Dental Assisting

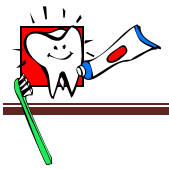
Program Packet

For More information please call 524-3000 ext. 3200 or 3437

April 16, 2015

Dental Assisting Packets **MAY NOT** be submitted **BEFORE** orientation.

EITC
Eastern Idaho
Technical College



Welcome to the EITC Dental Assisting Program. Becoming a Dental Assistant is about becoming a Professional. Professionalism is: *What distinguishes people who "HAVE A JOB from those who PURSUE A CAREER."* The following packet explains the expectations of the Dental Assisting program.

Prior to making application to the dental assisting program, individuals should give careful thought and consideration to the physical and mental demands of the dental assisting program and the pressures involved in undertaking the responsibilities of a being a health care provider student.

Completed packet information will be brought with the applicant to the interview with the dental assisting coordinator/instructor which will take place by May 29th.

Applicants will need to call and schedule an interview after orientation with the coordinator/instructor. Interviews will be done on Tuesdays/Thursdays.

EITC Dental Assisting Mission Statement

The Dental Assisting Program of EITC provides a comprehensive dental assisting education, enhanced by the State of Idaho recognized skills for Expanded Function Duties, to a diverse student population. The ***intent of the program*** is to provide quality, job-relevant career training designed to promote quality of life and dental care for the student, patients & community.

Program Description

The program follows Idaho State Board of dentistry guidelines. The program consists of:

1. Classroom training – didactic
2. Clinical skills training – hands on
3. Clinical experience in EITC clinic and in area dental offices

Course Description

Course curriculum provides training necessary to become an integral part of the dental profession. With the EITC Dental Assisting Program education and two (2) years of work related experience a student may take the national DANB examination for Dental Assistants.

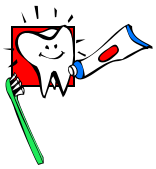
Length of the Program

- Three (3) semesters
- Fall Semester – Classes on Mon, Tues, Wed, Thurs, Fri
- Spring Semester – Classes on Mon, Wed, Fri & Core Classes on Tues ,Thurs
- Summer Semester – Externship (250 hr.) Meet as a class once a week

Degree - Technical Certificate

Dental Assisting curriculum is based on the following:

- Scientific principles
- Dental terminology
- Patient care
- Clinical procedures
- Safety precautions
- OSHA requirements
- Administrative procedures



Program Costs

In addition to the semester registration fees, a Dental Assisting student can expect to spend an approximate total of $1,650 on books, supplies (scrubs, lab jacket, goggles, and shoes), liability insurance, CPR, first aid, and dental conventions and Dental Assisting National Board (DANB) and / or National Occupational Competency Testing Institute (NOCTI) program exit assessments.

Dental Examination

Each student is required to have a dental exam before being admitted to the EITC Dental Assisting Program. The exam may be done by a dentist of your choice and the form in this packet must be completed by the dentist and turned in with the completed packet.

Insurance - Each student will need proof of insurance

- Health Insurance – EITC student fees / Parent / Spouse
- Malpractice Insurance – paid for with registration fees – insurance covers student for program clinical classes & externship hours only
- Without proof of insurance and/or if coverage lapses during any given semester the student will not be allowed to perform any clinical procedure and/or externship.

A student will be responsible for their own insurance and all medical costs during the course of the program.

Personal Appearance

- Piercing – No facial piercing will be allowed
- Ears – One piercing per ear… only small post type earrings may be worn
- Oral piercing – Tongue, lip or cheek piercing is STRICTLY PROHIBITED during the time spent in the dental assisting program if a student comes to class with oral and/or facial piercings they will be asked to leave.
- Tattoos – Any visible tattoo will need to be covered at all times (students with visible tattoos may experience difficulty in finding employment in area dental offices.)
- BBBB rule: No exposed backs, buttocks, breasts, or bellybuttons

- Finger Nails – Artificial nails are not accepted in a clinical/lab setting
- It is recommended that the use of Tobacco Products be discontinued

Attendance Policy

EITC Health Professions Division requires regular attendance of classes as part of graduation requirements. Ninety percent attendance is required for classroom, lab, and clinicals. Grades will drop one letter grade for any absences over 90%. Tardiness will not be tolerated.

Confidentiality

EITC Dental Assisting students will be required to sign a Clinical Confidentiality Contract – each student will assume the responsibility for confidentiality. All patient information is considered confidential & will not be discussed with anyone and will not be copied. Breach of contract will result in the offender being suspended from the program.

Clinical Patients

Students will need to provide patients for the following classes: (Patients will need permission from their dentist)

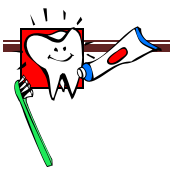
Fall Semester: 1 patient for Home Health Care Instructions
3 patients for Radiology (2 adults -18 or older, 1 child - 5-10yrs)

Spring Semester: 3 patients for State Board Testing (Adult 1 or 2 – 16yrs or older & Child 1 or 2 – 5-11yrs)
Each patient will need to be examined and have a scaling by a dentist at their own expense.

- Dental assistants are exposed to unpleasant sights, sounds and smells. They are exposed to blood, saliva, dental materials and products and communicable diseases.
- Dental assisting requires mature individuals who are emotionally stabile that are able to be discreet and have patience and good communication and soft skills.
- Dental assistants also need to have positive self-esteem, have a tolerance toward others and be able to communicate appropriately both verbally and with body language.
- Dental assistants also need to have good manual dexterity, the ability to multi-task, have good organizational skills, and the ability to use critical thinking to solve problems.

I have read the above Dental Assisting Orientation Outline and understand what is expected of me as a Dental Assisting Student.

Student signature Date



Application for Admission

Name _____
First Middle Last Former Name (if applicable)

Home Address _____
Street City State Zip Code

Permanent Address *(if different from above)* _____

EITC Student ID _____ Home Phone _____

Business Phone _____ Male _____ Female _____

EDUCATION

Official transcript(s) must be received by the office of admissions and records.

Name of School	Location of School	From Month/Year	To Month/Year	Diploma or degree rec'd?	Major/Minor
High School					
College					

Professional Licenses or Certification

Type	Issued by Which State or Agency	License Number	Date

Follow Up Information

It is important that we follow up our students after graduation to be sure they obtain appropriate employment. Please provide information about two people who will always know where to locate you.

Name	Mailing Address	Telephone

Health Related Work/Volunteer Experience

Employer _____ Phone _____ Ext _____

Address _____

Supervisor's Name _____ Title _____

Dates Employed: From _____ To _____ Job Duties _____

Reason for Leaving _____

Employer _____ Phone _____ Ext _____

Address _____

Supervisor's Name _____ Title _____

Dates Employed: From _____ To _____ Job Duties _____

Reason for Leaving _____

Please Read and Sign the Following

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misinterpretation or falsification of information is cause for denial of admission or expulsion from the college. I understand that illegal use, possession, and/or misuse of drugs are reasons for immediate dismissal from the nursing program. I understand that a felony conviction may prevent me from obtaining a nursing license.

_____ _____

Signature of Applicant Date

In Case of Emergency, Notify:

Name _____Phone _____

Street Address _____ City _____ State/Zip_____

Health Professions Program Packet checklist for applicants

Late & Incomplete packets will NOT be accepted for review.

Students must provide documentation of completed immunizations as specified below:

Student Name			**Office Use Only:**	
			Entry Date:	**Packet #**

Immunization or Titer	**Date Given**	**Take during - to be current through the end of the program**	**Colleague ID #**	
			Eligible:	
MMR #1		Complete by May 1st	Yes	No
MMR #2		Complete by May 1st	**Packet Review Date & Comments:**	
Hep A #1		Complete by May 1st	** If you are under 21, you are required to get this shot/booster. If you have had a Menactra - Meningococcal immunization before the age of 16 you will need a booster. If you received the immunization after the age of 16 you will not need another one. ** If you are over age 21 you do not need this shot.	
Hep A #2		Complete by May 1st		
Hep B #1		Complete by May 1st		
Hep B #2		Complete by May 1st		
Hep B #3		Complete by May 1st		
Varicella #1		Complete by May 1st		
Varicella #2		Complete by May 1st		
DPT #1		Complete by May 1st		
DPT #2		Complete by May 1st		
DPT #3		Complete by May 1st		
DPT #4		Complete by May 1st		
DPT #5		Complete by May 1st		
Polio #1		Complete by May 1st		
Polio #2		Complete by May 1st		
Polio #3		Complete by May 1st		
Polio #4		Complete by May 1st		
**** Menactra - Meningococcal**		Complete by May 1st		
TB expires		Due in August prior to start of class		
Drug and alcohol screen		To be included in the packet. A random test will be done during the semester.		
Letter of Intent		Complete by May 1st		
Dental exam		To be included in the packet		
Typing Test	= 35 or >	90% Acc. Or >		
Photo of self		To be included in the packet		
Background Check		To be completed in May prior to turning in packet.		

Requirements	**Semester**	**Grade**	**Equivalency:**
DTL 121	Fall		
DTL 124	Fall		
DTL 125	Fall		
DTL 126	Fall		
DTL 129	Fall		
HCT 100	Fall		
CIS 101	Spring		
DTL 127	Spring		
DTL 128	Spring		
DTL 131	Spring		
ENG 101	Spring		
PSY 101	Spring		
DTL 132	Summer		

If you have any transfer credits, you must provide in your packet, a transfer equivalency print out from the EITC registrar to show we have your information entered along with your Program Evaluation from WebAdvisor.

*

All core courses must be passed with a minimum of a C- (70%), and must be passed consecutively before continuing on to the next course * All DTL program courses must be passed with a minimum of a C (75%), and must be passed consecutively before continuing on to the next course

Interview Question Form – By May 1st

Name_____ Date _____

Please answer the following questions:

1. What are the top three reasons you want to be a dental assistant? _____
   _____
   _____
   _____

2. Do you see yourself actually working in the field when the course is completed? _____
   Explain_____
   _____
   _____

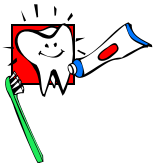
3. What do you think a dental assistant does? _____
   _____
   _____
   _____

4. Are you able to multi-task? _____ Explain _____
   _____
   _____
   _____

5. What do you think is going to be the most challenging aspect of being a dental assistant? _____
   _____
   _____

6. What are your greatest strengths? _____
   _____

7. What are your greatest weaknesses? _____
   _____



Eastern Idaho Technical College
Health Professions Division
Dental Assisting Program Dental Examination Form – By May 1st

Student's Name: _____Phone #: _____
Alternate Phone: _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____
Dentist's Name: _____ Office Phone#: _____
Address: _____ City: _____ State: _____ Zip: _____

Is any dental treatment needed at this time? Yes: _____ No: _____
Explain briefly what type:
_____
_____
_____
_____

The above student is scheduled to enter the EITC Dental Assisting Program on: _____

Can the needed procedures be completed before the above enrollment date: Yes: _____ No: _____

Please describe the general condition of the student's oral cavity: _____
_____
_____
_____

In your opinion, what is the attitude of this person regarding the health and care of the oral cavity? _____
_____
_____

The above student can have x-rays taken at EITC Dental Assisting Clinic as part of the Dental Assisting Program? Yes: _____ No: _____

The above student can have their teeth bleached /whitened at EITC Dental Assisting Clinic as part of the Dental Assisting Program? Yes: _____ No: _____

Dentist Signature: _____ Date: _____

Eastern Idaho Technical College
Dental Assisting Program
Dental Office Observation Form – By May 1st

Please print the following information:

Name _____Date Observed _____

Dental Office _____ Address _____ Phone _____

Dentist _____

Dental Assistant (s) _____

Hygienist (s) _____

Front Office Staff _____

Hours Observed _____

Who did you observe _____

What tasks did you observe? _____
_____
_____
_____
_____

Dental Office Staff Signature _____ Date _____

What if anything, stood out to you most? _____
_____
_____
_____

BACKGROUND CHECK

Criminal background checks are a requirement of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Criminal background checks are necessary to meet clinical practicum site requirements during Eastern Idaho Technological Colleges' (EITC) Health Professions programs.

Individuals who have been charged and/or convicted of a felony or misdemeanor for battery, assault, substance abuse and theft will not be accepted in EITC's Health Professions programs.

Backgroundchecks.com is the only approved company that meets HCA requirements.

To register for the background check, print off the instructions from the EITC website along with this packet. These instructions are available on the EITC website – click Programs of Study, then Health Professions – look on the right side of screen for *HCA Background Check Instructions*.

**** You will need to print out your official completed results and provide a copy with your completed application packet.**

IMMUNIZATION RECORDS

Read and print the following enrollment form. You will need to provide the records that you currently have to Eastern Idaho Public Health Department. If you are not obtaining immunizations at EIPHD, you will be charged a **$10.00 fee** to complete your IRIS. Your records will be uploaded to the database. Once the records are complete you may request a print out of your records.
**** A copy of your IRIS record must be included in your packet.**

You may mail your records along with the enrollment form and a check for $10.00 to:

EIPHD
Attn: Immunizations Program
1250 Hollipark Drive
Idaho Falls, Idaho 83401
533-3235

You may also go directly to the facility. If you chose to go to the facility in person please identify yourself as an EITC student.

Do not wait until the last minute to do this. The Eastern Idaho Public Health Department is not obligated to provide you with this information at your convenience.

Note: Titers are now able to be filed on the IRIS form. You need to have them drawn at Express lab and submit a copy of the results demonstrating immunity. Tell them it is for EITC program entrance.

Express Lab
Washington Pkwy
Idaho Falls, ID 83404
(208) 529-8330

Signing the statement below will allow the health care provider who immunizes me or my child, or appropriate personnel at my child's school or child care, to submit information regarding immunizations and me or my child to the voluntary Idaho Immunization Reminder Information System (IRIS). This information will be limited to identifying information (such as name and date of birth), immunization information (such as dates and types of immunizations), and location information (such as my correct address). To make sure that correct immunizations are provided, or to verify that I or my child have received immunizations, the information entered into IRIS relating to me or my child may be made available and redisclosed to health care providers, child care providers, or schools.

My consent permits my child's or my own **enrollment** in the statewide immunization registry and disclosure of the information relating to me or my child to my or my child's health care providers, my child's child care provider, or my child's school without further consent. I may be asked for information that will help ensure records are accurate and will not be confused with another person's.

My consent also will allow for the **transfer** and entry of my or my child's previous immunization records into the statewide electronic registry.

I give permission to **enroll** me or my child and to **transfer** my or my child's immunization records into the **Idaho Immunization Reminder Information System (IRIS)** to ensure that this vaccination record is available to me, my or my child's health care providers, child care providers, and schools. I understand I may be asked for information that will help ensure my or my child's records are accurate and will not be confused with another person's records, such as: mother's maiden name, gender, and child's eligibility for free vaccine. I authorize inclusion of all information into IRIS and redisclosure of this information from IRIS to authorized users.

Child's Name or My Name _____ Gender F / M _____ Race _____

Date of Birth _____ Telephone Number _____

Address _____ Mothers Maiden Name/Guardian First Name _____

City State Zip _____

Signature Relationship to Child Date (if applicable) _____ Date _____

IIP 8/08

Timetable Planner

Time	Monday (Course & section)	Tuesday (Course & section)	Wednesday (Course & section)	Thursday (Course & section)	Friday (Course & section)
7-8am					
8-9am	DTL 121	HCT 100	DTL 121	HCT 100	
9-10am	DTL 125	DTL 126	DTL 125	DTL 126	DTL 125
10-11am					
11-12pm					
12-1pm					
1-2pm	DTL 124	DTL 129	DTL 124	DTL 129	
2-3pm					
3-4pm					
4-5pm					
Evenings					

Sample **Registration Form**

Fall Semester

Course #	Section #	Course Title	Credits	Instructor
DTL 121	01	Orientation to Dental Assisting/Office Management	2	Roberts
DTL 124	01	Basic Dental Science/Medical Situations	3	Roberts
DTL 125	01	Dental Operatory Procedures	4	Roberts
DTL 126	01	Dental Radiology	4	Roberts
DTL 129	01	Dental Anatomy & Physiology/Microbiology	2	Staff
HCT 100	02	Intro to Health Professions	1	Staff
		Total Credits	16	