

Local Dental Sealant Program Certification Application Form User's Guide

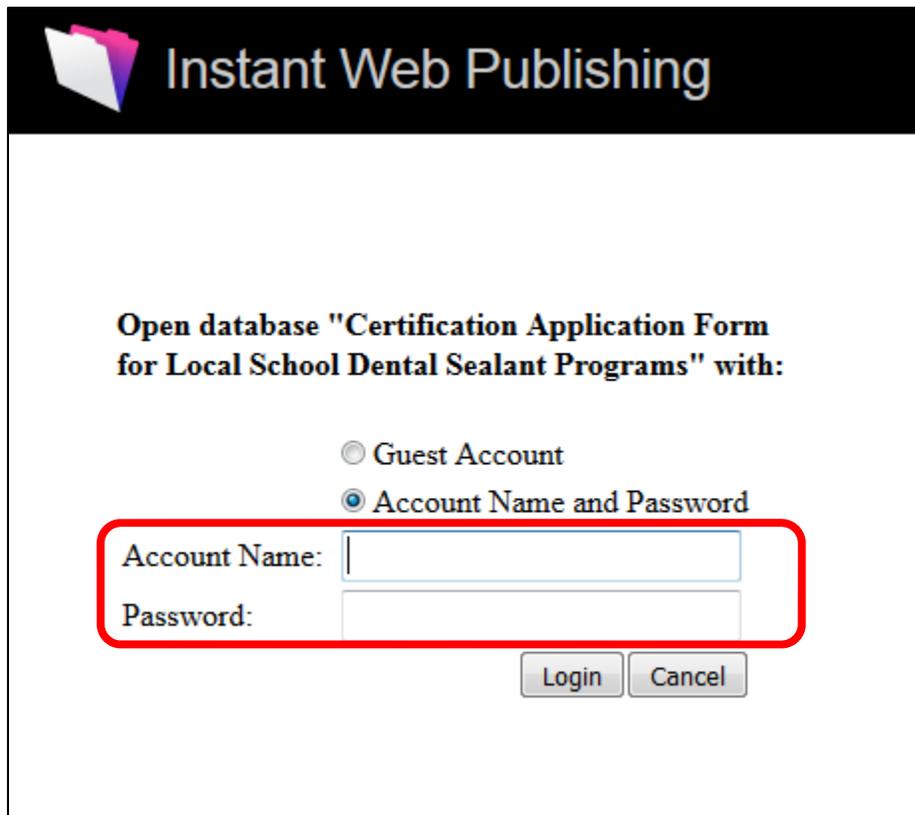
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Accessing the Certification Application Form

1. Contact the Oral Health Program to receive a login to the Certification Application Form by following the instructions on the website at <http://www.healthoregon.org/sealantcert>. You will receive a secure email with a user name and password.
NOTE: This email is temporary and will expire in 30 days, but your login will persist.
2. Follow the link to the Certification Application Form that is located on the website at <http://www.healthoregon.org/sealantcert>.
3. You will be presented with a login screen [pictured below].



The screenshot shows a login interface titled "Instant Web Publishing". Below the title, it says "Open database 'Certification Application Form for Local School Dental Sealant Programs' with:". There are two radio button options: "Guest Account" and "Account Name and Password". The "Account Name and Password" option is selected. Below these options are two input fields: "Account Name:" and "Password:". A red rectangular box highlights these two input fields. At the bottom right of the form are two buttons: "Login" and "Cancel".

4. Enter in the user name and password you received in the secure email from the Oral Health Program.
5. You will be directed to the Main Menu of the Certification Application Form.

Completing the Initial Certification Form

Main Menu

1. From the Main Menu, click the “+ New Initial Certification” button to start the form [pictured below].

Main Menu
Certification Application for Local Dental Sealant Programs

Log Out

Welcome to the local school dental sealant program certification management system. Click "+ New Initial Certification" below to get started or select from the list below to edit a form you've already created.

+ New Initial Certification

Type of Certification	Name of Program	Contact Person	Date Created
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Page 1

1. The first page of the form will appear [pictured below].
2. Proceed to fill out the questions on the form. Once you are done, click “Continue” to progress to the next page.

Initial Certification Application Form
Local School Dental Sealant Programs

Instructions: Fill out all 4 pages of the form and click "Submit" at the bottom of Page 4.

< Back to Main Menu < Previous Page 1 2 3 4 Continue >

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 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.

+ Add New Contact

Name of Organization	Name of Contact Person	Contact Phone Number	Contact E-mail Address
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Page 2

1. The second page of the form will appear [pictured below].
2. Proceed to fill out the schools for which your program is scheduled to serve. Once you are done, click "Continue" to progress to the next page.

Instructions: Please indicate which schools your program are serving for the 2016-17 school year.

NOTE: To qualify as "servicing" your program must have received a commitment from the school to provide services.

Schools you are SERVING

Navigation between the 4 pages of the form.

Step 3: Filter the school list down by County.

Step 4: Click the arrow buttons to navigate between pages of schools (max 25 per page).

Step 5: Click "Serving" to add the schools to your list.

County	School District	School Name	Address	City	Serving
Baker	Baker SD 5J	Baker Early College	2725 7th St	Baker City	Serving
Baker	Baker SD 5J	Baker High School	36.53 2500 E St	Baker City	Serving
Baker	Baker SD 5J	Baker Middle School	51.43 2320 Washington Ave	Baker City	Serving
Baker	Baker SD 5J	Baker Web Academy	2090 Fourth St	Baker City	Serving
Baker	Baker SD 5J	EAGLE CAP Innovative HS	2725 Seventh St	Baker City	Serving
Baker	Baker SD 5J	Keating Elementary School	41964 Miles Bridge Rd	Baker City	Serving
Baker	Baker SD 5J	South Baker Intermediate School	67.42 1285 Third St	Baker City	Serving
Benton	Corvallis SD 509J	Adams Elementary School	25.88 1615 SW 35th St	Corvallis	Serving
Benton	Alsea SD 7J	Alsea Elementary School	76.92 301 3rd St	Alsea	Serving
Benton	Alsea SD 7J	Alsea High School	62.96 301 S Third	Alsea	Serving

Page 3

1. The third page of the form will appear [pictured below].
2. Proceed to fill out the schools for which your program is requesting to serve. Once you are done, click "Continue" to progress to the next page.

Instructions: Please indicate which schools your program is requesting for the 2016-17 school year.

NOTE: To qualify as "requesting" your program would like to target this school. No commitment from the school has been received. OHA will notify you if more than one program has requested the same school.

Schools you are REQUESTING

Navigation between the 4 pages of the form.

Step 6: Filter the school list down by County.

Step 7: Click the arrow buttons to navigate between pages of schools (max 25 per page).

Step 8: Click "Requesting" to add the schools to your list.

County	School District	School Name	Address	City	Requesting
Baker	Baker SD 5J	Baker Early College	2725 7th St	Baker City	Requesting
Baker	Baker SD 5J	Baker High School	36.53 2500 E St	Baker City	Requesting
Baker	Baker SD 5J	Baker Middle School	51.43 2320 Washington Ave	Baker City	Requesting
Baker	Baker SD 5J	Baker Web Academy	2090 Fourth St	Baker City	Requesting
Baker	Baker SD 5J	EAGLE CAP Innovative HS	2725 Seventh St	Baker City	Requesting
Baker	Baker SD 5J	Keating Elementary School	41964 Miles Bridge Rd	Baker City	Requesting
Baker	Baker SD 5J	South Baker Intermediate School	67.42 1285 Third St	Baker City	Requesting
Benton	Corvallis SD 509J	Adams Elementary School	25.88 1615 SW 35th St	Corvallis	Requesting
Benton	Alsea SD 7J	Alsea Elementary School	76.92 301 3rd St	Alsea	Requesting
Benton	Alsea SD 7J	Alsea High School	62.96 301 S Third	Alsea	Requesting

Page 4

1. The fourth page of the form will appear.
2. Proceed to fill out the questions on the form. Once you are done, finishing scrolling down to the bottom of the page and click “Submit” [pictured below].

The screenshot displays the 'Initial Certification Application Form' for 'Local School Dental Sealant Programs'. At the top right, instructions state: 'Instructions: Fill out all 4 pages of the form and click "Submit" at the bottom of Page 4 when you are finished.' A navigation bar shows 'Previous Page 1 2 3 4 Continue >'. The main content area contains several questions with radio button options for 'Yes' or 'No'. A red box highlights the first question: '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?'. Below it, a text box asks for the name of the person who attended the training, with a reminder: '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.' A second question asks: 'Has an annual clinical training been provided to all providers within their scope of practice in a school setting?'. A large red arrow points from this question to the next one. The second question is: 'Does your program conduct retention checks at one year for quality assurance?'. Below it, a text box asks: 'If yes, briefly describe how your program conducts retention checks.' A third question asks: '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 or provide schools with an official letter provided by OHA indicating your program is certified?'. Below this, a large orange box contains submission instructions: '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, 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 request them • Switch a school from "requesting" to "serving" (remove them and add them back in as "serving") • Remove schools if you no longer plan to request 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.' At the bottom, a 'SUBMIT' button is highlighted with a red box. A navigation bar at the very bottom shows '< Previous Page 1 2 3 4 Continue >'. Three callout boxes provide additional context: a blue box at the top right says 'Navigation between the 4 pages of the form.'; a red box on the right says 'Step 9: Fill out the rest of the questions on page 4 of the form.'; another red box on the right says 'Step 9 (continued): Fill out the rest of the questions on page 4 of the form.'; a blue box on the right says 'Information detailing the submission and certification process.'; and a final red box on the right says 'Step 10: Click "Submit" when you are finished.'

Form Complete

1. Once you have finished filling out the form and have clicked the “Submit” button, you will be presented with the option to navigate back to the Main Menu or Log out.
2. You’re done! Click the “Log Out” button to exit and close the browser window.

Editing the Initial Certification Form

1. From the Main Menu, find the certification form you've created. Click the "Select" button [pictured below].

Main Menu
Certification Application for Local Dental Sealant Programs

Log Out

Welcome to the local school dental sealant program certification management system. Click "+ New Initial Certification" below to get started or select from the list below to edit a form you've already created.

+ New Initial Certification

Type of Certification	Name of Program	Contact Person	Date
Initial Certification	Demo Program	Test contact	6/1/2016

Select

Find the certification form you wish to view or edit and click "Select" to navigate to it.

2. Navigate to the content you wish to change and apply any edits necessary.
3. Once you're done with your changes, navigate to the bottom of Page 4 and click the "Submit" button [pictured below]. This will trigger a notification email to the Oral Health Program that you've made a change and it is re-submitted for review.

Does your program conduct retention checks at one year for quality assurance? Yes No

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 or provide schools with an official letter provided by OHA indicating your program is certified? Logo Letter

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, 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 request them
 - Switch a school from "requesting" to "serving" (remove them and add them back in as "serving")
 - Remove schools if you no longer plan to request 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

< Previous Page 1 2 3 4 Continue >

Edit any content throughout pages 1-4 as needed.

When finished, click "Submit" to re-submit the form.

Account Recovery and Technical Assistance

If you lose your login information or require assistance, please contact the Oral Health Program at oral.health@state.or.us or (971) 973-0348.