

# Dental Assisting Enrollment Form

Welcome to the CEI Dental Assisting Program and the beginning of your dental career!

The Dental Assisting Program at CEI provides a comprehensive dental assisting education. The program provides quality, job-relevant career training designed to promote quality of life through dental care for the students, patients & community.

Prior to completing an 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 being a health care student.

Completed applications are due by July 1st for acceptance into the following fall semester. **A mandatory orientation will be held the second Friday in July from 9-10 am for all students accepted into the program.** More information will be provided upon acceptance into the dental assisting program.

## 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's campus dental clinic and in area dental offices

## Course Description

Course curriculum provides the training necessary to become an integral part of the dental profession. Course curriculum is based on the following:

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

Students will be practicing dental exams and procedures on each other as part of the curriculum.

## Length of the Program

- Two (2) semesters
- Fall Semester – Classes Monday - Friday
- Spring Semester – Classes and Clinical Monday - Friday

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## Program Progression

All core courses and program-specific courses must be passed with a minimum 73% (C) and must be passed consecutively in the sequence outlined in the CEI catalog. Students that do not pass core courses with a minimum of a 73% (C) or higher will not be able to continue in the program and will need to reapply for the next program start.

## Credential

Intermediate Technical Certificate

## Program Costs

In addition to the semester tuition and 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.

## Attendance Requirement

CEI Health and Human Services Department 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 and will not be discussed with anyone and will not be copied. Breach of contract will result in the offender being suspended from the program.

## Essential Abilities for Dental Assistants

- 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, good organizational skills, and the ability to use critical thinking to solve problems.

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## Post Acceptance Requirements

After acceptance into the Dental Assisting program, proof of the following additional requirements will be due by **August 1st**. More information will be provided after acceptance into the Dental Assisting program.:

- **Immunization Records**
  - MMR (2 shots) or positive/reactive titers
  - Hep B (3 shots) or positive/reactive titers
  - Varicella (2 shots) or positive/reactive titers
  - Tdap (1 shot) expires 10 years from date received
  - Flu shot- Due October 1st

### How to Obtain your Immunization Records

Idaho's Immunization Reminder Information System (IRIS) tracks immunizations. You can receive your IRIS record, and any necessary vaccinations, by contacting Eastern Idaho Public Health Department (EIPH). You may need to provide evidence of previous vaccinations to EIPH if they do not already have them on file. EIPH charges a \$10.00 fee for IRIS records if you are not obtaining immunizations at EIPH. **Note: If you have immunity but do not have documentation of immunization, you can have blood drawn and submit a copy of the titer results demonstrating immunity.**

You may drop off your immunization records, IRIS enrollment form, and a \$10.00 payment to:  
Eastern Idaho Public Health  
1250 Hollipark Drive  
Idaho Falls, Idaho 83401

- **Background Check**

You must submit a copy of completed Pre-Check background check. Report must be dated after January 1st of application year. Pre-Check is the only background report accepted. Instructions for obtaining your background check can be found at [CEI Background Check Instructions](#)

- **TB Skin Test**

PPD skin test must be completed after June 1st. TB results are good for one year. If it expires during the program, you will need to complete a new test before the one-year mark.

- **Proof of Health Insurance**

Provide a copy of health insurance card or proof of health insurance coverage. If coverage lapses while in the program, you will not be eligible to perform clinical procedures and/or externship. **Students are responsible for their own insurance and all medical costs during the course of the program.**

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## Certifying Statement

I acknowledge that I have read and understand the information in the Dental Assisting Enrollment form and the program requirements outlined above. I understand that illegal use, possession, and/or misuse of drugs are reasons for immediate dismissal from the Dental Assisting program. I understand that felony convictions, misdemeanor convictions, and impaired driving (alcohol, drugs, etc.) charges while in the program may prevent me from continuing in the program.

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**Printed Name**

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**Signature**

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**Date**