

# Local Dental Sealant Program Initial Certification Application Form User's Guide

V3  
6/8/2018

# Contents

- Accessing the Certification Application Form .....2
- Completing the Initial Certification Form .....3
  - Main Menu .....3
  - Page 1 .....3
  - Page 2 .....4
  - Page 3 .....4
  - Page 4 .....5
  - Form Complete .....5
- Editing the Initial Certification Form .....6
- Account Recovery and Technical Assistance .....7

## 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.

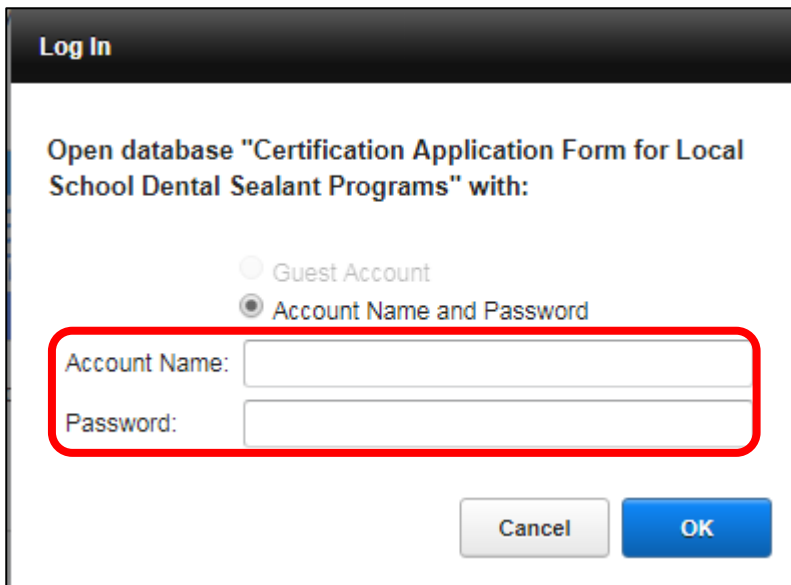
NOTE: This email is temporary and will expire in 30 days, but your login will persist.

2. Follow the link to the Certification Application Form that is located on the website at <http://www.healthoregon.org/sealantcert>.

**a. INTERNET BROWSER:**

- i. Please use Chrome, Safari, Edge, or Internet Explorer (11 or higher)
- ii. Firefox and older versions of Internet Explorer (10 or below) may not display contents properly.

3. You will be presented with a login screen [pictured below].



Log In

Open database "Certification Application Form for Local School Dental Sealant Programs" with:

Guest Account

Account Name and Password

Account Name:

Password:

Cancel OK

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 Recertification 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

**Initial Certification Instructions:**  
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**

**\*New!\* Recertification Instructions:**  
We’ve pre-populated information from your previous year’s Initial Certification into a 2017-18 Recertification form which you will find below.

View / Edit	School Year	Type of Certification	Name of Program	Date Created	Status	Date Submitted	Date Re-submitted

**Log Out**

To exit, click the “Log Out” button here and close your browser window.

Click “+ New Initial Certification” to start filling out a new certification form.

This section will contain your past certification forms if you need to review or edit them.

## 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  
School Yr: 2017-18

Instructions: Fill out all 4 pages of the form and click “Submit” at the bottom of Page 4 when you are finished.

< Back to Main Menu 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 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.

**+ Add New Contact**

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

Page 1 2 3 4 Continue >

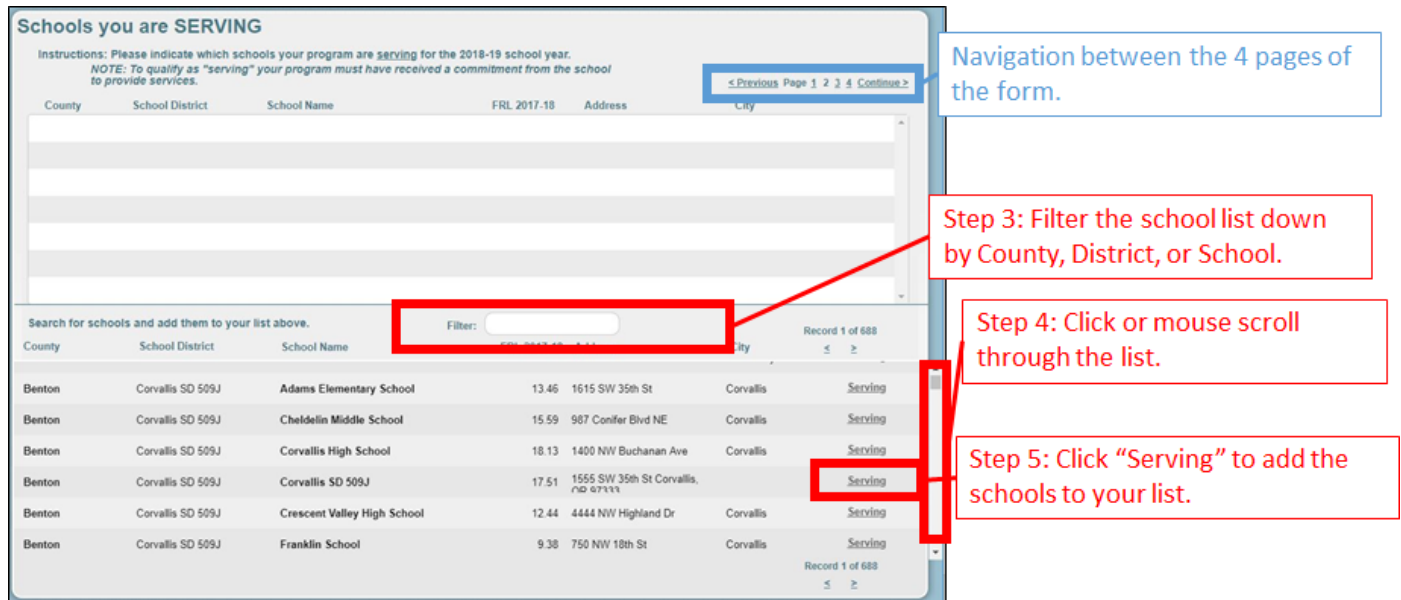
Navigation between the 4 pages of the form and the Main Menu.

Step 1: Fill in the form information here.

Step 2: Click the “+ Add New Contact” button to add a new row to add the contact in the space below. Add as many as needed.

## 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.



**Schools you are SERVING**

Instructions: Please indicate which schools your program are *serv*ing for the 2018-19 school year.  
*NOTE: To qualify as "serv*ing" your program must have received a commitment from the school to provide services.

< Previous Page 1 2 3 4 Continue >

County	School District	School Name	FRL 2017-18	Address	City	
Benton	Corvallis SD 509J	Adams Elementary School	13.46	1615 SW 35th St	Corvallis	Serving
Benton	Corvallis SD 509J	Cheldelin Middle School	15.59	987 Conifer Blvd NE	Corvallis	Serving
Benton	Corvallis SD 509J	Corvallis High School	18.13	1400 NW Buchanan Ave	Corvallis	Serving
Benton	Corvallis SD 509J	Corvallis SD 509J	17.51	1555 SW 35th St Corvallis, OR 97331	Corvallis	Serving
Benton	Corvallis SD 509J	Crescent Valley High School	12.44	4444 NW Highland Dr	Corvallis	Serving
Benton	Corvallis SD 509J	Franklin School	9.38	750 NW 18th St	Corvallis	Serving

Search for schools and add them to your list above. Filter: [ ] Record 1 of 688

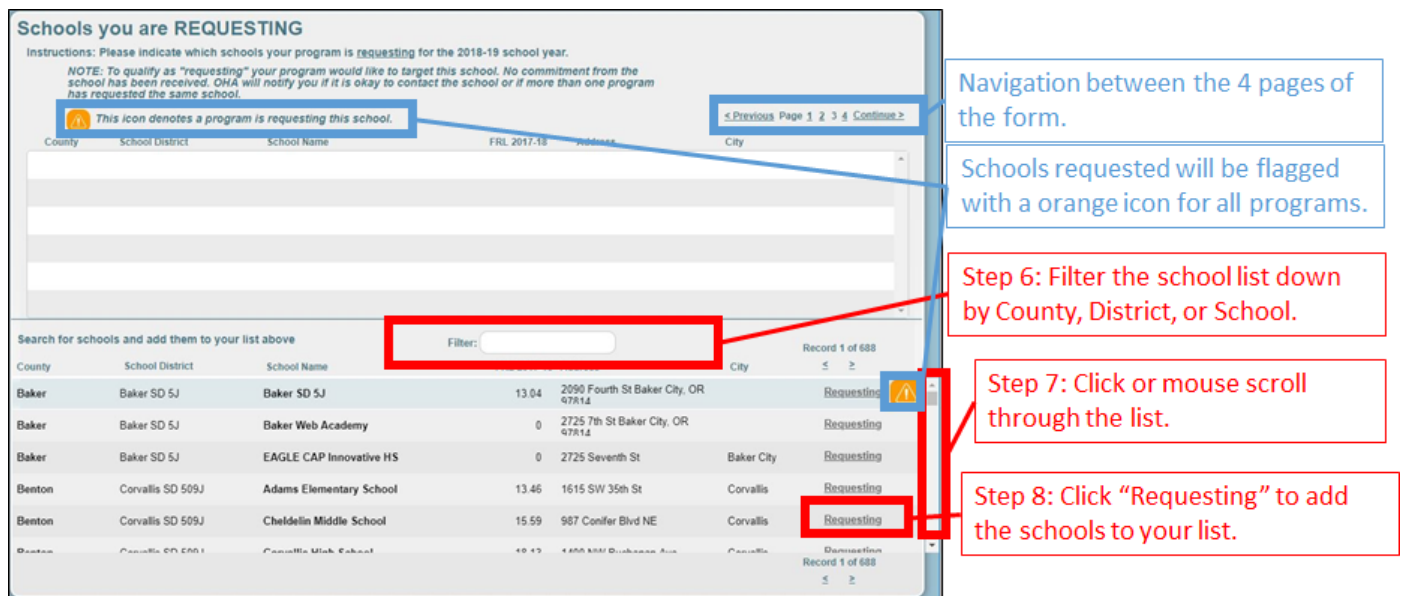
Step 3: Filter the school list down by County, District, or School.

Step 4: Click or mouse scroll through the list.

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

## 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.



**Schools you are REQUESTING**

Instructions: Please indicate which schools your program is *requesting* for the 2018-19 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 it is okay to contact the school or if more than one program has requested the same school.*

This icon denotes a program is requesting this school. < Previous Page 1 2 3 4 Continue >

County	School District	School Name	FRL 2017-18	Address	City	
Baker	Baker SD 5J	Baker SD 5J	13.04	2090 Fourth St Baker City, OR 97814	Baker City	Requesting
Baker	Baker SD 5J	Baker Web Academy	0	2725 7th St Baker City, OR 97814	Baker City	Requesting
Baker	Baker SD 5J	EAGLE CAP Innovative HS	0	2725 Seventh St	Baker City	Requesting
Benton	Corvallis SD 509J	Adams Elementary School	13.46	1615 SW 35th St	Corvallis	Requesting
Benton	Corvallis SD 509J	Cheldelin Middle School	15.59	987 Conifer Blvd NE	Corvallis	Requesting
Benton	Corvallis SD 509J	Corvallis High School	18.13	1400 NW Buchanan Ave	Corvallis	Requesting

Search for schools and add them to your list above. Filter: [ ] Record 1 of 688

Step 6: Filter the school list down by County, District, or School.

Step 7: Click or mouse scroll through the list.

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

## 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].

**Recertification 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 when you are finished.

Navigation: < Previous Page 1 2 3 4

Please answer **all** of the following questions regarding the requirements for certification.

Have you experienced a change in personnel this year in the representative responsible for coordinating and implementing the school dental sealant program?  Yes  No

If yes, what is the name of the new person?

If yes, has the new person attended the one-time certification training provided by the OHA Oral Health Program?  Yes  No

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 recertified, do you plan to include the OHA certification logo on all parent/guardian permission forms and formal written communication to schools or provide schools with a letter provided by OHA indicating your program is recertified?  Logo  Letter

To submit your recertification 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 recertified, 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 and requesting:
  - Log back into the "Recertification Application Form"
  - Add new schools to your requested list if you plan to target 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**

Navigation: < Previous Page 1 2 3 4

Navigation between the 4 pages of the form.

Step 9: Fill out the rest of the questions on page 4 of the form.

Step 9 (continued): Fill out the rest of the questions on page 4 of the form.

Information detailing the submission and certification process.

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

**Initial Certification Instructions:**  
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**

**\*New! Recertification Instructions:**  
We've pre-populated information from your previous year's initial Certification into a 2017-18 Recertification form which you will find below.

View / Edit	School Year	Type of Certification	Name of Program	Date Created	Status	Date
<b>View / Edit</b>	2017-18	Initial Certification		6/5/2017 7:08:04 PM		

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 recertified, do you plan to include the OHA certification logo on all parent/guardian permission forms and formal written communication to schools or provide schools with a letter provided by OHA indicating your program is recertified?  Logo  Letter

To submit your recertification 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 recertified, 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 and requesting:
  - Log back into the "Recertification Application Form"
  - Add new schools to your requested list if you plan to target 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

## **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](mailto:oral.health@state.or.us) or (971) 973-0348.