



Fullerton Dental Assistant School

2720 N. Harbor Blvd #110

Fullerton, CA 92835

School #714-882-5518

Fax (714)637-1163

WWW.DentalAssistantFullerton.com

Student: _____ D.O.B. _____

Home Address: _____ City: _____ Zip Code _____

Social security: _____

Phone: Cell _____ Home: _____ Work: _____

E-Mail: _____ Fax #: _____

Personal Reference Name: _____ Relationship: _____

Address: _____ Phone # _____

COURSES	Hours of Completion	Number of Patient needed For the courses	Interested on taking the class/classes	Date & Time of the class	Fees
CPR/BLS for healthcare provider AHA approved (new student / renewal)	4 hours	N/A			
8 Hour Infection Control / 2 hour Dental Practice Act DBC Approved # IC 111	8 Hour IC 2 hour DPA	N/A			
Radiation Health and Safety Course DBC Approved #X 239	3 days (24 CE units)	4 Patients			
Coronal Polishing Course DBC Approved #CP 077	2 days (16 CE units)	3 Patients			
Pit & Fissure Sealant DBC Approved # PF 127	2 days (16 CE units)	4 Patients			
RDA Practical Review	2 days	N/A			
RDA Written Review	2 days	N/A			
DPA Review	8 hours	N/A			

****There are no other hidden charges. Everything is included, including books, supplies and materials. The tuition is all inclusive.***

FULLERTON DENTAL ASSISTANT SCHOOL

CORONAL POLISHING COURSE

Course Description:

Coronal polish theory and procedures are taught and practiced on manikins; clinical patients practice can be performed under the direct supervision of a licensed dentist. Completion of coronal polish requirements will permit the dental assistant to legally perform a coronal polish (after passing the RDA exam) and receive 12 CE units toward renewal of the RDA license.

COURSE PREREQUISITES:

In order to qualify in taking the course, the student should bring a copy of the following on the first day of class:

- **Current CPR Card/BLS for healthcare provider only (American Heart Association "AHA or American Red Cross "ARC") one month before the date of expiration.**
- **Immunization records (Hepatitis B vaccine and Tuberculosis test records not more than 1 year after the last test)**
- **8 Hour Infection Control approved by Dental Board of California**

Course Objectives: Theoretical and Practical Application

- Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth description, morphology and microbiology as they relate to coronal polishing.
- Explain the procedure to the patient.
- Recognize decalcification and molted enamel
- Identify the pre-medications for compromised patient.
- Explain the difference between prophylaxis and coronal polishing.
- Explain the indications for and contraindications to coronal polishing.
- Name and describe the types of extrinsic stains.
- Name and describe the two categories of intrinsic stains.
- Describe types of abrasives used for polishing the teeth.
- Describe the types of abrasives used for porcelain esthetic restorations.
- Name materials to be avoided when one is polishing esthetic restorations.
- Describe the technique used for polishing esthetic restorations.
- Demonstrate the handpiece grasp and positioning for the prophyl angle.
- Demonstrate the fulcrum or finger rest used in each quadrant during a coronal polish procedure.
- Demonstrate the proper seating positions for the operator and the assistant during a coronal polishing procedure.
- Demonstrate safety precautions to be followed during coronal polishing.
- In states where it is legal, demonstrate coronal polishing technique.
- Complete coronal polishing without causing tissue trauma.
- Be able to determine that the teeth are free of stains and plaque.
- Demonstrate the use of floss, tape, and abrasive strips when appropriate.
- Maintain aseptic technique including disposal of contaminated material

PROGRAM CONTENT:

On the first day of this course:

- a) A comprehensive lecture and syllabus will be provided.
- b) Laboratory practice with the manikin. Student will demonstrate the proper procedure for full mouth coronal polishing and proper technique for assisting patient in learning how to use dental floss.
- c) Students will learn how to perform a coronal polishing. **Participants of the course will act as patients for the clinical practice. Since students will serve as a patient, they must be calculus free, so please do not have any calculus to ensure you can be a patient on the clinical day. Otherwise, you will not be able to participate.** Please have the attach calculus form filled out and turned in the first day of the course.

On the last day on the course;

- a) As final clinical evaluation students will be required to bring in two adult patients (18 years of age or older).
- b) The criteria for these patients are:
 - Calculus free
 - At least 18 years old of age or older
 - Moderate plaque
 - No history of cardiovascular or kidney problem
 - A 75% passing clinical score
- c). Student will be required to complete a written examination with a **75%** passing score

STUDENT RESPONSIBILITIES:

1. **Make sure to bring to class a Copy of your current CPR/BLS healthcare provider card approved by AHA or ARC, a copy of recent TB test and Hepatitis vaccine record and Infection Control Certificate.**
2. It is mandatory that all students wear protective eyewear, gloves and a mask.
3. Student must wear a uniform and professional lab coat.
4. **Student and 3 patients must be calculus free. A dentist or dental hygienist must sign the provided calculus free form. Student will not be able to complete this course unless the student and patient have completed and sign the form.**

THINGS TO REMEMBER FOR THE FINAL DAY

1. **ONE PATIENT FOR CLINICAL PRACTICE**
 - A. Patient must meet criteria and possess a prescription form signed by DDS or RDH.
 - B. Patient must come 15 minutes prior to schedule time.
2. **TWO PATIENTS FOR OUR FINAL CLINICAL EXAM**
 - A. Patient must meet criteria and possess a prescription form signed by DDS or RDH.
 - B. Patient must come 15 minutes prior to schedule time.
3. **WEAR OSHA APPROVED PPE**
4. **BRING ALL REQUIRED ARMAMENTARIA IN PRE-STERILIZED BAGS**
5. **APPOINTMENT TIME REQUIREMENTS**
 - A. Cannot be changed after the assignment
 - B. Late to an appointment will be considered a failure
6. **COMPLETE YOUR WRITTEN EXAMINATION**

Cancellation Policy:

- Any cancellation of a class/services with **at least 10 days notice PRIOR to class** will receive a refund of the amount paid minus processing fees \$50 of a class/services
- Any cancellation of a class/services with **at least 5-10 days notice PRIOR to class** will receive a refund of the amount paid minus processing fees \$50 OR minus 50%, whichever is greater
- Any cancellation of a class/services with **less than 5 days notice PRIOR to class** will forfeit all of the amount paid
- Any possibility of rescheduling for a different time at **Fullerton Dental Assistant discretion**, but if allowed a cancellation afterward may forfeit **ALL or PART** of the amount paid depending on the number of days notice before the class and the reason for the request to change to a class to a different date/location.
- Student must arrive on time for class. Door will be locked on time scheduled and they will forfeit all of the amount paid.

Issuing Certificate if the original is lost or replaced:

1. Student must have a written request if the original certificate is lost or misplaced and must be notarized by the notary public.
2. If the lost certificate was issued at least five years from the time it was originally issued, to the present time it was claimed missing, the student shall be required to retake the Coronal Polish Certification Program.
3. A fee of \$35.00 for a duplicate copy of each certificate will be charged if the original is lost or misplaced.

Coronal Polishing Course Student Agreement

Student Name: _____

I _____ understand that in taking this Coronal Polishing course from Fullerton Dental Assistant School that I shall abide by all conditions as listed below. I release Fullerton Dental Assistant School from any liability from damage to me during or after this Coronal Polishing Certification class. Further, I agree to release Fullerton Dental Assistant School from any liability in damages to equipment used by me during this class.

In accordance to the class requirements, I am 18 years old of age In order to qualify in taking the course. I understand that I must participate to act as a patient for the clinical practice. Since I will serve as a patient, I must be calculus free, with moderate plaque, no history of cardiovascular or kidney problem otherwise I will not be able to participate.

I understand that to pass the coronal polishing course I must meet all competencies as stated in the course objectives. Failure to do so will result in a failed course grade and I will be required to pay for another course of instruction. I also understand that I must pass both the final written exam and clinical examination with 75% pass scores.

Fullerton Dental Assistant School shall provide the following:

- 1) Five prophy angle handpieces (must be disposable) and one slow speed handpiece
- 2) Prophy paste
- 3) Disclosing materials (tables or liquid)
- 4) Cotton tip applicators
- 5) 3 patient napkin
- 6) 3 patient cups
- 7) 2x2 gauze
- 8) Waxed dental floss or tape
- 9) Alligator clip for patient napkin
- 10) Assortment of fine (having very little abrasive action) sand finishing strips
- 11) 3 mouth mirror
- 12) 3 explorer
- 13) 3 oral evacuation tips and 3 saliva ejectors
- 14) 3mask, 3 pair of gloves and protective eyewear
- 15) Disposable air/water syringe tip barrier or plastic barrier
- 16) Surface disinfectant

I will provide the Following:

- This signed contract
- I should bring a copy of the following on the first day of class:
 - Current CPR card (American Heart Association "AHA or American Red Cross "ARC")
 - Immunization records (Hepatitis B and Tuberculosis test records not more than 6 months from the last test)
 - Infection Control Certificate
 - RDA License (If passed the Dental Board Exam)
- **It's my responsibility to provide three (3) patients to be able to pass this course.** For each patient I shall provide the following:
 - Calculus free form signed by the dentist / hygienist, on this form with name and signature of the license dentist/hygienist signing.
 - Patient must be 18 years old and older.
- I understand the patient shall sign the clinical patient release form, medical health history, no history of cardiovascular or kidney problem, will be at least 18 years of age, have no more than one tooth missing per quadrant, no orthodontic appliance

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 4. Student must have a written request if the original certificate is lost or misplaced and must be notarized by the notary public.
 5. If the lost certificate was issued at least five years from the time it was originally issued, to the present time it was claimed missing, the student shall be required to retake the Coronal Polish Certification Program.
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I have read and understand the terms of this agreement.

Student Signature: _____

Date: _____

FULLERTON DENTAL ASSISTANT SCHOOL

2720 North Harbor Blvd. Suite #110

Fullerton, CA 92835

Coronal Polishing Course

Name: _____

Date: _____

COURSE PREREQUISITES:

	Date taken/License number Expiration Date	Person Verified
1. CPR License	_____	_____
2. Infection Control Certificate	_____	_____
3. RDA License (if applicable)	_____	_____
4. Copy of Immunization Record		
Hepatitis B Vaccine	_____	_____
TB Test Result	_____	_____

Name of person approved: _____ Date: _____

Student Signature: _____ Date: _____

Fullerton Dental Assistant School
2720 N. Harbor Blvd, Suite 110
Fullerton, CA 92835
(714) 882-5518
info@dentalassistantfullerton.com

Student Agreement

PLEASE READ PREREQUISITS FOR ALL CLASSES

Student

Date

It is the responsibility of the student to provide a copy of their immunization records and tuberculosis test. The tuberculosis test result must be negative (**TEST CANNOT BE OLDER THAN 6 MONTHS**). If you've had a positive reading previously, you are required to provide a radiologist report of your chest x-ray reading. It cannot be older than 5 years.

These test results/records and certifications, must be provided prior to all classes; Dental Assistant Class, Infection Control/ Dental Practice Act, Coronal Polish, Pit and Fissure Sealant

RADIATION SAFETY: Students must provide the following certification/immunization record: (PRIOR TO CLASS): CPR, Infection Control, DPA, Tuberculosis and Hepatitis B.

The radiation safety course requires 4 patients to be seen for the clinical portion of the class. All clinical requirements with all (4) patients must be completed within (2) weeks of lecture class. If you do not complete the requirements as indicated, you will fail the class. There will be **NO REFUND** and you will need to pay the fees again if you wish to retake the class.

INFECTION CONTROL/DPA: Students must provide a copy of their CPR Card, TB Test results (no older than 6 months old) and Proof of Hepatitis B Immunizations. This needs to be provided prior to class.

CORONAL POLISHING: Students must provide CPR certification, Infection control /Dental Practice Act certifications and proof of Hepatitis B Immunization. This needs to be provided prior to the class.

This class requires (3) patients for the clinical portion. Your patients must be over the age of 18 and must have 18 virgin teeth, molar and premolar to work with.

PIT & FISSURE SEALANT CLASS: Students must provide CPR certification, Infection control/DPA certifications and proof of Hepatitis B Immunization. This needs to be provided prior to the class.

This class requires (4) patients for the clinical portion. Your patients must be over the age of 18 and must have 18 virgin teeth, molar and premolar to work with.

Students are required to provide all necessary documents and complete all homework, tests and quizzes on time and must have a passing score of 75% to receive their certificates.

Any dishonesty or falsification of records will result in dismissal and possible reporting to the Dental Board of California.

If you do not complete all the requirements as indicated, you will not be allowed to attend the class and your fees will be forfeited.

There will be NO REFUND and you will need to pay the full fees again if you wish to retake the class.

Students cannot use other instructors, employees or other students as a patient. NO EXCEPTIONS

Your signature below indicates you have read and understand the above requirements for the classes taken with Fullerton Dental Assistant School.

Student Signature

Date

Noha Meyer (Administrator)

Date