

**Community Health Aide Program Certification Board
Application for Dental Health Aide Certification**

Requirements

13. BLS Certification Expiration Date: _____

14. DHA Core Curriculum: Date Completed: _____ and Location: _____
See [CHAPCB 7.20.010]*

15. Village-Based Dental Practice: Any DHA practicing under general supervision, except a PDHA I, must have successfully completed a board approved village-based dental practice course. See [CHAPCB 7.20.050]*. For supervision definitions see [CHAPCB 2.30.010(b)]*.

Do you plan to practice under general supervision? ___ Yes ___ No
If Yes, what date was your Village-Based Dental Practice Training completed: _____

16. **For renewal of:**

EFDHA, PDHA, DHAH and DHAT certification: See [CHAPCB 3.10.050 and 3.10.200]*

- A. If a two-year period has passed since the DHAT applied for an initial or renewal certification, attach DHA Continuing Education Log documenting 24 hours of CE. (CE is 24 contact hours of continuing education approved by the Board on varied or updated topics.)
- B. Once every 2 years: Satisfactory performance under the direct supervision of a dentist, dental hygienist, or dental health aide therapist for a minimum of:
 - i. 80 hours, demonstrating competence in each procedure for which the dental health aide is certified
 - OR**
 - ii. 8 of each procedure for which the dental health aide is certified
Date completed: _____

17. **For initial and renewal of DHATP certification:**

- A. If a two-year period has passed since the DHA applied for an initial or renewal certification, attach DHA Continuing Education Log documenting 24 hours of CE. (CE is 24 contact hours of continuing education approved by the Board on varied or updated topics).
- B. Attach current copy of DHATP credential document issued by the Alaska Dental Therapy Educational Program (ADTEP).

18. **For Re-Entry after an Extended Clinical Absence:** See [CHAPCB 2.50.200 (b)]

An Extended Clinical Absence for a DHA is defined as a period greater than 6 months during which the individual has not worked as a DHA doing direct patient care for a minimum of 40 hours and 20 patient encounters.

A. List dates of any Extended Clinical Absence _____

B. Please check box showing which re-entry clinical competency evaluation was completed:

Evaluation defined by the Recertification Process in Sec 3.10.050 (a)(1)(B)

OR

Evaluation defined by the corresponding Preceptorship Process listed in Sec 2.30.020(a)(2)

C. Please list start and finish dates for the clinical competency evaluation:

i. Start _____

ii. Finish _____

19.

Applying for (check one):

	Training Location	Date Training Completed	Date Preceptorship Completed
<input type="checkbox"/> LEVEL – PDHA I			
<ul style="list-style-type: none"> • Primary Oral Health Promotion/Disease Prevention See [CHAPCB 7.20.020]* • Basic Dental Procedures See [CHAPCB 7.20.030]* 			
<input type="checkbox"/> LEVEL – PDHA II			
<ul style="list-style-type: none"> • All PDHA I See [CHAPCB 2.30.100-110]* • Advanced Dental Procedures See [CHAPCB 7.20.040]* 			NA
One or more of the following Skill Sets:			
1. Sealants See [CHAPCB 2.30.220]*			
2. Dental Prophylaxis See [CHAPCB 2.30.230]*			
3. Dental Radiology See [CHAPCB 2.30.240]*			
4. Atraumatic Restorative Treatment - must have completed 1-3. See [CHAPCB 2.30.260]*			
5. Dental Assistant Function See [CHAPCB 2.30.250]*			

*Community Health Aide Program Certification Board Standards and Procedures, as amended.

LEVEL – EFDHA I
(Must be a Dental Assistant) Number 1 **OR** 2 required.
Numbers 3, 4, 5, 6 optional.

1. Basic Restorative Functions See [CHAPCB 7.20.200]*			
2. Dental Prophylaxis See [CHAPCB 2.30.230]*			
Optional Skill Sets for EFDHA I:			
3. Sealants See [CHAPCB 2.30.220]*			
4. Dental Radiology See [CHAPCB 2.30.240]*			
5. Atraumatic Restorative Treatment - must have completed #2-4, #1 not required. See [CHAPCB 2.30.260]*			
6. Stainless Steel Crowns, primary teeth - must have completed #1. See [CHAPCB 2.30.550]*			

LEVEL – EFDHA II

(Must hold EFDHA I Basic Restorative Functions Certification)
 Number 1 required. Numbers 2, 3, 4, 5, 6 optional.

	Training Location	Date Training Completed	Date Preceptorship Completed
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1. Advanced Restorative Functions See [CHAPCB 7.20.210]*			
Optional Skill Sets for EFDHA II:			
2. Dental Prophylaxis See [CHAPCB 2.30.230]*			
3. Sealants See [CHAPCB 2.30.220]*			
4. Dental Radiology See [CHAPCB 2.30.240]*			
5. Atraumatic Restorative Treatment - must have completed #2-4. See [CHAPCB 2.30.260]*			
6. Stainless Steel Crowns, primary teeth See [CHAPCB 2.30.550]*			

LEVEL – DHAH

Graduate of an Accredited School of Dental Hygiene

One or more of the following Skill Sets:

• Local Anesthetic See [CHAPCB 7.20.400]*			NA
• Atraumatic Restorative Treatment See [CHAPCB 2.30.260]*			

LEVEL – DHAT

Graduate from Accredited School of Dental Therapy or a dental health aide therapist educational program.
 See [CHAPCB 2.30.600 (1) or (2) and 7.20.500]*

LEVEL – DHATP

Graduate from Accredited School of Dental Therapy or a dental health aide therapist educational program.
 See [CHAPCB 2.30.600 (1) or (2) and 7.20.500]*

*Community Health Aide Program Certification Board Standards and Procedures, as amended.

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Employer Verification

20. I verify that _____ (print name of applicant):

Please **check** each box on items 21 through 23.

21. The applicant has completed the training and education requirements and is competent to practice at the level of certification being sought. The information provided on Form 08-02D, Dental Health Aide Application, is accurate.
22. The applicant is currently employed by the Indian Health Service (IHS), a tribe or tribal health program operating a community health aide program in Alaska under the Indian Self-Determination and Education Assistance Act (ISDEAA) [PL 93-638, 25 U.S.C. 450 et seq.].
23. The application fee of \$750.00 is enclosed **OR** The fee will be sent separately.

**New Application Fee of \$750.00 applies to all applications received on & after December 2, 2023.
Please make check payable to the Alaska Native Tribal Health Consortium – ATTN: CHAPCB**

23. _____ Supervisor Name (Please Print)	24. _____ Supervisor Title (i.e.: CHAP Director, Medical Director, Dental Chief, Chief Executive Officer or other person authorized to sign on behalf of the organization)
25. _____ Supervisor Signature	_____ Date

Please check item 26.

26. The applicant will only practice as a DHA under the supervision of a licensed dentist, who is familiar with the CHA/P program, the *Standards* and the CHAM and is employed by the federal government or employed by or under contract with a tribal health program operating a community health aide program in Alaska under the ISDEAA. This requirement does not preclude other dentists, and mid-level providers directing the day-to-day activities of a dental health aide under the direction of the dentist providing medical supervision.
See [CHAPCB 2.10.010(a)(9)(A)] Community Health Aide Program Certification Board Standards and Procedures, as amended.
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27. _____ Supervising Dentist Name (Please Print)	28. _____ Supervising Dentist Title
29. _____ Supervising Dentist Signature	_____ Date

THIS PAGE TO BE FILLED OUT BY EMPLOYER - PLEASE PRINT OR TYPE INFORMATION AND DO NOT USE WHITE OUT.

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Applicant Verification

30. I verify that _____ (print name of applicant):

Please **check** each item on lines 31 through 36.

31. _____ I have received a copy of the Community Health Aide Program Certification Board *Standards and Procedures, as amended*, and have read this document.

32. _____ I have not engaged in conduct that is grounds for imposing disciplinary sanctions under Chapter 4 of the document above.

33. _____ I have completed the training and education requirements for the certification requested.

34. _____ I am currently employed by the Indian Health Service or a tribe or tribal health program operating a community health aide program in Alaska under the ISDEAA [PL 93-638, 25 U.S.C. 450 et seq.].

35. _____ I will only practice as a DHA when employed by the Indian Health Service or a tribe or tribal health program operating a Community Health Aide Program in Alaska under the ISDEAA [PL 93-638, 25 U.S.C. 450 et seq.].

36. _____ I will only practice as a DHA under the supervision of a licensed dentist, who is familiar with the CHA/P program, the Standards and the CHAM and is employed by the federal government or employed by or under contract with a tribal health program operating a community health aide program in Alaska under the ISDEAA. This requirement does not preclude other dentists, and mid-level providers directing the day-to-day activities of a dental health aide under the direction of the dentist providing supervision.

See [CHAPCB 2.10.010(a)(9)(A)] Community Health Aide Program Certification Board Standards and Procedures, as amended.

I verify that I have considered each of the above responsibilities and have provided accurate information to the CHAP Certification Board. I understand that failure to comply with any of the above provisions or providing false information may result in disciplinary action by the Board and may result in the surrender of my certificate as a DHA.

37. _____
Signature of Applicant

Date

