- current employer/ supervisor
- current/former work colleague
- personal reference not related to work
- past teacher/counselor

Student Signature _____ **Date:** _____

Instructions for References: Please provide an honest assessment of this applicant listed or write a reference on letterhead attached to this form and mail it to the address above. We are particularly interested in the applicant's strengths, weaknesses and characteristics that would help the review committee judge the applicant's ability to succeed as a Dental Assistant. Thank you for your assistance.

Characteristic	Excellent Top 10% of people I know	Good Top 25% of people I know	Not a strength for this candidate	Unable to assess
Personal Integrity				
Self-Drive, Passion and Motivation				
Dependability and Reliability				
Ability to receive feedback or criticism.				
Humanity and caring for others				
Positive attitude				
Leadership				

A particular strength I noticed in this candidate is:

An area for improvement I notice in this candidate is:

Additional Comments:

Name:	Title:	Signature:
Address:	Phone:	Relationship