Dental Assisting Program Handbook

Student Information Packet

Northwest Campus
8200 W. Outer Drive, Detroit, MI 48219

JoAnn Buchheister, Program Director
313-943-4045
e-mail: jbuche1@wcccd.edu
Dear Prospective Student:

Thank you for your interest in Wayne County Community College District's Dental Assisting Program. A very exciting "Career in Dental Assisting" awaits you if you...

* Like to help others
* Enjoy working with your hands
* Seek a professional career with increased responsibilities.

A "Career in Dental Assisting" offers an individual the opportunity to work full-time or part-time, in small dental offices or large clinics, or in general dentistry or a specialty practice. Some dental assistants are also employed in dental schools, teaching institutions, public health settings, or dental supply companies.

When you study in an accredited program, you learn the latest procedures and techniques. You also qualify upon graduation to become licensed as a Registered Dental Assistant or certified as a Certified Dental Assistant. Graduation from an American Dental Association accredited program is also the only way to become a licensed Registered Dental Assistant.

The best way to become a dental assistant is to receive formal education and training. In school you learn not only the "How;" but also the "Why." Formal education and credentials can also give you the advantage over the competition to compete for the best jobs. Graduates of Wayne County Community College District dental assisting program are in high demand.

Wayne County Community College District offers a one-year certificate program in Dental Assisting. The Commission on Dental Accreditation accredits the Dental Assisting Program. The Commission is a specialized accrediting body recognized by the US Department of Education. The Commission on Dental Accreditation can be contacted at 312.440.4653 or at 211 East Chicago Avenue, Chicago, IL 60611.

The program can be completed in three semesters on a full-time basis. In addition, our "PERK" program allows current dental assistants a mechanism for receiving advanced standing credits.

You will find the faculty dedicated, caring, and student-oriented in assisting you to reach your goals. If you have additional questions, please call the Dental Assisting Program Office located at the Northwest Campus at 313.943.4045 or e-mail me at jbuchhe1@wcccd.edu. I'll be happy to return your inquiry.
MISSION AND GOALS OF THE DENTAL ASSISTING PROGRAM

Wayne County Community College Mission
Wayne County Community College District’s mission is to empower individuals, businesses, and communities to achieve their goals through accessible and excellent higher education and career advancement services.

Dental Assisting Program Mission
The Dental Assisting Program’s mission is to teach students the knowledge and skills required to become competent dental assistant able to perform a variety of tasks in multiple, dental settings. The program provides a high quality, low cost education in a multi-cultural community.

Goals of the Dental Assisting Program
Dental Assisting Program Goals:

- Prepare a qualified dental assistant who will be able to competently perform a variety of dental assisting tasks in a variety of community and health care settings.
- Prepare a dental assistant that demonstrates a knowledge and ability in interpersonal relations and communication skills.
- The dental assisting graduate will utilize infection control, radiation safety and knowledge of dental products to protect himself/herself and the public.
- Prepare a dental assistant that pursues lifelong learning upon program graduation.
- Maintain competent dental assisting faculty and staff with relevant work experience to ensure a quality and current educational program.
- Provide support to enhance the student’s ability to complete the program.
- Provide program evaluation to ensure current, relevant educational experiences.
- Utilize and maintain financial and physical resources to ensure a quality and current educational program.
- The dental assisting graduate will find employment in the field of dental assisting.

COMPETENCIES AND CHARACTERISTICS OF A DENTAL ASSISTING STUDENT

Competencies of a Dental Assisting Graduate
Upon completion of this program, the student will be able to:

- Collect diagnostic and treatment data.
- Manage infection and hazard control.
- Provide patient oral health instruction.
- Assist in managing medical emergencies.
• Perform clinical supportive treatments.
• Take diagnostic radiographs.
• Perform dental laboratory procedures.
• Model professional behaviors, ethics, & demeanor.
• Carry out dental office procedures.
• Perform expanded functions allowed under Michigan law.

**Characteristics of Successful Students**

- Enjoy good physical, emotional, and dental health.
- Demonstrate good study habits.
- Demonstrate good test taking skills.
- Have sufficient financial resources to enroll in the program.
- Accept constructive criticism.
- Have work experience in a health field, if possible.
- Carry a full course load and maintain a 2.0 GPA.
- Have good family support.

**GENERAL INFORMATION ABOUT THE DENTAL ASSISTING PROGRAM**

The Dental Assistant Program prepares a student to perform the duties of a dental assistant professional to assist the dentist chairside, provide patient education, perform lab procedures, expose and process x-rays, and perform office management tasks such as billing and scheduling. In addition, a licensed dental assistant can perform expanded functions such as pit and fissure sealants, fluoride treatments, rubber dam placement and placing, condensing, and carving amalgam restorations. Classroom and lab instruction runs concurrently. Clinical experiences are in clinical facilities and dental office settings. Emphasis is also given to attention to detail, following instructions, working quickly and independently, being responsible for personal and office organizations, interacting well with people, and managing stress.

Upon completion of the three-semester program, a student is eligible to take the Dental Assisting National Board Examination to become a **Certified Dental Assistant (CDA)**. A student is eligible to take the Registered Dental Assistant examination given by the State of Michigan and become a licensed **Registered Dental Assistant (RDA)**.

**Accreditation**

The Commission on Dental Accreditation accredits the Dental Assisting Program. It is a specialized, accrediting body recognized by the Commission on Recognition of Postsecondary Accreditation and the US Department of Education. The Commission can be contacted at 312.440.4653 or at 211 East Chicago Avenue, Chicago, IL 60611.

**Program**

- WCCCD offers a one-year, Certificate in Dental Assisting with the option of earning an Associate degree by completing additional required course work. The Commission on Dental Accreditation accredits the program that consists of 910 clock hours of instruction that includes 300-plus hours in clinical rotations at
private dental offices and clinics. Class sizes are small and taught by a dedicated, learning-oriented faculty. The 12-chair clinic at the Northwest Campus is equipped with the latest technology. Admission is in the fall semester only.

Upon successful completion of the program, the student will have earned the State required Dental Radiology Certificate. They will also be eligible to sit for the CDA examination given by the Dental Assisting National Board and the RDA license Examination in the State of Michigan.

**Job Outlook**


The Dental Assisting National Board’s 2010 Show Me The Money Salary Survey indicates that the national median salary of a Certified Assistant is $16.50 an hour compared to the median hourly wage for a non-certified assistant of $14.74. The 2009 median hourly wage for Michigan was $17.50 per hour. Refer to [www.danb.org](http://www.danb.org).

**Basic Practice Requirements**

An individual planning a career in dental assisting should obtain the most current information regarding the field of dentistry. In particular, an assistant needs to:

- Know acceptable infection control procedures.
- Know radiation safety practices and competently apply prescribed radiology techniques (taking x-rays).
- Know what procedures a dental assistant can perform under Michigan dental law.

A student who is a graduate of a program approved by the American Dental Association’s Commission on Dental Accreditation qualifies to become a Certified Dental Assistant by passing the Dental Assisting National Board Examination. The requirement of two years of dental assisting experience is waived for graduates of accredited programs.

In Michigan, only a graduate of dental assisting programs accredited by the American Dental Association Commission on Dental Accreditation is eligible to become a licensed Registered Dental Assistants upon satisfactorily passing the state examination. Only Registered Dental Assistants are allowed by Michigan State law to perform expanded functions.

**Dental Assisting Admission Criteria & Procedures**

To apply to the Dental Assisting Program, an applicant must follow the procedures outlined below. An applicant is accepted on a first-come, first-serve basis only after all required paperwork is submitted. An applicant is notified of acceptance and when to register for classes. The Dental Assisting Program Director will sign an applicant’s registration form. An applicant is not allowed to register on-line.

Questions should be directed to:
Ms. JoAnn Buchheister, CDA, RDA, BS  
Wayne County Community College District - Northwest Campus  
Dental Assistant Program Office  
8200 W. Outer Dr.  
Detroit, MI 48219  
313-943-4045 or jbuchhe1@wcccd.edu

Program enrollment is 24 students. Capacity is limited due to the Dental Assisting Program’s facilities and the requirements of the Commission on Accreditation of Dental and Dental Auxiliary Educational Programs.

ADMISSIONS REQUIREMENTS OF THE DENTAL ASSISTING PROGRAM

Admission Requirements
The program begins each Fall semester and part-time students are accepted on a space availability basis after full-time students. Student Information can be found at that Northwest Campus, Dental Assisting Program Office. Students must have the Program’s approval, a completed application, and other required information submitted by the due date. Student files will be reviewed by the Admissions Committee and a letter is sent upon acceptance. We can only accept 24 students each fall. Any remaining openings will be filled on a first come basis to qualified applicants. Students will be accepted up to the first day of classes, if space is available.

A Student must:
- Fulfill all WCCCD admission requirements.
- Possess a high school diploma or GED
- Request an official high school and all college transcripts to be sent to the Dental Assisting Program Office.
- Must be 18 years of age or older
- Declare intent to enter the Dental Assistant Program by submitting an Allied Health Application.
- The student must meet one of the following academic requirements.
  1. Score 78 or higher on the Reading Comprehension portion of the Compass test. or
  2. Have completed English 119 with a “C” or better
- Enroll in a CPR course for the “Health Care Provider”.
- Obtain a criminal background check
- Must test negative on a TB test
- Show proof of current childhood immunizations, (Mumps, Rubella ,Rueola & Chickpox)
- Receive the Hepatitis B vaccination or declare intent to receive or sign a declination form.
- Show proof of current tetanus vaccination
- Sign Required Application Forms
Meet with the Dental Assisting Program Director

Before participating in any clinical courses: (ie. DEN 201)

- Complete the required CPR course
- Show documentation of current physical examination
- Show documentation of dental examination, and completed recommended treatment.
- The admitted student must purchase the required uniform and student kit by the first week of classes.

A student is required to submit verification of the following prior to participation in any clinical courses. The student will not be permitted to attend classes after September 30th if the following requirements are not met.

Standardized medical history and physical examination (within 1 year) to include:

- Proof of vaccination or immunity for tetanus
- Proof of vaccination or immunity for MMR
- Proof of immunity or initiation of vaccination for hepatitis B or declination
  - Initial Dose: Elective month
  - Second dose: One month after Elective dose
  - Third Dose: Five months after Second dose
- Negative test for tuberculosis within 1 year
- Reliable history of Varicella or two doses of Varicella vaccine
- Obtain CPR certification for adult, child, infant, and automated defibrillator prior to enrolling for the first semester. The only acceptable courses are: CPR for the Healthcare Provider offered by the American Heart Association or CPR for the Professional Rescuer by the American Red Cross offered.

Clinical/Lab Requirements

1. A Dental Assisting student may limit her ability to complete the clinical requirements by electing not to have the hepatitis B vaccination series (declination is available); and have a medical history of chemical, latex, or other sensitivities and/or allergies that occur in the work or clinical environment.

2. Undergo a standardized dental examination to include caries status, periodontal status, and restorative needs. Restoration needs are at the discretion of the Prescribing Dentist in an effort to minimize student discomfort and disease transmission to student partners and patients.

   It is important that a student not have any obvious areas of infection that could be aggravated while undergoing clinical procedures in the clinical setting. An admitted student may receive a dental cleaning, examination, and radiographs for a fee of $10.00 or $12.00 in the dental hygiene clinic. Call 313.943.4010 or 313.943.4000 to make an appointment.

3. Obtain a Criminal Background Check via www.CertifiedBackground.com and submit a Criminal Background statement (at the back of this document). The code for the
Certified Background check is lowercase “ao51.” The cost is $28.00.

**Legal Restrictions**

- Felony convictions may prevent a student from completing program requirements and taking licensure examinations, thus affecting your employment options. Students that have been convicted of a felony or misdemeanor, excluding minor traffic violations will be denied program admittance.
- Federal and state laws require a criminal background check of a student assigned to long-term care facilities, nursing homes, hospitals, and homes for the aged. When assigned to such a facility, a student must permit WCCCD to perform a criminal check and to release the findings to the facility. Fingerprinting is required if a student has lived outside of Michigan for more than three years.

**Continuing Eligibility**

In addition to tuition, textbook costs, and supply costs, a student needs to:

1. Purchase laboratory uniforms, coats, white shoes and other infectious disease barriers.
2. Purchase malpractice insurance through membership from the American Dental Assistant’s Association (ADAA). A $45 money order, payable to ADAA, is submitted to the Program Director by December 1 and prior to obtaining permission to register for the spring term.
3. Provide your own transportation to clinical rotation sites off-campus. Provide Personal Medical Insurance. Wayne County Community College District, is not responsible for any student injuries. Including but not limited to exposure incidents or post exposure treatment.
4. Provide one to two patients for Dental Radiology (DEN 201 Radiology Lab), Dental Assisting DA 204. You may only use those individuals that have become a patient of record in the WCCCD Dental Clinic.
5. Community Participation Projects

   Periodically, the student will be asked to participate in community projects. These may include “Give Kids a Smile Day”, Patient education in elementary schools and assisted living facility, Children’s Dental Health Week. Attend a seminars or exhibits at the Detroit District Conference, Michigan Dental Association Conference or Michigan Dental Assistants’ Association Convention. These projects will be assigned 2-3 weeks in advance of the requirement. The projects will also be assigned based on their availability and scheduling.
6. Maintain a 2.0 or “C” minimum grade in each course to graduate.
7. Participate as a student patient in a program clinical setting.
8. Sign student statements attesting to: (see attached)
Physical Requirements

A Dental Assisting Program student must assist a patient who may be unconscious and/or require cardiopulmonary resuscitation. The physical requirements include:
1. Identify the absence of breathing movement in a patient through visual inspection.
2. Understand the normal speaking voice without viewing the speaker’s face.
3. Perform cardiopulmonary resuscitation.
4. Question a patient’s condition and relay the information to others either in person or on the phone.
5. Demonstrate enough manual dexterity to draw up solutions in a syringe.

A list of the cognitive, physical, and emotional requirements needed by a dental assistant is described in the Technical Standards given below.

Computer Skills

Some courses are taught in a distance-learning format; therefore, knowledge of computers, Internet services and Blackboard applications is required. Computer requirements and tutorials are listed on the College’s website at www.wcccd.edu. Computers are also available for student use in the campus LRC.
## TECHNICAL STANDARDS OF DENTAL ASSISTING PROGRAM

In compliance with the 1990 Americans with Disabilities Act, specific Dental Assistant Program Technical Standards have been established based on the nature of the work expected of a dental assisting professional. Therefore, a student must be able to meet:

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<th>STANDARD</th>
<th>EXAMPLES OF NECESSARY BEHAVIORS (NOT ALL INCLUSIVE)</th>
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<tr>
<td>Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, physical, medical, and intellectual backgrounds.</td>
<td>Establish rapport with clients, families and colleagues.</td>
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| Communication abilities sufficient for interaction with others in verbal and written form. | • Collect assessment data.  
• Explain treatment procedures.  
• Initiate health teaching.  
• Verbally question a patient about his condition and relay the information verbally or written to others  
• Document assessment findings and treatment rendered.  
• Complete insurance forms. |
| Critical thinking ability sufficient for clinical judgment. | • Identify cause and effect relationship in clinical situations.  
• Assimilate knowledge from lecture, laboratory, and clinical venues. |
| Physical abilities sufficient to move around rooms in a dental environment maneuver in small spaces, and reach needed equipment. | • Move around clinical operatories, dark room, sterilization room, and other treatment areas.  
Position chair-side in close proximity to patient.  
Administer CPR and BLS procedures.  
• Reach radiographic equipment that is approximately 5-6’ off floor. Transfer patients from wheel chairs to dental chairs and back. |
| Gross and fine motor abilities sufficient to provide safe and effective dental care. | • Move, calibrate, and use equipment and supplies.  
• Demonstrate enough manual dexterity to draw up solutions in a syringe.  
• Perform CPR.  
• Possess fine dexterity to pass/accept or pick-up small tools. |
| Appearance appropriate for the individual Profession | • Personal Hygiene  
• Oral Hygiene  
• Maintain within a minimum (body tattoos, facial piercings).  
• Facial hair must be secured completely behind a facial mask. |
| Able to communicate clearly | • Demonstrate ability to speak English  
• Ability to read and write English |
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| Auditory ability sufficient to monitor and assess health needs.         | • Hear a patient's cries of distress, sound of instruments being properly utilized, sound of slow speed hand piece and ultrasonic scaler, and monitor vital signs.  
• Understand the normal speaking voice without viewing a speaker's face |
| Visual ability sufficient for physical assessment, performance of dental procedures and maintenance of environmental safety. | • Observe client responses such as skin color and facial expression.  
• Identify the absence of breathing movement in a patient through visual inspection  
• Monitor vital signs  
• Evaluate radiographs for technical quality including density, contrast and distortion.  
• Read a patient's dental record.  
• Note color changes in dental materials that indicate reactions occurring. |
| Tactile ability sufficient for assessment and performance of expanded dental assisting duties. | Perform palpation techniques (EO/IO exam), functions of a dental exam |
| Mobility                                                                | Physical abilities sufficient to move from clinic area to clinic area and maneuver in small spaces, full range of motion; manual and finger dexterity, and hand-eye coordination. Move around in an operator and laboratory areas. |
| Olfactory Ability                                                       | • Have olfactory senses (smell) sufficient for maintaining environment and patient safety.  
• Distinguish smells, which are assessing and/or maintaining health status or environmental safety. |
| Professional Attitude and Demeanor                                      | • Able to present professional appearance and implement measures to maintain own physical and mental health, and emotional stability. Ability to demonstrate emotional health required for the utilization of intellectual abilities and exercise good judgment.  
• Work under time restraint conditions.  
• Be exposed to diseases and contaminated. React calmly in an emergency.  
• Demonstrate flexibility and concern for others.  
• Be able to work alone. |
GENERAL POLICIES OF THE DENTAL ASSISTANT PROGRAM

Progression Policy
A Dental Assisting Program student must achieve or have achieved a grade of “C” or higher in each course in the curriculum to graduate from the Dental Assisting Program. Dental Assisting Program faculty members emphasize that attitudes and actions demonstrate a student’s professional and ethical behavior. Therefore, it is the Program’s policy that a student will receive a grade of “E” for cheating in a lecture, lab, or clinical course. A grade of “E” in a course may result in dismissal from the Program.

Below are types of failures that the formal appeals process is aimed at satisfying.

1. If a dental assisting student receives one failing course grade in the fall semester courses, the student may be promoted to the spring semester and the class can be repeated the following year when the course is offered, if the remediation process is complete. A minimum "C" grade must be earned at that time. With one failure the student may enroll in DA 126, DA 127 & DA 129. The student will not be permitted to enroll in DA 117 , DA 203, DA 204 or DA 125 until all fall classes have been successfully completed with a “C” or better. Students are required to successfully complete all fall and spring courses before entering DA 125.

2. DEN 200 Radiology Lecture is a pre-requisite to DEN 201 Radiology Lab, a student will not be permitted to attend DEN 201 until DEN 200 has been successfully competed with a “C” or better.

3. A student with two academic failures (a grade below a "C") will be dismissed from the dental assisting program. Review for reentering the following year is carried out by the dental assisting program. A student will not be permitted to continue in the program sequence if a course program requiring a pre-requisite course has been failed (grade of C of below). A student refused re-admittance by the dental assisting program can appeal this decision to the College-Wide Standing Committee on Re-entry.

4. A student cannot graduate from the dental assisting program or be permitted to take the Dental Assisting National Board (DANB) Chair-side Component or the Registered Dental Assistant's (RDA) examination in Michigan until all dental assisting courses are repeated where a failing grade was earned.

5. If a student receives two failing grades, the student may be dismissed from the program. The student may appeal this decision to the College-Wide-Re-Entry Committee.

The student may re-enter the program the following year to repeat the courses upon the recommendation of the re-entry committee and the remediation process has been satisfied. If the student wishes to re-enter the program, a formal appeal must be made in writing and submitted to the program office no less than sixty (60) days prior to the beginning of the
semester to be repeated. All requested file updates must accompany this appeal. File updates may include but are not limited to, application, college transcripts, vaccination update or completion, criminal background, CPR or physical.

6. Clinical requirements are set for the duration of the program. (However, minimum term clinical requirements must be completed in order to progress to the next semester). All clinical requirements must be completed by the end of the summer semester or by the completion of the DA 125 - Clinical Practice II course. If a student fails to meet clinical requirements by the end of DA 125, the student will be denied graduation. The student will be permitted to register for DA 125 the next time it is offered in order to complete clinical requirements. This continuation can only occur if there is space' available. Graduation from the dental assisting program will be granted once all the clinical requirements are met.

7. If a student must return to complete clinical requirements beyond the one-year program (or two years in the case of the part-time student), the student will have one semester to complete requirements. If a student fails to complete clinical requirements in one semester, graduation from the program will be denied. The student may appeal this decision to the Appeals Board.

8. If a student leaves the dental assisting program, the student must complete the necessary re-entry forms and based on space availability may be permitted to re-enter into the program.

9. A student who retakes the same dental assisting program course twice and receives below a "C" grade the second time will be dismissed from the dental assisting program and will have no recourse.

10. If a student does not adhere to the policy and procedures on the programs academic honesty statement, the student will be dismissed from the dental assisting program.

11. If a student leaves the program for a period of time greater than 10 months after successfully completing DA 117, but prior to completion of DA 125, the student will be required to repeat DA 117 (if available) unless they can demonstrate that they have been employed in the field and are maintaining chair-side dental assisting skills of equal time. Remediation classes may also be substituted for DA 117 under the Program Directors and Campus Academic Officier's recommendation.

12. All course work must be completed with a "C" or better within the five-year time frame of the first enrolled dental assisting course. Failure to meet this time line will result in the student having to repeat coursework deemed appropriate by the program director at the time of re-entry.
**Remediation Process:**
Any Dental Assisting student failing one course during the Program must complete an individual remediation program (IRP). The IRP will be created by the Program Director. The IRP may include but not limited to workshops on note taking skills, test taking skills and study habits. Additional course work may also be included in IRP. Students may not register for the next semester until IRP is completed. Students who fail two or more classes must reapply through the College Wide admissions and re-entry process.

**Physical and Cognitive Expectations**
Dental Assisting practice is a discipline with cognitive, sensory, affective, and psychomotor performance requirements. For purposes of Dental Program compliance with the Americans with Disabilities Act, a qualified individual with a disability is one who, with or without reasonable accommodations or modification, meets the essential eligibility requirements for participation in the Dental Programs.

If a student believes that she cannot meet the Dental Assisting Program requirements without accommodations or modifications, the Dental Assisting Program faculty will determine, on an individual basis, whether or not the necessary accommodations or modifications can be reasonably made.

**Disqualifying Factors**
Students may be denied admission into the Dental Assisting Program for any of the following reasons:
1. Physical or emotional health that indicates impairment in ability to provide safe care to the public.
2. Conduct not in accordance with the standards of a Registered Dental Assistant or Certified Dental Assistant that could include:
   a. Given false information or withheld material information.
   b. Be convicted, pleaded guilty, or nolo contendere to a crime which indicated the individual is unfit or incompetent to practice, or the individual has deceived or defrauded the public. Student has been convicted of a misdemeanor/felony, excluding minor traffic violations.
   c. Used any drug to a degree that interferes with his or her fitness to practice.
   d. Engaged in conduct that endangers the public health.

**Legal Limitations of Licensure**
A Dental Assisting Program student should know that her licensure application could be denied or restricted by the Michigan State Board of Dentistry for the following reasons:
- Student practiced fraud or deceit in an attempt to obtain a license to practice dental assisting.
- Student has been convicted of a misdemeanor/felony, excluding minor traffic violations.
- Student is addicted to alcohol or other drugs to such a degree as to render him/her unfit or unworthy to practice Dental Assisting.
● Student is mentally or physically incompetent to practice Dental Assisting. Contact the Michigan Department of Community Health for further licensure requirements.

CRITICAL INCIDENTS

**Incidents:** Any accident to the student on the campus or at an off-campus project site should be reported to the Clinic Liaison or Program Director immediately. Examples: Needlestick injury, fall, etc.

The following critical incidents are considered by the Dental Assisting Program faculty and program director to be of such serious nature resulting in potential risk or injury to patients trusting our care. Such violations will result in immediate dismissal from the Dental Assisting Program:


2. Unnecessary ionizing radiation exposure to a patient, classmate, student, staff member or faculty. This includes the *unauthorized* exposure of radiographic images; indicating fictitious patient's name or a radiograph; failure to document radiation exposure in the patient's record or documenting false information. *Written prescription by a licensed Dentist must be obtained prior to exposing radiographs.*

3. Falsifying patient, clinic, student records or failure to document information.

4. Forgery of student, staff or instructor signatures on any document.

5. Canceling or transferring patients without authorization of an instructor.

6. Refusal to provide treatment to a scheduled/assigned patient.

7. Unauthorized or excessive clinic absences (per Dental Assisting Programs attendance policy and course syllabi).

8. Plagiarism. "Plagiarism" includes, but is not limited to, the use by paraphrase or direct quotation of the published or unpublished work of another person without full and clear acknowledgement. It also includes the unacknowledged use of materials prepared by another person or agency engaged in the selling of term papers or other academic materials.
9. Breach of aseptic technique/infection control standards compromising the health of a dental clinic patient or other dental personnel/student. Leaving the clinic area without permission, abandoning a patient and compromising the patient treatment.

10. Failure to abide by policies as published in any Dental Programs Manuals.

11. Any incident which endangers the health of a student, patient, staff or faculty member will be considered a Critical Incident.

**Exposure to Bloodborne Pathogens**

A student may be exposed to hazardous conditions, unsafe environments, and airborne/bloodborne pathogens. A student is required to follow OSHA guidelines when exposed to these conditions. Guidelines may include wearing protective masks, latex gloves, uniforms, lab coats, and protective eyewear that the student must purchase. Strict adherence to the dress code is reinforced. A student is responsible for purchasing health insurance and making transportation arrangements to off-site clinical rotation settings. A student may be required to provide some of her own patients for DEN 201 & DA 204.

Dental procedures are performed in a septic environment that poses significant hazards to dental personnel and clients. Dental personnel are exposed to a wide range of microorganisms in a patient’s blood and saliva. Infections may be transmitted in dental practice by blood or saliva through direct contact, droplets, spatter, or aerosols. Indirect contact contamination or infection by contaminated instruments is possible and, as a result, patients and dental health care workers (DHCWs) have the potential of transmitting infections to each other. The use of equipment that produces aerosols of saliva, blood and plaque has increased (high-speed hand-pieces, ultra-sonics, air/water syringes). The number of clients seen by dental health care workers (DHCWs) has increased, as has the number of clients carrying life-threatening communicable diseases. Dental clients and DHCWs may be exposed to a variety of microorganisms via blood or oral or respiratory secretions. These microorganisms may include cytomegalovirus, hepatitis B virus (HBV), hepatitis C virus (HCV), herpes simplex virus type 1 and 2, human immunodeficiency virus (HIV), mycobacterium tuberculosis, staphylococci, streptococci, and other virus and bacteria, specifically, those that infect the upper respiratory tract. Infections may be transmitted in the dental treatment room through several routes, including direct contact with blood, oral fluids, or other secretions; indirect contact with contaminated instruments, treatment room equipment, or environmental surfaces; or contact with airborne contaminants present in either droplet splatter or aerosols or oral and respiratory fluids.
For these reasons and the student’s protection, the Dental Programs require that the following minimum health requirements be met. It is important to ask your physician about any additional requirements that should be implemented.

**Infectious Disease Policy**

Although no documented cases of occupational spread of HIV to dental workers exist, a Dental Assisting Program student is at a slight risk for exposure to blood and body fluids and the potential does exist for transmission of bloodborne and other infectious diseases during patient care activities. The risk of HIV disease transmission from dental patients to members of the dental team is extremely low. Nevertheless, there is some small potential of occurrence. The Americans with Disabilities Act forbids discrimination against patients with HIV; a student is required to treat all patients assigned, regardless of the disease state of the patient. Refusal to treat any patient may affect the student’s academic success.

Wayne County Community College District dental assisting students, in the course of their clinical/academic duties have significant exposure to blood, blood products, tissue, secretions or body fluids of patients potentially containing Hepatitis B (HBV) and are at risk for HBV as well as other infectious diseases. Unintentional punctures of the skin with contaminated instruments or needles sometimes occur despite careful techniques. These factors increased student risk for contracting diseases. See the website for the Center for Disease Control (CDC) for current information.

**Applicants/students who are HIV/AIDS or HBV (Hepatitis) positive will not be barred from working, teaching, attending classes or participating in college sponsored activities unless the applicant/student is unable to follow Standard Precautions.** All decisions will be made on a case-by-case basis. (Standard Precautions are defined as: Consideration of all patients as being infected with pathogens and therefore applying infection control procedures to the care of all patients.)

**Dental Assisting Skills & Level of Competence at Program Completion** Skills in the Dental Assisting Program are taught to clinical or lab competence.

**Clinical Competence** Clinical competence is developed during the repeated delivery of dental assisting tasks with close faculty supervision. These tasks are mastered on peer clients and clinic patients. Once you master these competencies and graduate, you will be legally and ethically capable of delivering those tasks, within the scope of the dental laws, as directed by the State Board of Dentistry.

**Laboratory Competence** Laboratory competence is developed in a lab setting on a mannequin, extracted teeth, or dental model. With additional experience, beyond graduation, a student may develop clinical competence. Legally and ethically a student must inform her employer that she have been trained to provide this dental assisting task to lab competence. Her supervisor needs to observe and supervise a student’s perform this task until the student shows clinical competence.
Complaints
The Commission on Dental Accreditation (CDA) grants accreditation to the Dental Assisting Program. CDA reviews complaints related to a program’s compliance with the accreditation standards. “The Commission is interested in the sustained quality and continued improvement of dental and dental-related education programs, but does not intervene on behalf of individual or act as a court of appeal for individuals in matters of admissions, appointment, promotion or dismissal of faculty, staff or students.” A copy of the appropriate accreditation standards and the CDA’s policy and procedures for submitting a complaint may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, IL 60611 or by calling 1.800.621.8099 extension 4653.

Counseling
If a student has questions or concerns, contact the Program Director at 313.943.4045.

Student Support Services - ACCESS
This program provides supportive services to special need students enrolled in career and technical programs at Wayne County Community College District. Resources are available according to individual needs and coordinators assessment and include services such as tutoring, visual aids, sign language interpreters, language interpreters and note takers, as well as special equipment often required to support academic success in college. Instructors and advisors may refer students who need assistance. However, students are welcome to come and discuss individual concerns without referrals.

About This Program
Disability Support Services at Wayne County Community College District (WCCCD) strives to provide students with the necessary tools to help them accomplish their educational and career goals. It is the goal of Disability Support Services to:

(1) Provide appropriate and reasonable accommodations and support services,
(2) Provide referrals, information, resources to students to improve their academic and employability success,
(3) Encourage and assist students with disabilities to become more independent,
(4) Increase faculty understanding of the need of students with disabilities and
(5) Work as an advocate for students.

To obtain services/accommodations, Students should

- Be admitted to WCCCD through the regular admissions process,
- After being admitted visit the Disability Services/ACCESS department,
- Complete the intake and services/accommodation request forms,
- Submit sufficient evidence/documentation of a physical, emotional and or prior learning disability,
- Request reasonable accommodations during your meeting with the Disability Services Coordinator and
- Meet with an ACCESS advisor to plan services and or an educational plan of work.

Eastern 734-374-3206
Eastern 313-496-2708
Eastern 313-579-6923
Eastern 313-943-4000
Eastern 734-600-7008
**Dental Assisting Faculty Credentials**

Jo Ann Buchheister CDA, RDA, BS  
Siena Heights College-Bachelors of Science in Allied Health Education, Secondary teaching level  
Oakland Community College, Dental Assisting

John Stephen Buchhiester, DDS  
Bachelor of Science, Electrical Engineering, Michigan State University  
Doctor of Dental Surgery, University of Detroit Dental School

Meredith Parker RDA, CDA  
Siena Heights College  
Wayne County Community College District, Dental Assisting  
Monterey Peninsula College

Amanda Cavacini RDA, CDA, BS  
Bachelors in Marketing, Indiana University Purdue University of Fort Wayne  
Associates in Communications, IPFW  
Washtenaw Community College Certification in Dental Assisting, IPFW

Martha Ann (McIntyre) Buckley, RDH  
Dental Hygiene Certificate from University of Detroit 1972  
Bachelors of Health Services Administration from Baker College

Pamela Zarb FT Faculty / CDA, RDA, RDH, MA, LPC  
Walsh College of Administration & Accountancy, Troy, Michigan  
Master of Science in Finance, University of Detroit Mercy (formerly U. of Detroit), Detroit, Michigan  
Master of Arts in Guidance & Counseling, Ferris State College (now University), Big Rapids, Michigan  
Bachelor of Science in Allied Health Education, University of Vermont, Burlington, Vermont  
Associate of Applied Science in Dental Hygiene, Shin-Mey Rose Yin Geist DDS, MS  
College: University of Detroit Mercy (DDS)  
Indiana University (MS)

**Curriculum of the Dental Assisting Program**

*Pre-requisites*  Hold a high school diploma or GED equivalency, English 119 credits. Or eligible as well as a score of 78 in reading comprehension per the Compass testing, and fulfill all WCCCD admission requirements. Refer to the *Schedule of Classes Book* or *College Catalogue*, including submitting an *Allied Health Application* to the Dental Program Office.

A student must show proof of a negative Mantoux skin test, Complete Hepatitis B vaccinations or waiver. Cardiopulmonary certification will be made available to the student through WCCCD. As part of the clinical rotation courses, students will be assigned to dental clinics. A student is responsible for providing her own transportation, medical insurance and parking costs as well as clinical patients for certain classes.
# Full-Time Enrollment

## FIRST SEMESTER (21 CREDIT HOURS)*

<table>
<thead>
<tr>
<th>COURSE</th>
<th>TITLE</th>
<th>CREDIT HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Assisting 104</td>
<td>Dental Materials</td>
<td>5</td>
</tr>
<tr>
<td>Dental Assisting 106</td>
<td>Dental Applied Science and Medical Emergencies</td>
<td>4</td>
</tr>
<tr>
<td>Dental Assisting 110</td>
<td>Clinical Dental Assisting</td>
<td>4</td>
</tr>
<tr>
<td>Dental Assisting 115</td>
<td>Infection Control and Preventive Dentistry</td>
<td>2</td>
</tr>
<tr>
<td>Dental Assisting 120</td>
<td>Dental Specialities</td>
<td>2</td>
</tr>
<tr>
<td>Dental Auxiliary 200</td>
<td>Dental Radiology Theory</td>
<td>2</td>
</tr>
<tr>
<td>Dental Auxiliary 201</td>
<td>Dental Radiology Lab</td>
<td>2</td>
</tr>
</tbody>
</table>

## SECOND SEMESTER (19 CREDIT HOURS)

All fall classes must be satisfactorily completed before registering for DA 117, DA 203 and DA 204.

<table>
<thead>
<tr>
<th>COURSE</th>
<th>TITLE</th>
<th>CREDIT HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Assisting 117</td>
<td>Clinical Practice I</td>
<td>5</td>
</tr>
<tr>
<td>Dental Assisting 126</td>
<td>General Anatomy, Pharmacology and Oral Pathology</td>
<td>3</td>
</tr>
<tr>
<td>Dental Assisting 127</td>
<td>Dental Office Management</td>
<td>2</td>
</tr>
<tr>
<td>Dental Assisting 129</td>
<td>Legal, Ethical, &amp; Communication Issues</td>
<td>2</td>
</tr>
<tr>
<td>Dental Assisting 203</td>
<td>Expanded Functions for the Registered Dental Assistant-Lecture</td>
<td>3</td>
</tr>
<tr>
<td>Dental Assisting 204</td>
<td>Expanded Functions for the Registered Dental Assistant-Lab</td>
<td>4</td>
</tr>
</tbody>
</table>

## THIRD SEMESTER (8 CREDIT HOURS FOR 10-WEEKS)**

All fall and spring classes must be satisfactorily completed before registering for the DA 125 course.

<table>
<thead>
<tr>
<th>COURSE</th>
<th>TITLE</th>
<th>CREDIT HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Assisting 125</td>
<td>Clinical Practice II</td>
<td>8</td>
</tr>
</tbody>
</table>
FULL TIME STUDENTS: Must complete all of the Fall Semester Classes in order to move forward to the Spring Semester. All Fall and Spring Classes must be satisfactorily completed in order to move to the Summer Semester.

PART TIME STUDENTS: A part-time program can be planned for an individual if space is available. Students must take DA 104, DA 106, DA 110 and DA 115 the first year Fall Semester. Upon successfully completing these courses you will take DA 126, DA 127 and DA 129 the first year Spring Semester. The second year you must complete DA 120, DEN 200 and DEN 201 the Fall schedule, successfully in order to be placed in the additional Spring classes. The classes to be completed the second year Spring Semester; DA 117, DA 203 and DA 204.

All Fall and Spring semester classes must be satisfactorily completed in order to move to the Summer Semester DA 125 Clinical Practice II.

PERK Program Applicants
1. Submit copy of certification for the Infection Control (ICE), Radiation Health & Safety (RHS) and/or the General Chair-side (GC) component of the Dental Assisting National Board examination.
2. If a CDA, submit current CDA card.
3. Submit a copy of CPR/AED card from the American Heart Association’s CPR for the Healthcare Provider or the American Red Cross’ CPR for the Professional Rescuer.
4. Submit proof of an Infection Control, OSHA and Hippa seminar within the past two years.
5. Complete WCCCD application and assessments.
6. Submit an Allied Health Application to the Dental Assisting Program Office and satisfy all admission requirements to receive formal acceptance.
7. Submit a criminal background check and statement.

(P.E.R.K. Program) Advanced Standing
Graduates of high school or vocational-technical dental assisting programs and on-the-job trained dental assistants may also earn "advanced standing" through the PERK (Prior Experience and Required Knowledge) program. Contact the program office for additional information.

A one-year Certificate in Dental Assisting and Dental Radiography will be awarded after the successful completion ("C" or better) in all courses. Upon graduation, the student is eligible to sit for the Dental Assisting National Board Examination to become a Certified Dental Assistant. A graduate is also eligible to become a licensed Registered Dental Assistant by taking the Registered Dental Assistant Examination given by the State of Michigan. A student may continue enrollment at WCCCD to complete an Associate Degree. Please, see the Dental Assisting program director for additional information.
PROGRAM COSTS OF THE DENTAL ASSISTING PROGRAM

(Estimated costs based on tuition and fee rates)

Please note these are approximate costs, and may change without notice.

The costs given below do not include certification and licensure costs. Each Campus has an Office of Financial Aid Officer who can assist a student in completing the required documentation for applying for financial aid. It is recommended that a student should apply for financial aid as soon as possible.

Please, consult the “Academic Schedule of Classes” for each semester for changes in fees.

FALL SEMESTER - 21 CREDIT HOURS & FEES

<table>
<thead>
<tr>
<th>FEE STRUCTURE</th>
<th>RATE BY RESIDENCE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition, registration, student activity &amp; technology fee, other fees may apply</td>
<td>In-District: $105.00 per credit hour</td>
<td>$2,452.00</td>
</tr>
<tr>
<td>Tuition, registration, student activity &amp; technology fee, other fees may apply</td>
<td>Out-District: $116.00 per credit hour</td>
<td>$2,683.00</td>
</tr>
<tr>
<td>Dental Assisting Lab Fees</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>Application and Testing Fee</td>
<td>45.00</td>
<td></td>
</tr>
<tr>
<td>Instrument kit (552.00 estimate) &amp; Gloves</td>
<td>Through bookstore</td>
<td>575.00</td>
</tr>
<tr>
<td>Miscellaneous supplies</td>
<td></td>
<td>50.00</td>
</tr>
<tr>
<td>Viade Model Teeth #1,19,30 Each 2.75</td>
<td>Through bookstore (4ea minimum)</td>
<td>33.00</td>
</tr>
<tr>
<td>Uniforms, shoes,(estimate)</td>
<td>During orientation</td>
<td>150.00</td>
</tr>
<tr>
<td>Textbooks (estimate)</td>
<td>600.00</td>
<td></td>
</tr>
<tr>
<td>CPR for Healthcare Provider</td>
<td></td>
<td>61.00</td>
</tr>
</tbody>
</table>

\[ \text{Total} \]

\[ \text{In-District Semester Total} \quad \$4,066.00 \]

\[ \text{Out-District Semester Total} \quad \$4,302.00 \]

SPRING SEMESTER – 19 CREDIT HOURS & FEES

<table>
<thead>
<tr>
<th>FEE STRUCTURE</th>
<th>RATE BY RESIDENCE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition, registration, and activity &amp; technology fees</td>
<td>In-District: $105.00 per credit hour</td>
<td>$2,228.00</td>
</tr>
<tr>
<td>Tuition, registration, and activity &amp; technology fees</td>
<td>Out-District: $116.00 per credit hour</td>
<td>$2,437.00</td>
</tr>
<tr>
<td>Lab Fees</td>
<td></td>
<td>75.00</td>
</tr>
<tr>
<td>ADAA membership &amp; malpractice insurance</td>
<td>Pay by money order to ADAA in DEC.</td>
<td>45.00</td>
</tr>
<tr>
<td>Viade Model and Additional teeth (estimate)</td>
<td>Through bookstore</td>
<td>156.00</td>
</tr>
<tr>
<td>Textbooks (estimate)</td>
<td></td>
<td>300.00</td>
</tr>
<tr>
<td>Graduation Fee</td>
<td></td>
<td>Free</td>
</tr>
</tbody>
</table>

\[ \text{Total} \]

\[ \text{In-District Semester Total} \quad \$2,804.00 \]

\[ \text{Out-District Semester Total} \quad \$3,013.00 \]
### SUMMER SEMESTER – 8 CREDIT HOURS

<table>
<thead>
<tr>
<th>FEE STRUCTURE</th>
<th>RATE BY RESIDENCE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition, registration, and activity &amp; technology fees</td>
<td>In-District: $105.00 per credit hour</td>
<td>$946.00</td>
</tr>
<tr>
<td>Tuition, registration, and activity &amp; technology fees</td>
<td>Out-District: $116.00 per credit hour</td>
<td>$1,034.00</td>
</tr>
</tbody>
</table>

|                                                        | In-District Semester Total             | $946.00 |
|                                                        | Out-District Semester Total            | $1,034.00 |

### TOTAL DENTAL ASSISTING PROGRAM COST – 48 CREDIT HOURS & FEES

<table>
<thead>
<tr>
<th>FEE STRUCTURE</th>
<th>RATE BY RESIDENCE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition, registration, and activity &amp; technology fees</td>
<td>In-District: $105.00 credit hour</td>
<td>$7,816.00</td>
</tr>
<tr>
<td>Tuition, registration, and activity &amp; technology fees</td>
<td>Out-District: $116.00 per credit hour</td>
<td>$8,349.00</td>
</tr>
<tr>
<td>Criminal Background Check</td>
<td>Payable to: <a href="http://www.CertifiedBackground.com">www.CertifiedBackground.com</a></td>
<td>28.00</td>
</tr>
<tr>
<td>CDA Examination (approx.) <a href="http://www.danb.org">www.danb.org</a></td>
<td>Payable to: Dental Assisting National Board License Examination</td>
<td>400.00</td>
</tr>
<tr>
<td>RDA State Examination (approx)</td>
<td>Payable to: State of Michigan</td>
<td>195.00</td>
</tr>
</tbody>
</table>

(estimate) In-District Program Total $8,439.00
(estimate) Out-District Program Total $8,972.00
COMPLIANCE POLICIES OF THE DENTAL ASSISTING PROGRAM

State of Compliance with Federal and State Law

Wayne County Community College District, pursuant to the requirements of Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Vietnam-Era Veterans Readjustment Act of 1974, the Elliot-Larsen Civil Rights Act, Executive Order 11246, and Title II of the American with Disabilities Act (ADA), complies with all Federal and State laws and regulations prohibiting discrimination and with all requirements and regulations of the US Department of Education.

It is the policy of WCCCD that no person, on the basis of race, color, religion, national origin, age, sex, height, weight, marital status, disability, or political affiliation or belief, shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in employment or in any program or activity for which it is responsible or for which it receives financial assistance from the U.S. Department of Education. (Policy adopted by WCCCD District Board of Trustees 7-8-93, revised 7-6-94.)

Notice of Non-Discrimination Policy

Any questions concerning Title IX of the Education Amendments of 1972, which prohibits discrimination on the basis of sex, or inquiries related to Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination on the basis of disability, and inquiries related to Title II of the Americans with Disabilities Act (ADA), which provides comprehensive civil rights protection for individuals with disabilities, or the College's Statement of Compliance with Federal and State law, should be directed to the Director of Human Resources, WCCCD, 801 West Fort Street, Detroit, MI 48226 or call 313.496.2732.

Title VI of the Civil Rights Act of 1964

Section 100.3 of the Department of Education's Regulation (34 CFR) effectuating Title VI of the Civil Rights Act of 1964 requires that no person in the United States shall, on the ground of race, color, or national origin be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program receiving Federal financial Assistance.

Title IX of the Education Amendments of 1972

Section 901 of Title IX provides that no person shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.

Title IX of the Education Amendments of 1972, as amended, is designed to eliminate (with certain exceptions) discrimination on the basis of sex in any education program or activity receiving Federal financial assistance, whether or not such program or activity is offered or sponsored by an educational institution as defined in part. Part 106 of 34 CAR, which effectuates Title IX, became effective on July 21, 1975.
SECTION 504 OF THE REHABILITATION ACT OF 1973, "No otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, as defined in section 706(8) of this title, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance..." (29 U.S.C. 794(b).

Part 104 of 34 CAR effectuates Section 504 of the Rehabilitation Act of 1973, which is designed to eliminate discrimination on the basis of disability. On October 29, 1992, the Rehabilitation Act Amendments of 1992 had three significant consequence Section 504: 1) the term "disability" replaced the term handicap; 2) certain conditions were explicitly excluded from the definition of disability; and 3) complaints alleging employment discrimination under Section 504 were to be judged by the standards of Title I of the Americans with Disabilities Act (ADA). 04/08/93
College Requirements

___Submit WCCCD College Application
___Turned Financial Aid SARS papers to the financial aid office

Dental Assisting Program Requirements: To be accepted into the Dental Assisting Program.

___Submit Compass/Asset score to the program office a score of 78 is required on reading comprehension or have taken and passed ENG 119. (English prerequisite may be necessary if a 78 on compass is not achieved)

___Complete Allied Health Application and submit to DA program director

___Must be 18 years of age, and be a High School or (GED) graduate.

___Request official high school and college transcripts to be sent to the DA Program director.

___Current immunizations MMR, tetanus, and TB test Hepatitis B vaccination, If Hepatitis B vaccination is NOT taken; sign and have notarized the Hepatitis B Declination form.

___Enroll in college CPR class (*See #4 on the checklist instruction sheet)

___Complete Criminal Background Check (*See #5 on the checklist instructionsheet)

___Attend DA Program Open House (scheduled for the summer)

___Submit all Program Requirements to the DA Program Director prior to registration by schedule due date.

___Sign all necessary Application forms

YOU WILL NOT BE PERMITTED TO REGISTER ON-LINE.

After Admitted but before any clinical experience:

___Obtain a Physical if not completed when you received your immunizations.
___Obtain dental examination and complete treatment prior to clinical participation.

___Complete CPR class

___Purchase Student Dental Kit from NW campus Bookstore

___Purchase required textbooks

___Purchase Viade Model and teeth

___Purchase small supplies from dollar store

___Purchase scrubs and lab coat from Program selected uniform store.

DENTAL ASSISTING PROGRAM APPLICATION PACKET

CHECK LIST INSTRUCTIONS

In an effort to keep everyone informed I have put this letter together. I hope it answers any questions you may have. Feel free to call me if you have any others. Please use the prepared check list to ensure you have completed all necessary information.

1. You will need to demonstrate via the Compass test a score of 78 in Reading Comprehension or have completed Freshman English 119. (An English prerequisite may be necessary if a 78 or better is not achieved on the compass test)

2. If you have not already done so, you must request that a copy of your high school transcript and any college transcripts (including WCCCD) to be sent to the Dental Assisting Program Office. The transcripts must be “Official” not a student copy. The transcripts need to be in a stamped sealed envelope, they cannot be faxed or emailed. You must be 18 years of age, and be a High School or (GED) graduate. Unfortunately, even if you send a copy to the Admissions Office, a separate copy must be sent for your file here. The high school or college may charge a small fee for this service. Transcripts are required for final admission and are due prior to registration. Send the transcript to:

   Wayne County Community College District
   Dental Assisting Program Office
   Jo Ann Buchheister
   8200 W. Outer Dr.
   Detroit, MI 48219
3. Since you are entering a health care field, OSHA recommends that you be current in your immunizations, including the Hepatitis vaccination and a yearly TB test. Wayne County Community College District wants to ensure your safety and, therefore, we adhere to the standards set. The Dental Auxiliary Program’s requirements are attached. Students will not be allowed to continue classes unless the physical and immunization forms have been turned into the Program Director. All health and dental forms must contain the required office verification stamp. Please, return to the program office all original forms, we cannot accept copies or a fax. Students are advised to carry their own healthcare insurance. The college is not responsible for any accidents during any lab/clinic activities. Have signed all the necessary “Required application forms” and return to program office.

4. Accreditation requires that all students be continuously certified in cardiopulmonary resuscitation. WCCCD continuing education course “BLS for Healthcare Providers.” The college will provide courses throughout the summer semester. Please, consult your class schedule booklet for days and times.

The American Heart Association course “CPR for Healthcare Providers.”
www.healthyeducationstrategies.com
The American Red Cross course “CPR for Professional Rescuers/AED Essentials” Is also available as an acceptable alternative.

5. It is necessary to apply for a Criminal Background Check. Please go to the website www.certifiedbackground.com. On the right of the screen select Student. Type in the Package code of ao51. Provide the necessary information. The cost is $28.00. It is required that you only use this source for the background check.

6. All students will be required to purchase a dental supply kit and uniforms by the first week of fall classes. Since you will be working in a health care setting, it is expected that uniforms will be worn at the beginning of the semester. Students will not be allowed to participate in lab/clinic class activities without a uniform and a dental supply kit. Missed assignments may then impact the final course grade.
<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00</td>
<td>No</td>
<td>No</td>
<td>DA 120</td>
<td>Dental Materials</td>
<td>DA 104 9-10 lecture</td>
</tr>
<tr>
<td>9:30</td>
<td>No Classes</td>
<td>No</td>
<td>Dental Materials</td>
<td></td>
<td>Dental Materials Lab</td>
</tr>
<tr>
<td>10:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Break</td>
</tr>
<tr>
<td>10:30</td>
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<td></td>
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<tr>
<td>11:00</td>
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<td>11:30</td>
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<td>12:00</td>
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<td>12:30</td>
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<tr>
<td>1:00</td>
<td>DA 120</td>
<td></td>
<td>DEN 200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:30</td>
<td>Dental Specialities</td>
<td>Radiology Lecture</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:00</td>
<td>1-3 pm</td>
<td>1-5 pm for</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:30</td>
<td>2 credits</td>
<td>2 credits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3:00</td>
<td>DA 110</td>
<td></td>
<td>7.5 weeks</td>
<td></td>
<td>DA 106 Dental Applied Science</td>
</tr>
<tr>
<td>3:30</td>
<td>Clinical Dental</td>
<td>Aug.21-Oct 9</td>
<td></td>
<td></td>
<td>&amp; Medical Emergencies 3-7 pm 4 credits</td>
</tr>
<tr>
<td>4:00</td>
<td>Assisting 3-7</td>
<td></td>
<td></td>
<td></td>
<td>DA 115 Infection Control &amp;</td>
</tr>
<tr>
<td>4:30</td>
<td>pm</td>
<td></td>
<td></td>
<td></td>
<td>Preventative Dentistry</td>
</tr>
<tr>
<td>5:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5:30</td>
<td></td>
<td></td>
<td>See Radiology Lab</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6:00</td>
<td></td>
<td></td>
<td>schedule for next</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6:30</td>
<td></td>
<td></td>
<td>7.5 weeks. DEN 201</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:00</td>
<td></td>
<td></td>
<td>Oct 9-Dec 5</td>
<td></td>
<td></td>
</tr>
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<td>7:30</td>
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Read, sign, and return the following Dental Assisting Program application forms to:

WCCCD – Northwest Campus
Dental Assisting Program Office
Health Science Center

-----------------------------------------

**Required Application Forms**

- Criminal History Check - Statement of Clearance
- Technical Standards Statement
- Academic Honesty Policies and Procedures
- Patient Confidentiality Agreement
- Notice of Opportunity & Procedure to File Complaints with the Commission on Dental Accreditation
- Waiver I – Ethical & Professional Responsibilities
- Student Release Form For Communicable Diseases
- Student Receipt of Handbook/Student Information Packet
- Critical Incident

*All application forms must be completed, signed, and submitted to the Dental Assisting Program Office before an applicant will be considered for admission into the Dental Assisting Program. (You may make copies for your files)*
OVERVIEW

A WCCCD student enrolling in certain allied health programs is required to complete clinical rotations at health care facilities. Before a student works in one of these facilities, the student is required to have a criminal background check screening. It is a criminal history check without fingerprints. The criminal history check is required by law, as a requirement of the clinical/practicum/fieldwork location and/or a profession standard of practice. Therefore, a student enrolled in these allied health programs must obtain a criminal history report from the website www.CertifiedBackground.com.

After arriving at the website, click on “Student” and then enter ao51 as your code; and you will be directed to a page that lists the type of criminal background checks that you will request. The current cost is $28.00. Payment options are detailed on the website. The Program Director will then be able to view the report. Any questions related to WCCCD’s criminal history check procedure should be referred to the appropriate program coordinator or director.

Sign the “Criminal History Background Check” form below and submit it to the Program Director as part of the application packet.

CRIMINAL HISTORY CHECK – STATEMENT OF CLEARANCE

Full Name (Please Print): ___________________________________________________________
Mailing Address: _____________________________________________________________________________________
City: _______________________________________________________________________________  Zip Code: ________________  Phone Number: ________________________
State: __________________________

Understanding and Agreements

I hereby understand and agree that, if the criminal history check report does not confirm that I am without any felonies or misdemeanors, my clinical privileges will be reviewed and may be terminated.

I agree to provide a copy, or allow the Dental Assisting Program to make a copy of my criminal history check report.

I understand that while enrolled in the dental assisting program I may be required by the clinical site to submit another background check at my expense.

I understand that while enrolled in the dental assisting program, I am to report any arrest and or conviction to WCCCD’s Associate Dean of Health Sciences within 48 hours of the occurrence. Any change in my criminal background status may result in my clinical privileges being reviewed and may be terminated.

I further understand that an individual who knowingly provides false information regarding criminal convictions in this statement will be immediately terminated from the clinical/practicum/fieldwork course, program and/or District.

Name of Applicant (Print or Type)

Signature of Applicant Date

03-28-07
In compliance with the 1990 Americans with Disabilities Act, specific Dental Assistant Program Technical Standards have been established based on the nature of the work expected of a dental assisting professional. Therefore, a student must be able to meet:

<table>
<thead>
<tr>
<th>STANDARD</th>
<th>EXAMPLES OF NECESSARY BEHAVIORS (NOT ALL INCLUSIVE)</th>
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<tbody>
<tr>
<td>Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, physical, medical, and intellectual backgrounds.</td>
<td>Establish rapport with clients, families and colleagues.</td>
</tr>
</tbody>
</table>
| Communication abilities sufficient for interaction with others in verbal and written form. | Collect assessment data.  
  ● Explain treatment procedures.  
  ● Initiate health teaching.  
  ● Verbally question a patient about his condition and relay the information verbally or written to others  
  ● Document assessment findings and treatment rendered.  
  ● Complete insurance forms. |
| Critical thinking ability sufficient for clinical judgment. | Identify cause and effect relationship in clinical situations.  
  ● Assimilate knowledge from lecture, laboratory, and clinical venues. |
| Physical abilities sufficient to move around rooms in a dental environment maneuver in small spaces, and reach needed equipment. | Move around clinical operatories, dark room, sterilization room, and other treatment areas. Position chair-side in close proximity to patient. Administer CPR and BLS procedures.  
  ● Reach radiographic equipment that is approximately 5-6’ off floor. Transfer patients from wheel chairs to dental chairs and back. |
| Gross and fine motor abilities sufficient to provide safe and effective dental care. | Move, calibrate, and use equipment and supplies.  
  ● Demonstrate enough manual dexterity to draw up solutions in a syringe.  
  ● Perform CPR.  
  ● Possess fine dexterity to pass/accept or pick-up small tools. |
| Appearance appropriate for the individual Profession | Personal Hygiene  
  ● Oral Hygiene  
  ● Maintain within a minimum (facial hair, body tattoos, facial piercings)  
  ● Facial hair must be secured completely behind a facial mask. |
| Able to communicate clearly | Demonstrate ability to speak English  
  ● Ability to read and write English |
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<th>STANDARD</th>
<th>EXAMPLES OF NECESSARY BEHAVIORS (NOT ALL INCLUSIVE)</th>
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<td>Auditory ability sufficient to monitor and</td>
<td>• Hear a patient’s cries of distress, sound of instruments being properly utilized, sound of slow speed hand piece and</td>
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<td>assess health needs.</td>
<td>ultrasonic scaler, and monitor vital signs.</td>
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<td>• Understand the normal speaking voice without viewing a speaker’s face</td>
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<td>Visual ability sufficient for physical</td>
<td>• Observe client responses such as skin color and facial expression.</td>
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<td>assessment, performance of dental procedures</td>
<td>• Identify the absence of breathing movement in a patient through visual inspection</td>
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<td>and maintenance of environmental safety.</td>
<td>• Monitor vital signs</td>
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<td>• Evaluate radiographs for technical quality including density, contrast and distortion.</td>
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<td>• Read a patient’s dental record.</td>
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<td>• Note color changes in dental materials that indicate reactions occurring.</td>
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<td>Tactile ability sufficient for assessment</td>
<td>Perform palpation techniques (EO/IO exam), functions of a dental exam</td>
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<td>and performance of expanded dental assisting</td>
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<td>duties.</td>
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<td>Mobility</td>
<td>Physical abilities sufficient to move from clinic area to clinic area and maneuver in small spaces, full range of</td>
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<td>motion; manual and finger dexterity, and hand-eye coordination. Move around in an operator and laboratory areas.</td>
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<td>Olfactory Ability</td>
<td>• Have olfactory senses (smell) sufficient for maintaining environment and patient safety.</td>
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<td>• Distinguish smells, which are assessing and/or maintaining health status or environmental safety.</td>
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<td>Professional Attitude and Demeanor</td>
<td>• Able to present professional appearance and implement measures to maintain own physical and mental health, and</td>
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<td>emotional stability. Ability to demonstrate emotional health required for the utilization of intellectual abilities</td>
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<td>and exercise good judgment.</td>
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<td>• Work under time restraint conditions.</td>
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<td>• Be exposed to diseases and contaminated. React calmly in an emergency.</td>
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<td>• Demonstrate flexibility and concern for others.</td>
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I have read and understand the technical standards required for Dental Assisting. I hereby declare that I am able to meet the above listed essential technical standards.

Name of Applicant (Print)  

Signature of Applicant  

Date
DENTAL AUXILIARY PROGRAMS
Academic Honesty Policies and Procedures

All students in the Dental Auxiliary Programs or enrollment in Dental Auxiliary Courses are expected to adhere to the guidelines listed below in order to comply with academic honesty policies and procedures.

- Cheating on examinations, quizzes or other course related work is not tolerated.
- Any talking, cheating, i.e., suspicious eye contact, notes or books exposed during test, will result in a zero on the examination or course work. Any student who falsifies a patient’s records or removes a clinical patient’s charts from the dental clinic will be dismissed from the program.
- Any student who does not follow policies and procedures as discussed in clinical and lecture course work and/or published clinical procedures and who may jeopardize the health or well being of a patient/student/faculty, will be dismissed from the program.
- No clinical dental assisting procedures can be performed without the presence of the supervising dentist and/or clinical faculty. Failure to comply with this policy will result in dismissal from the program.
- In addition, the incident will become part of your permanent student file. Examinations, etc., are a measurement of what you have learned. Your cooperation will be appreciated.
- Please, see plagiarism statement with the Policy and Procedure manual.

Name of Applicant (Print) ________________________________________________________________

____________________________________________________________________________________

_____________________________  __________________
Signature                         Date
Wayne County Community College District
Dental Auxiliary Program
Patient Confidentiality Statement

Students, staff, work-study participants and faculty members of the Dental Auxiliary Programs at Wayne County Community College District are exposed to confidential patient information. Much of this information is covered by a legal privilege by which the patient can prohibit its being shared with anyone outside the Program. All Program participants are required to maintain strict confidentiality of this information at all times. Each participant in the Dental Auxiliary Program must understand that unauthorized use or disclosure of confidential and/or privileged information of any nature regarding patients, program participants or program services is strictly prohibited.

Confidential information may pertain to current and/or past participants and program participants and can include, but is not limited to:

- Patient medical records
- Content of any patient conversation
- Patient insurance and/or financial information/personal information
- Employee and quality assurance information
- Patient and program participant social security numbers

Program participants are prohibited from unauthorized access to, use, disclosure or copying of any information concerning any patient or program participants.

Confidentiality Acknowledgment

I acknowledge that I understand the confidentiality requirements or participation in the Dental Assisting Program and that a violation of these requirements may result in corrective action up to and including termination and criminal prosecution. I understand that this acknowledgment shall remain in effect both during and after my participation in the Program. If there are revisions to this policy, I understand that I will be required to comply with those as well.

I agree that

| I will only access information I need to know to complete my job. I will not show, tell, copy, give, sell, review, change, or dispose of any confidential information unless it is part of my job or education. I will not misuse or be careless with confidential information. I will not share any confidential information even if I am no longer a student, faculty member, staff person, work-study student, or employee of Wayne County Community College District. |

Name of Applicant (Print) _______________________
________________________________________________________________________________________________________________________________________________

Signature ___________________ Date ____________
Wayne County Community College District
Dental Assisting Program

Notice of Opportunity and Procedure to File Complaints with the Commission on Dental Accreditation

The Commission on Dental Accreditation reviews complaints that relate to a program's compliance with the accreditation standards. The Commission is interested in the sustained quality and continued improvement of dental and dental-related education programs but does not intervene on behalf of individuals or acts a court of appeal for individuals in matters of admission, appointment, promotion or dismissal of faculty, staff, or students.

A copy of the appropriate accreditation standards and/or the Commission’s policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, Illinois 60611 or by calling 1.800.621.8099 ext. 4653.

I have read the above notice:

Name of Applicant (Print) ________________________________________________________________

Signature ___________________________ Date ___________________________

1/15
WCCCD DENTAL ASSISTING PROGRAM
Waiver I – Ethical & Professional Responsibilities

As an aspirant to a Dental Assisting career, I understand that enrollment in the Dental Assisting Program imposes ethical and professional responsibilities related to protecting patients, classmates, faculty members, affiliated clinical agencies, WCCCD, and myself. Therefore,

1. I will not knowingly expose patients or other people by attending classes or clinical sessions if I have a communicable disease.
2. I will not subject patients or other people to hazard by performing health care procedures while I have diminished ability due to acute episodes of illness or acute or chronic disability.
3. I will not attempt to carry out health care procedures without attaining the necessary skills, knowledge and supervision.
4. I will obtain appropriate health care when I suffer from acute illness and will maintain appropriate medical supervision for my chronic medical conditions or disability.
5. Should I suffer injury or illness during my classroom or clinical sessions, I will assume full responsibility (including cost) for any necessary emergency care or transportation.
6. I will expect only that the college will provide immediate first aid and will summon medical or transportation assistance if necessary.
7. I release the College or clinical agency from responsibility should I suffer from illness or injury except if the illness or injury is clearly identified as the direct result of gross negligence on the part of the College or clinical agency.
8. I will protect myself, the College, affiliating clinical agencies and personnel from damages resulting from litigation by paying the premium for professional liability insurance offered through the American Dental Assistants’ Association.
9. I am aware that it will be necessary for me to withdraw from the program when my absence exceeds the maximum indicated in the syllabus for each course.
10. I recognize my responsibility to meet program requirements for progression and graduation. I also recognize that if I am a transfer or PERK student, it is my responsibility to check on acceptability of transfer courses.
11. I recognize that as a future health care provider I will be asked to contribute to the community through required and volunteer activities such as:
   a. Membership in my professional organization the American Dental Assistants’ Association
   b. Attendance at the Detroit District Dental Society meeting each Fall
   c. Attendance at the Michigan Dental Assistant Association Student Day each Spring or a library research paper
   d. Participation with “Give Kids a Healthy Smile” Day each winter.
   e. Other projects as assigned by individual instructors
12. I understand that throughout my Dental Assisting education, active participation in practicing procedures on my classmates, under supervised instruction, will be required before I render these procedures on patients. I understand that my participation is required for all laboratory and clinical assignments. I recognize my roles will be both doer and recipient of another student’s practice.
13. I recognize that I am responsible for completing all course and clinical requirements. Clinical requirements are no different than an assignment for any lecture class. Therefore, I am responsible for securing patients for both clinical and radiology classes.

________________________________________
Signature of Student                                                                 Date
WAYNE COUNTY COMMUNITY COLLEGE DISTRICT
DENTAL DEPARTMENT
STUDENT RELEASE FORM FOR COMMUNICABLE DISEASES, HEPATITIS B AND RELATED VACCINE
INFORMATION

I , hereby acknowledge that I have received and reviewed information provided to me by Wayne County Community College District's Dental Program regarding communicable diseases, Hepatitis B, and the Hepatitis B vaccines (including HEPTAVAX-B AND RECOMBIVAX HB, ENGERIX-B AND TWINRIX). I further represent that all questions I have regarding these diseases and the vaccines available have been satisfactorily answered for me.

I agree, acknowledge and understand that receiving the Hepatitis B vaccine is highly recommended, but not required, for people that have contact with blood and body secretions, such as health care workers, and that receipt of the Hepatitis B vaccine is entirely voluntary and is not a condition for being a student within Wayne County Community College District’s Dental Program.

I agree, acknowledge and understand that should I accept the Hepatitis B vaccine, it is my responsibility to pay for the vaccine and complete the series of injections. I also agree and acknowledge that upon completion of the 3 shot series, I will be required to obtain a titre to determine seroconversion.

I agree, acknowledge and understand that I am responsible for all medical costs and bills associated with contracting any communicable disease including but not limited to; human immunodeficiency virus (HIV) and Hepatitis B during my education and participation in Wayne County Community College District's Dental Program or extramural assignments and that Wayne County Community College District has no obligation to pay any medical costs or bills associated with contraction of a communicable disease.

I release and waive any claims I may have, now or in the future, against Wayne County Community College District, its employees, teaching affiliates associated with Wayne County Community College District, and the members of Wayne County Community College's Board of Trustees from any type of liability, whatsoever, in the event that I become infected with any communicable diseases including, but not limited to, human immunodeficiency virus (HIV) or Hepatitis B.

I also make the following representations: (check statement that applies)

_____ I have received the Hepatitis B vaccine, and verification of my having received that vaccine is attached (IMPORTANT – ATTACHED VACCINATION RECORD).

_____ I have received the Hepatitis B vaccine, and verification of my having received that vaccine is attached (IMPORTANT – ATTACHED VACCINATION RECORD). In addition, I have received a titre and the results are attached.

_____ I have made arrangements for a physician of my choice to give me the Hepatitis B vaccine, and will supply verification regarding starting the vaccine series by me before I have any contact with patient secretions and/or during participation in any program affiliated with Wayne County Community College District's Dental Program.

_____ I hereby waive and decline receipt of the Hepatitis B vaccine, and release Wayne County Community College District, its employees, teaching affiliates associated with Wayne County Community College District, and the members of Wayne County Community College District's Board of Trustees from any type of liability whatsoever, in the event that I become infected with any communicable disease including, but not limited to, human immunodeficiency virus (HIV) or Hepatitis B.

Student's Name ___________________________________________ Program ____________________________

1/15
Please read and sign either the Consent or the Declination below.

**Vaccination Consent Form**
I understand the information regarding the required vaccines and understand its indications, dosage, and possible adverse reactions. I am voluntarily accepting these vaccinations. I am aware that the practice of medicine is not an exact science, and I acknowledge that Wayne County Community College District has made no guarantees to me as to the results of the immunization.

In order to meet OSHA requirements, I must provide proof that you have received at least the initial dose of the Hepatitis B Vaccine series and other required vaccines or complete and sign the declination form below. FAILURE TO PROVIDE PROOF OF EACH REQUIRED INOCULATION AND/OR TITRE, OR A COMPLETED DECLINATION FORM, WILL RESULT EXCLUSION FROM THE CLINICAL ENVIRONMENT.

I (print full name) __________________________ will obtain the required vaccines and titre from my health care provider and provide documentation to the __________ program. I understand that WCCCD is not responsible for the cost of this immunization.

_________________________________________  __________
Applicant Signature                                Date

**Declination of Hepatitis B Vaccination**
I choose not to receive any vaccines at this time. I understand that I WILL NOT be allowed to participate in the clinical training due to the potentially infectious material and risk of acquiring diseases. I also understand that by NOT participating in the clinical training I will NOT be issued a Certificate of Completion. I have been given the opportunity to be vaccinated. However, I decline the vaccination at this time. I understand that by declining this vaccination I am at risk of becoming sick. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and want to be vaccinated, I can do so, at my own expense.

I, (print full name) __________________________ decline vaccination at this time, and understand that I can change my mind at any time in order to receive the prescribed vaccine at my own expense.

_________________________________________  __________
Applicant Signature                                Date

I have read the enclosed information. I was given an explanation of this document and sufficient time to ask question. I understand and agree to the contents of this document.

_________________________________________  __________
Signature                                               Date

Student’s Name________________________________________ Program________________________________

_________________________________________  __________
Signature                                               Date
CRITICAL INCIDENTS

Incidents: Any accident to the student on the campus or at an off-campus project site should be reported to the Clinic Liaison or Program Director immediately. Examples: Needlestick injury, fall, etc.

The following critical incidents are considered by the Dental Assisting Program faculty and program director to be of such serious nature resulting in potential risk or injury to patients trusting our care. Such violations will result in immediate dismissal from the Dental Assisting Program:


2. Unnecessary ionizing radiation exposure to a patient, classmate, student, staff member or faculty, This includes the unauthorized exposure of radiographic images; indicating fictitious patient's name or a radiograph; failure to document radiation exposure in the patient's record or documenting false information. Written prescription by a licensed Dentist must be obtained prior to exposing radiographs.

3. Falsifying patient, clinic, student records or failure to document information.

4. Forgery of student, staff or instructor signatures on any document

5. Canceling or transferring patients without authorization of an instructor.

6. Refusal to provide treatment to a scheduled/assigned patient.

7. Unauthorized or excessive clinic absences (per Dental Assisting Programs attendance policy and course syllabi).

8. Plagiarism. “Plagiarism" includes, but is not limited to, the use by paraphrase or direct quotation of the published or unpublished work of another person without full and clear acknowledgement. It also includes the unacknowledged use of materials prepared by another person or agency engaged in the selling of term papers or other academic materials.

9. Breach of aseptic technique/infection control standards compromising the health of a dental clinic patient or other dental personnel/student. Leaving the clinic area without permission, abandoning a patient and compromising the patient treatment.

10. Failure to abide by policies as published in any Dental Programs Manuals.

11. Any incident which endangers the health of a student, patient, staff or faculty member will be considered a Critical Incident.

Student Signature: ___________________________ Date: ___________________________