



Pontotoc Technology Center

Welcome to Pontotoc Technology Center!

We are excited that you are interested in our BIS Health Programs. We want to welcome you and encourage you to return once your course is complete and enroll in another course with us.

Dental Assisting

This course is a 90 hour course. It is comprised of a 66 hour class experience and 24 hours of clinical. This course is a Technology Center Certificate course for the knowledge in chairside assisting in a dental practice.

NON-DISCRIMINATION STATEMENT: Pontotoc Technology Center does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Please direct inquiries concerning this policy to the Compliance Officer, 601 West 33rd Street, Ada, OK 74820. (580) 310-2200.

Thank you for inquiring about the **Dental Assistant** program at Pontotoc Technology Center. The Dental Assistant program provides an introduction to basic dental assistants with supportive theory and clinical experiences. Dental Assistant skills are taught in the classroom and laboratory, with clinical experience being provided through on the job training in lab settings. Class includes 75 hours of theory and lab combined. Class will cover instrument transfer during dental treatment, take radiographs, and prepare dental materials, casts, and impression trays. Within this packet you will find the required pre-requisite list which must be returned no later than the first scheduled day of class. Please fill out the required paper work to attend this class and return it to the BIS department as soon as possible. Refer to our website for class dates and times www.pontotoctech.edu or pick up a hard copy of the schedule at PTC. Thank you again for choosing Pontotoc Technology Center and we hope to see you soon!

Business and Industry Programs

Dear Dental Assistant Applicant,

Thank you for your interest in Pontotoc Technology Center's Dental Assistant program. This packet contains all the information and forms that you need to complete the application process. The requested information is critical for a student's successful completion of our programs, because much of the information is required by the various organizations that we work with during your educational process. It is essential that you complete all of the forms and return the packet along with the required documentation before the application deadline. Only applicants with completed application packets will be enrolled into the program.

The forms and documents required for the application process can be confusing and the task of gathering the various documents can be time consuming. Applicants that wait till the last minute to complete the packet often are not accepted into the program. Allow yourself at least 3 weeks to complete the application.

Several places can assist you with the required immunizations, including your personal physician and the local health department.

If you have any questions, please contact us at (580) 310-2248.

Pontotoc Technology Center

Pontotoc Technology Center BIS Health Programs Checklist

Section A. Certified Nurse Aide & Certified Medication Aide:

**Certified Medication Aide must have 6 months experience as a CNA and be at least 18 years old*

- _____ 1. BIS Enrollment Form
- _____ 2. Valid Driver's License or Government issued photo ID
- _____ 3. Social Security Card (original card required-no copy will be made- verification is required)
- _____ 4. High School Diploma, GED, or college transcript (TABE-CNA *only*)
- _____ 5. Background Check (O.S.B.I –required within past 6 months)
- _____ 6. TB Skin Test-1 REQUIRED-TB test must have taken place within 6 months of date of class (chest x-ray if positive result)

Section B. CMA CEU, Advanced CMA IA and RG, Restorative Care Aide:

- _____ 1. BIS Enrollment Form
- _____ 2. Valid Driver's License or Government issued photo ID
- _____ 3. Social Security Card (original card required-no copy will be made- verification is required)
- _____ 4. Current CNA/CMA Card

Section C. Dental Assisting, Pre-Pharmacy Technician, Phlebotomy Technician, or Medical Office Administrative Assistant Programs:

- _____ 1. Requirements #1 through #5 for in Section A listed above, AND all of the below:
- _____ 2. TB Skin Test-2 REQUIRED- TB test must have taken place within 6 months of date of class (chest x-ray if positive result)
- _____ 3. Record of MMR 1 & MMR 2
- _____ 4. Record of Hepatitis B Series or completed declination form
- _____ 5. Record of Varicella or documentation form completed
- _____ 6. CPR Card (American Heart Assoc. Basic Life Support for Healthcare Provider- BLS for HCP)
- _____ 7. 10 Panel Drug Screen
- _____ 8. Influenza vaccine (for current season)

I understand that the above requested items are a mandatory requirement for consideration of enrollment for all PTC Short Term Health Programs. Failure to include ALL of these items in my application packet could result in my application being rejected. If you have any questions, please call 580-310-2248, thank you.

Student (print name): _____ Signature: _____ Date: _____



BUSINESS & INDUSTRY SERVICES / PONTOTOC TECHNOLOGY CENTER
ENROLLMENT FORM *ALL Enrollment forms should be faxed to (680) 310-2295 if not completed in person*

PLEASE COMPLETE THIS SECTION IN FULL

| | | | | |
|---|-------------|-----------------------------------|--|-------------------------------|
| COURSE DATE | COURSE TIME | COURSE NAME | CONTRACT # | COURSE CODE |
| LAST NAME | | FIRST NAME | | M.I. |
| SSN | | E-MAIL | | |
| HOME PHONE | | | WORK PHONE | |
| ADDRESS | | CITY | STATE | ZIP CODE |
| PLEASE CHECK THE SCHOOL DISTRICT IN WHICH YOU LIVE. | | | PLEASE CHECK THE HIGHEST EDUCATION LEVEL ACHIEVED. | |
| <input type="checkbox"/> Ada <input type="checkbox"/> Allen <input type="checkbox"/> Byng <input type="checkbox"/> Latta <input type="checkbox"/> McJish <input type="checkbox"/> Pickett-Center | | | <input type="checkbox"/> (30) Less than a H.S. diploma <input type="checkbox"/> (31) High School graduate <input type="checkbox"/> (32) Some college, no degree <input type="checkbox"/> (33) Technical diploma <input type="checkbox"/> (34) Associate degree | |
| <input type="checkbox"/> Roff <input type="checkbox"/> Sasakwa <input type="checkbox"/> Stonewall <input type="checkbox"/> Tupelo <input type="checkbox"/> Vanoss <input type="checkbox"/> Other _____ | | | <input type="checkbox"/> (35) Bachelor degree <input type="checkbox"/> (36) Master degree <input type="checkbox"/> (37) Doctorate degree <input type="checkbox"/> (38) GED | |
| PAYMENT METHOD | | <input type="checkbox"/> Discover | <input type="checkbox"/> Master Card | <input type="checkbox"/> Visa |
| <input type="checkbox"/> Cash /Check / Money Order Receipt # _____ | | | | |
| EMPLOYER'S NAME OR FUNDING AGENCY OR PAYING OWN FEES (<i>write Self-Pay</i>) | | | | |

| | | |
|---|---|--|
| BIRTHDATE | RACE (PLEASE CHECK ALL THAT APPLY) | <input type="checkbox"/> (3) White |
| | <input type="checkbox"/> (0) American Indian or Alaska Native | <input type="checkbox"/> (4) Asian |
| | <input type="checkbox"/> (1) Black or African American | <input type="checkbox"/> (5) Native Hawaiian or other Pacific Islander |
| | <input type="checkbox"/> (2) Hispanic/Latino | <input type="checkbox"/> (6) Other |
| GENDER | <i>Pontotoc Technology Center, in compliance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and Title IX of the Education Amendment of 1972, does not discriminate on the basis of race, ethnicity, religion, national origin, age, gender, disability or veteran status in any of its policies, practices or procedures. These equal opportunity provisions include, but are not limited to admissions, employment, financial aid and student services.</i> | |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | | |

THIS SECTION IS REQUIRED FOR CHICKASAW NATION EMPLOYEES ONLY

PLEASE CHECK ONE OF THE DIVISIONS BELOW:

| | |
|--|---|
| HEADQUARTERS (A-L) | <input type="checkbox"/> (H) Division of Legal Services |
| <input type="checkbox"/> (A) Division of Administrative Services | <input type="checkbox"/> (I) Division of Program Operations |
| <input type="checkbox"/> (B) Division of Aging | <input type="checkbox"/> (J) Division of Youth & Family Services |
| <input type="checkbox"/> (C) Division of Arts and Humanities | <input type="checkbox"/> (K) Division of Treasury |
| <input type="checkbox"/> (D) Division of Communications | <input type="checkbox"/> (L) Other _____ |
| <input type="checkbox"/> (E) Division of Education and Training | OTHER DIVISIONS (M-O) |
| <input type="checkbox"/> (F) Division of Facilities and Support | <input type="checkbox"/> (M) Division of Commerce (Chickasaw Enterprises) |
| <input type="checkbox"/> (G) Division of Heritage Preservation | <input type="checkbox"/> (N) Division of Housing & Tribal Development |
| | <input type="checkbox"/> (O) Division of Health Systems |

| | | |
|------------------------------|-------------------------|-----------|
| CHICKASAW EMPLOYEE SIGNATURE | NAME OF YOUR DEPARTMENT | JOB TITLE |
| _____ | _____ | _____ |

| | |
|---|-----------------------------|
| <i>I acknowledge that my department will be billed for the class for which I am enrolling. I understand that if I cannot attend, I must give at least twenty-four (24) hours notice or my department will be billed regardless of attendance.</i> | SUPERVISOR SIGNATURE: _____ |
|---|-----------------------------|

| | |
|---|-----------------------|
| RETURN TO: Chickasaw Nation Training Division | ACCOUNT NUMBER: _____ |
|---|-----------------------|

PHOTO RELEASE:

I hereby give Pontotoc Technology Center the absolute right and permission to publish photographic pictures of me, in which I may be included in whole or in part, in advertising, promotional or other lawful purposes whatsoever.

**Pontotoc Technology Center
PPD/TST Form**

Student Name: _____

Date: _____

Time: _____

Location (circle): Left or Right Forearm or Trapezius

Medication used: _____

Lot #: _____

Signature: _____

Reading

Date: _____

Time: _____

Reactive _____ Non-Reactive _____

Signature: _____

**Pontotoc Technology Center
PPD/TST Form**

Student Name: _____

Date: _____

Time: _____

Location (circle): Left or Right Forearm or Trapezius

Medication used: _____

Lot #: _____

Signature: _____

Reading

Date: _____

Time: _____

Reactive _____ Non-Reactive _____

Signature: _____

Varicella (Chicken Pox) Documentation

Varicella Immunization (chicken pox) or signed documentation with dates of disease. If no immunization or dates of disease are available a titer test may be required.

I _____ do verify that
(Signature of Student or Signature of Parent/Guardian)

_____ had the disease
(STUDENT NAME- PLEASE PRINT)

Varicella (also known as Chicken Pox) in 19____ at the age of _____.

(SIGNATURE)

Hepatitis B Declination

Name: _____

Program: _____

Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B (HBV) infection. I have received information about hepatitis B vaccine, and I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the vaccine. I further understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with hepatitis B vaccine, I will make my own arrangements to receive the vaccine.

I decline hepatitis B vaccine.

I have already received the hepatitis B vaccine.

Signature: _____

Date: _____

OKLAHOMA STATE BUREAU OF INVESTIGATION

Criminal History Record Information Request

6600 North Harvey Place

Oklahoma City, OK 73116

(405) 848-6724

(405) 879-2503 FAX

http://www.ok.gov/osbi/Criminal_History/

DATE _____

Request Submitted via:

Fax Mail In Person

Requests will be returned in the manner received.

Mail requests should include postage-paid reply envelope.

Fax requests must include payment by credit card and a dedicated Fax Phone Line for return of completed search.

- Type Of Search Requested:
- Name Based - \$15.00
 - Sex Offender - \$2.00
 - May Rippy Violent Offender - \$2.00
 - State Fingerprint-based - \$19.00
** Must provide fingerprint card.
* Includes name based search.*

ACCEPTABLE FORMS OF PAYMENT: CASH CASHIER'S CHECK / MONEY ORDER

BUSINESS CHECK *No Personal Checks Accepted.* CREDIT CARD *For Visa, MasterCard and Discover, security code is 3 digits on back of card. For Amex, security code is 4 digits on front. These are the only cards accepted.*

CREDIT CARD # _____ EXPIRATION DATE _____ SECURITY CODE _____

CARD HOLDER _____

Please print the name of the individual card holder as it appears on the credit card.

CARD HOLDER SIGNATURE (REQUIRED) _____

REQUESTOR INFORMATION: (Type or print clearly in blue or black ink)

REQUESTOR'S NAME _____ SIGNATURE OF REQUESTING PARTY _____

STREET ADDRESS _____

PHONE NUMBER (____) _____ CITY _____ STATE _____ ZIP _____ E-MAIL ADDRESS _____

Requestors outside of the United States are strongly encouraged to provide an e-mail address for purposes of correspondence.

PURPOSE OF REQUEST _____

SUBJECT INFORMATION: (Type or print clearly in blue or black ink)

Forms with corrections done with white out or by striking through the fields in this section will not be processed.

NAME _____
LAST FIRST MIDDLE

ALIAS/MAIDEN NAME(S) _____

DATE OF BIRTH _____ (MM/DD/YYYY). *If date of birth is unavailable, include exact age of subject.*

RACE _____ SEX _____ SOCIAL SECURITY NUMBER _____

SEARCH RESULTS (Please do not write in the spaces below):

Oklahoma State Bureau of Investigation
Computerized Criminal History

Oklahoma Department of Corrections
Sex Offender

Oklahoma Department of Corrections
Violent Offender

Unless fingerprint cards are provided, record information is furnished solely on the basis of name or description similarly with the subject of your inquiry.

For questions on the Sex Offender / Violent Offender Registry, please contact the Oklahoma Department of Corrections.

OSBI CHR/05/09

Health Programs Criminal Records Check Policy

Criminal reports will undergo administrative review. If a student has been convicted of or pled guilty to a disqualifying offense (or any substantially equivalent offenses in any state), the student may be unable to complete clinical learning experiences and may therefore be disqualified from admission, readmission or progression in the health care program. The absolute and potentially disqualifying offenses are listed at the bottom of this page.

In the event that the student's background check includes a disqualifying offense, the student will be asked to schedule a meeting with the Program Coordinator to discuss the information received. If the background check identifies offenses that the student considers incorrect, the concerns or issues must be addressed, by the student, to the Oklahoma State Bureau of Investigation for resolution. If the background check identifies offenses that may preclude admission, the student will be given an opportunity to respond to the information. Relevant considerations may include but are not limited to: the date, nature and number of convictions; the relationship the conviction bears to the duties and responsibilities of the health care provider; and successful efforts toward rehabilitation. The decision to allow participation in a clinical course for a student whose background check includes a disqualifying offense is solely at the discretion of the Program Coordinator and the Director of Business and Industry Services.

All students who are admitted to a health care program have a continual obligation to report any criminal conviction that may impact the student's continued ability to participate in the clinical program to the Program Coordinator or the Director of Business and Industry Services within 30 days of its occurrence. Failure to do so will result in immediate dismissal from the program.

Absolute* and Potential Disqualifying Offenses

| | | |
|--------------------------|---|--|
| Aggravated Murder* | Prostitution | Endangering Children |
| Murder* | Disseminating Matter Harmful to Juveniles | Contributing to the Delinquency of a Child |
| Voluntary Manslaughter* | Pandering Obscenity | Domestic Violence |
| Felonious Assault* | Breaking and Entering | Carrying a Concealed Weapon |
| Kidnapping* | Theft, Aggravated Theft | Improperly Discharging a Firearm |
| Rape* | Unauthorized Use of a Vehicle | Corrupting Another with Drugs |
| Sexual Battery* | Unauthorized use of Property | Drug Trafficking |
| Aggravated Arson* | Passing Bad Checks | Illegal Manufacturing of Drugs |
| Aggravated Robbery* | Misuse of Credit Cards | Funding Drug Trafficking |
| Aggravated Burglary* | Forgery | Drug Abuse |
| Gross Sexual Imposition* | Medicaid Fraud | Permitting Drug Abuse |
| Involuntary Manslaughter | Insurance Fraud | Deception to Obtain Dangerous Drugs |
| Assault | Receiving Stolen Property | Illegal Processing of Drug Documents |
| Aggravated Assault | Sexual Imposition | Corruption of a Minor |
| Patient Abuse or Neglect | Voyeurism | Extortion |
| Abduction | Public Indecency | |
| Coercion | | |