



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.***

FULLETON DENTAL ASSISTANT SCHOOL
2720 North Harbor Blvd. Suite110
Fullerton, CA. 92835

8 HOUR INFECTION CONTROL COURSE/ 2 HOUR DENTAL PRACTICE ACT COURSE

DATE: _____

TIME: _____

Class Location: 2720 North Harbor Blvd. Suite 110 Fullerton, Ca. 92835

Contact Person: Noha Meyer at (714) 882-5518 if you have any questions

Note: You must wear and bring your own scrub uniform, lab jacket and safety goggles/shield

8 Hour Infection Control Course for Dental Assistant, RDA, OA, and DSA applicants:

EFFECTIVE JANUARY 1, 2010: The Dental Board of California, under Cal. Code Regs. Title 16, Sections 1070, 1070.1 and 1070.6 requires that the unlicensed Dental Assistants who are in the a Dentist's continuous employment for 120 days or more must complete, within a year of the date of employment, a Dental Board approved course in Infection Control Course must be a minimum of 8 hour in length and the DPA must be 2 hours in length in order for the Dental Assistant to be compliant and the RDA, OA, and DSA applicant to satisfy the application requirements with the Dental Board of California. Upon successful completion of the course, a certificate of completion shall be given.

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 6 months after the last test**)

COURSE CONTENT AND FORMAT

8 hours Infection Control and DPA course is a one-day Dental Board approved course, which will satisfy the state board requirements for the DA, RDA, OA, and DSA applicants. This course consists of four aspects:

- **Lecture:** Students will learn the theoretical aspects relating to the Infection Control regulations.
- **Pre-clinical/ Laboratory:** Preclinical instruction means instruction in which the students receive supervised experience performing procedures on students, faculty or staff

member. Students will learn the step by step procedure of Infection Control in the dental office.

- **Clinical:** Students will be required to do the task specified on the task sheets with no guidance for their practical examination.
- **Pass the written examination with at least 75% or higher.**

The students will attend a lecture, take the written final examination and pre-clinical/laboratory session will follow. The course syllabus/confirmation packet will be given to the students prior to the start of the class. The students will be required to review all packet information, completing the definitions packet and taking the DPA-test prior to start of class. The clinical final will be performing upon successful demonstration and evaluation of preclinical skills.

THINGS TO BRING WITH YOU:

- Current CPR card (AHA or ARC)
- Immunization Records (Hepatitis B Vaccine and Tuberculosis Test Records/result)
- Pen or Pencil with eraser and sharpener
- Syllabus and task sheets (Provided in the packet prior the class)
- Notebook/ paper pad
- Supplement Infection Control handout
- Home study definition assignment, completed

Grading System:

- Simulation Evaluation Form: 100%
- Clinical Test Sheet: 100% (Final practical Test)
- Written Examination: 75% or higher

Note: If the students did not pass the written test, the student will get a chance to retake the written examination for the second time with no extra fees. If the student did not pass the practical test, the student will have to pay the whole program fee and retake the program.

Cancelation Policy:

To cancel a class, the student must give a 5 business day notice in order to get a full refund. A no show will forfeit all the money paid for the class.

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 Infection Control Certification Program.
3. A fee of \$25, 00 for a duplicate copy of each certificate will be charged if the original is lost or misplaced.

8 Hour Infection Control / 2 Hour Dental Practice Act Course

Student Agreement

Student Name: _____

I, _____ understand that taking this Infection Control / Dental Practice Act Course from Fullerton Dental Assistant School that I shall abide by all conditions as listed above. I release Fullerton Dental assistant School from any liability from damage to me during or after this Infection Control Class. Further, I agree to release Fullerton Dental Assisting School from any liability is damage to equipment used during this class.

In accordance to the class requirements, I am 18 years of age and understand that I shall bring all the copy of the following requirements above on the prior or on the first day of class.

I understand that to pass the Infection Control / Dental Practice Act class I must meet all the competencies as stated in the course objectives. Failure to do so will result in a failed course and I will require paying for another course instruction.

***If student do not attend this course without informing the school, student will forfeit the tuition fee that they pay.**

I have read and understand the terms of this agreement.

Student Signature: _____ Date: _____

School Administrative _____ Signature: _____

Date: _____