Dental Assisting

Professional Program Packet

For More information please call Health Professions Counselor at 535-5302
For the 2019 - 2020 school year

Dental Assisting Packets MAY NOT be submitted BEFORE orientation.
Welcome to the CEI 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 22, 2019.

Applicants will need to call 535-5341 and schedule an interview after orientation with the coordinator/instructor. Interviews will be done on Tuesdays/Thursdays.

**CEI Dental Assisting Mission Statement**

The Dental Assisting Program of CEI 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 CEI clinic and in area dental offices

**Course Description**

Course curriculum provides training necessary to become an integral part of the dental profession. With the CEI 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 on Campus once a week

**Degree** - Intermediate Technical Certificate
Dental Assisting curriculum is based on the following:

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

Program Costs

In addition to the semester registration fees, a Dental Assisting student can expect to spend an approximate total of $1800 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 CEI 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. It is not required that needed dental treatment be completed before starting the program.

Insurance - Each student will need proof of insurance

- Health Insurance – CEI 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.)
ATTENDANCE POLICY

CEI 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 10%. Tardiness will not be tolerated.

CONFIDENTIALITY

CEI 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:

Fall Semester:
- DTL #125: 1 patient for Home Health Care Instructions (Permission is not needed from dentist).
- DTL #126: 3 patients for Radiology (2 adults -18 or older, 1 child - 5-10yrs) Patients will need Permission from their dentist

Spring Semester: 3 patients for State Expanded Functions 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 stable 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.
## Application for Admission

Name ____________________________________________________________

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Former Name (if applicable)</th>
</tr>
</thead>
</table>

Home Address ________________________________________________________________

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Permanent Address *(if different from above)* ______________________________________

CEI Student ID ___________________________ Home Phone ____________________________

Business Phone __________________________ Male _____ Female _____

### EDUCATION

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

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location of School</th>
<th>From Month/Year</th>
<th>To Month/Year</th>
<th>Diploma or degree rec’d?</th>
<th>Major/Minor</th>
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<tbody>
<tr>
<td>High School</td>
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<tr>
<td>College</td>
<td></td>
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</table>

### Professional Licenses or Certification

<table>
<thead>
<tr>
<th>Type</th>
<th>Issued by Which State or Agency</th>
<th>License Number</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Mailing Address</th>
<th>Telephone</th>
</tr>
</thead>
</table>
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:

<table>
<thead>
<tr>
<th>Immunization or Titer</th>
<th>Date Given</th>
<th>Take during - to be current through the end of the program</th>
<th>Colleague ID #</th>
<th>Eligible:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM# #1</td>
<td></td>
<td>Complete before interview</td>
<td></td>
<td></td>
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<tr>
<td>MM# #2</td>
<td></td>
<td>Complete before interview</td>
<td></td>
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<tr>
<td>Hep A #1</td>
<td></td>
<td>Complete before interview</td>
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<tr>
<td>Hep A #2</td>
<td></td>
<td>Complete before interview</td>
<td></td>
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<tr>
<td>Hep B #1</td>
<td></td>
<td>Complete before interview</td>
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<tr>
<td>Hep B #2</td>
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<td>Complete before interview</td>
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<tr>
<td>Hep B #3</td>
<td></td>
<td>Complete before interview</td>
<td></td>
<td></td>
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<tr>
<td>Varicella #1</td>
<td></td>
<td>Complete before interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella #2</td>
<td></td>
<td>Complete before interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DPT #1</td>
<td></td>
<td>Complete before interview</td>
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<tr>
<td>DPT #2</td>
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<td>Polio #4</td>
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<tr>
<td><strong>Menactra - Meningococcal</strong></td>
<td></td>
<td>Complete before interview</td>
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<td></td>
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<tr>
<td>TB test results</td>
<td></td>
<td>To be completed after Aug 1st, 2018 and due 1st day class</td>
<td></td>
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</tr>
<tr>
<td>Drug and alcohol screen</td>
<td></td>
<td>A random test will be done during the semester.</td>
<td></td>
<td></td>
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<tr>
<td>Letter of Intent</td>
<td></td>
<td>Complete before interview</td>
<td></td>
<td></td>
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<tr>
<td>Dental exam</td>
<td></td>
<td>To be included in the packet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Background Check</td>
<td></td>
<td>To be completed in <strong>May</strong> prior to turning in packet.</td>
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## Requirements

<table>
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<tr>
<th>Requirement</th>
<th>Semester</th>
<th>Grade</th>
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<tbody>
<tr>
<td>DTL 121</td>
<td>Fall</td>
<td></td>
</tr>
<tr>
<td>DTL 124</td>
<td>Fall</td>
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<td>DTL 125</td>
<td>Fall</td>
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<td>DTL 126</td>
<td>Fall</td>
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<td>DTL 129</td>
<td>Fall</td>
<td></td>
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<tr>
<td>HCT 100</td>
<td>Fall</td>
<td></td>
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<tr>
<td>DTL 127</td>
<td>Spring</td>
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<tr>
<td>DTL 128</td>
<td>Spring</td>
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<tr>
<td>DTL 131</td>
<td>Spring</td>
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<td>ENG 101</td>
<td>Spring</td>
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<td>PSY 101</td>
<td>Spring</td>
<td></td>
</tr>
<tr>
<td>DTL 132</td>
<td>Summer</td>
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</table>

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*If you have any transfer credits, you must provide in your packet, a transfer equivalency print out from the CEI 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 (75%) 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. This form is not used for the selection process. This is used as a self-reflection exercise.

**Interview Question Form**

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? ________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
College of Eastern Idaho
Health Professions Division
Dental Assisting Program Dental Examination Form

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:
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

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 CEI Dental Assisting Clinic as part of the Dental Assisting Program?
Yes: _____ No: ______

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

Dentist Signature: _____________________________________________ Date: __________________________
Dental Assisting

College of Eastern Idaho
Dental Assisting Program
Dental Office Observation Form
This form is not used for the selection process. This is used as a self-reflection exercise.

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’ (CEI) 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 CEI’s Health Professions programs.

PreCheck is the only approved company that meets HCA requirements.

To register for the background check, see the instructions on the CEI website. These instructions are available on the CEI website – click Programs of Study, then Health Professions, choose your program– look on the right side of screen for **LPN, SRT, DTL, MA Student 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 CEI 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 CEI program entrance.**

**Express Lab**

Washington Pkwy

Idaho Falls, ID 83404

(208) 529-8330
Dental Assisting

Timetable Planner

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday (Course &amp; section)</th>
<th>Tuesday (Course &amp; section)</th>
<th>Wednesday (Course &amp; section)</th>
<th>Thursday (Course &amp; section)</th>
<th>Friday (Course &amp; section)</th>
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<tbody>
<tr>
<td>7-8am</td>
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</tr>
<tr>
<td>8-9am</td>
<td>DTL 121</td>
<td>HCT 100</td>
<td>DTL 121</td>
<td>HCT 100</td>
<td>DTL 125</td>
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<td>9-10am</td>
<td>DTL 125</td>
<td>DTL 126</td>
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<tr>
<td>10-11am</td>
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<td>11-12pm</td>
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<td>12-1pm</td>
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<td>1-2pm</td>
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<td>DTL 124</td>
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Sample Registration Form

Fall Semester

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