



Initial Certification Application Form Local School Dental Sealant Programs **DRAFT ONLY**

Name of School Dental Sealant Program: _____

Program Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Name of Program Coordinator/Contact Person: _____

Contact Phone Number: _____ **Contact E-mail Address:** _____

Does your program collaborate with another entity to help provide screening and dental sealant services? Yes No

For example: Select yes if the program coordinates parental/guardian permission forms and oral health education activities, but then works with a hygienist from a dental care organization (DCO - Advantage Dental, Capitol Dental, ODS, Willamette Dental, etc.) to actually place sealants in the schools.

If yes, please provide contact information for that entity below. Any communication regarding certification will be sent to both organizations.

Name of Organization: _____

Name of Contact Person: _____

Contact Phone Number: _____ **Contact E-mail Address:** _____

Please indicate which schools your program are definitely serving and targeting for the 2016-17 school year by county.

Serving = school has accepted your program services
 Targeting = school that you plan to approach to serve

Use the drop-down list for each county to select the schools.

Baker County Baker SD 5J Baker Early College Baker High School Baker Middle School Baker Web Academy Brooklyn Primary School EAGLE CAP Innovative HS Haines Elementary School Keating Elementary School South Baker Intermediate School	Serving <input type="checkbox"/> Targeting <input type="checkbox"/> Serving <input type="checkbox"/> Targeting <input type="checkbox"/>
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Please answer <u>all</u> of the following questions regarding the requirements for certification.	
<p>Has a representative responsible for coordinating and implementing the school dental sealant program attended the one-time certification training provided by the OHA Oral Health Program?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If yes, what is the name of the person that attended the training?</p> <ul style="list-style-type: none"> – OHA will verify training records. <p><i>Reminder – If your program experiences personnel changes that impact the representative responsible for coordinating and implementing the program, then the new representative must attend the one-time certification training before applying for recertification.</i></p>	
<p>Has an annual clinical training been provided to all providers rendering care within their scope of practice in a school setting?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If no, do you intend to provide the clinical training or send your providers to the clinical training offered by OHA?</p> <p><i>This requirement will be verified during the site visit verification process by viewing an agenda and participant list.</i></p>	<p>Own Training <input type="checkbox"/></p> <p>OHA Training <input type="checkbox"/></p>
<p>Have you made contact with all of the Coordinated Care Organizations (CCOs) operating in your community?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Does your program enter all Medicaid encounters into the Medicaid system?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Is your program first targeting elementary and middle schools where 40% or greater of all students attending the school are eligible to receive assistance under the U.S. Department of Agriculture’s National School Lunch Program?</p> <p><i>This requirement will be verified during the site visit verification process by viewing a list of school FRL levels.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Does your program offer screening and dental sealant services, at a minimum, to <u>all</u> students with parental/guardian permission regardless of insurance status, race, ethnicity or socio-economic status?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>What specific grade levels in elementary schools are students being offered screening and sealant services?</p> <ul style="list-style-type: none"> – At a minimum, your program must offer screening and sealant services to all students in both first & second grades <u>or</u> both second & third grades. 	
<p>What specific grade levels in middle schools are students being offered screening and sealant services?</p>	

<ul style="list-style-type: none"> – At a minimum, your program must offer services to all students in both sixth & seventh grades <u>or</u> both seventh & eighth grades. 	
Do you provide services in high schools?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please briefly describe what services are being provided.	
Has your program developed and implemented a plan to increase parental/guardian permission return rates?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please briefly describe your plan to increase permission return rates.	
Does your program use dental equipment on school grounds during school hours?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do your parent/guardian permission forms include a medical history section?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do your providers use the four-handed technique to apply sealants in elementary schools?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What technique do your providers utilize to apply sealants in middle schools? <ul style="list-style-type: none"> – The two-handed technique using an Isolite or equivalent OHA approved device may be used in middle and high schools. 	
Does your program apply resin-based sealants?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your program comply within the scope of practice laws as determined by the Oregon Board of Dentistry?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your program comply with Oregon Board of Dentistry oral health screening guidelines? <i>This requirement will be verified during the site visit verification process by viewing your paper or electronic screening data collection form.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your program comply with infection control guidelines established in OAR 818-012-0040?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your program comply with the Health Insurance Portability and Accountability Act (HIPAA) requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your program comply with the Federal Educational Rights and Privacy Act (FERPA) requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Briefly describe how your program limits demands on school staff and respects classroom time.	
Does your program conduct retention checks at one year for quality assurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes, briefly describe how your program conducts retention checks.	
Once your program is certified, do you plan to include the OHA certification logo on all parent/guardian permission forms and written communication to schools <u>or</u> provide schools with a letter provided by OHA indicating your program is certified?	Logo <input type="checkbox"/> Letter <input type="checkbox"/>

To submit your application form, please select the “Submit” button below.

Your submitted application will be reviewed within 15 days of receipt to determine whether it is complete.

- If it is not complete, it will be returned for completion and resubmission.
- If it is complete, the OHA Oral Health Program will review it to determine if it meets certification requirements described in OAR 333-028-0320.

Once your program is certified, you will receive a letter from OHA indicating the certification status is effective for the certification year of August 1 – July 31.

Throughout the certification year:

- You must continually update the list of schools you are serving:
 - Log back into the “Initial Certification Application Form”
 - Add new schools to the list if you plan to serve or target them
 - Switch a school from “targeting” to “serving” (remove them and add them back in as “serving”)
 - Remove schools if you no longer plan to target or serve them*

*** If your program terminates services for a scheduled school during the certification year, then you must notify the OHA Oral Health Program and CCOs operating in your community by email.**

SUBMIT