



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.***

RADIATION SAFETY CLASS CONFIRMATION LETTER

Fullerton Dental Assistant School confirms your enrolment in the following class:

Class: Radiation Safety

Dates: _____

Time: 9:00 am to 6:00 pm

Location: the dental office of Eric Meyer, DDS

2720 N. Harbor Blvd. Suite #110

Fullerton, Ca. 95835

**Please call NOHA for direction to the office*

This class is designed to complete the necessary requirements as mandated by The Dental Board in order for an assistant to obtain his/her RDA License or to operate radiographic equipment in a dental office.

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**

This three day seminar consists of the following:

First Class Meeting

As a participating student in the above class, you are required to bring with you to the first class meeting, the "Participating Dentist Form" it should be completed and signed by your participating dentist.

First Class Meeting Schedule

A. Lecture

1. Radiation Safety theory/technique, Film exposure, processing techniques.
2. Errors associated with taking of radiographs and processing and Infection Control guidelines.
3. Students will be required to participate in a classroom setting
4. Review for Final Exam
5. Final written examination (you will have 60 minutes to complete)

B. Practical - Dexter Manikin X-Rays

Fullerton Dental School follows recommendations for **CODA** requirements. Instructors need to assure that all dental assisting students complete the following Dexter Manikin X-rays **PRIOR** to beginning clinical X-Rays.

- **2 set of Paralleling/Bisecting Bitewing X-Rays** to include right and left premolars and right and left molars
- **2 set of Full mouth Paralleling/ Bisecting X-rays survey (Consist of 14 periapical radiographs and 4 bitewings)**

Dexter Bitewings should meet criteria. For bicuspid bitewing X-Rays, second bicuspid should be centered. Open contacts between bicuspids and proximal teeth of bicuspids. For molar bitewing X-Rays, second molar should be centered. Open contacts between molars and proximal teeth

1. Demonstrations of film placement for periapical exposures using **both Paralleling and Bisecting technique.**
2. Demonstration and exposure of 2 bitewing survey on a manikin.
3. Laboratory participation (taking total of 2 sets of bitewings and 2 complete full mouth x-ray (FMX) survey on a manikin.
4. Supplemental Procedures.

Second Class Meeting Schedule

1. **Complete all Dexter manikin assignments.**
2. Schedule patient to begin 1st clinical patient (this patient will be schedule by your instructor).
3. Please be sure and bring with you, a patient that is 18 years of age or older, for female patient they cannot be pregnant and the patient should not be missing more than one tooth per quadrant, excluding third molars.
4. **All necessary paper works for the patient: RX signed by the dentist, authorizing that a full mouth survey for diagnostic purposes only to be taken. The RX should also include the dentist's state license number, patient release form and health history. All should be completely filled out.**
5. You will take an FMX on a patient with supervision of the instructor.
6. You will process, mount and grade you complete x-ray series.
7. If retakes are necessary you will take them with the assistance of the instructor.
8. **You will be given a homework assignment to take two more set of FMX in your home office that will due on the day of your final exam. FMX's as homework are to be mounted and self-evaluated with the self-evaluation form prior to the last class meeting.**

Student Requirements:

1. All students must be 18 years of age or older to participate in this course.
2. For the female students, if you are pregnant or think that you might be, you will not be able to participate in this course. You would need to reschedule your class until after your delivery date.
3. Proper attire is mandatory: You should be in either a lab coat over your clothing or a uniform on all days the class meets.
4. Please bring "The Participating Dentist Agreement" signed and completed on the first meeting of class.

Final Class meeting

Your 2 full mouth x-ray homework assignments are due on this day "NO EXCEMPTION".

All patient x-ray must be taken and approved by the instructor after the first day of class/lecture and submitted prior the final day. All homework assignments must be processed and mounted correctly, no copies will be accepted. No patient exam will be done within 45 minute time period and an additional 20 minutes to process and mouth the films before grading by student and instructor. **If you did not pass the written final exam on day of this course, you will be expected to take the written at this class meeting as well.** Please bring the original patient consent form filled and signed and the prescription x-ray signed by the dentist for your final clinical patient.

Thank you for using Fullerton Dental Assistant School for you Radiation Safety Course, if you have any question please call NOHA at 714-290-1135.

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 Radiation Safety 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.

RADIATION SAFETY COURSE

Student Agreement

Student Name: _____

I, _____, understand that in taking this Radiology course from Fullerton Dental Assistant School that I shall abide by all conditions as listed. I release Fullerton Dental Assistant School from any liability from damage to me during or after this Radiology 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 at least 18 years of age and I am not pregnant. If I find that I am pregnant prior to completion of this course I will notify Fullerton Dental Assistant School to reschedule me to take the course at a later time.

I understand that to pass the radiology course I must meet all competencies as stated in the course objectives. I understand and agree to attend the class on schedule given by the school/instructor.

I agree that it is my responsibility to find and provide patients until I pass the four (4) patients required on this course. Failure to do so will result in a failed course grade and I will be required to pay for another course of instruction in full fee. 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. Facility and Instruction for Radiation Safety Course, classroom and Dexter type x-ray manikin practice.
2. Facility and supervision for final written and clinical patient examination.
3. X-ray machine for completing both the clinical final exam patient and manikin X-rays (Phosphor plate or digital sensor if the office uses digital x-ray only).
4. X-ray manual and all supportive course handouts.

I will provide the Following:

- This signed contract
- A signed contact of affiliation from the dentist that will supervise the homework FMX series that I will take on four different patients, one of which will be taken during that Radiation Safety Course, under the supervision of the course instructor.
- I will clean and disinfect the operatory that I used and sterilize all Rinn holders after I completed my patient x-ray as well as follow the proper Infection Control technique during Radiation Safety Course.
- For each patient I shall provide the following:
 - Rx from the dentist for a FMX, on a prescription form with signature and license number of the dentist signing.
 - Health history
 - Patient release
- I understand the patient shall not be in the process of orthodontic treatment (Patient wearing braces), will be at least 18 years of age, have no more than one tooth missing per quadrant, and for female patient they cannot be pregnant, especially if it is the first trimester.

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:

- Student must have a written request if the original certificate is lost or misplaced and must be notarized by the notary public.
- 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 Radiation Safety Certification Program.
- A fee of \$35.00 for a duplicate copy of each certificate will be charged if the original is lost or misplaced.

I have read and understand the terms of this agreement.

Student Name: _____

Student Signature: _____

Date:

FULLERTON DENTAL ASSISTANT SCHOOL
2720 North Harbor Blvd. Suite #110
Fullerton, CA 92835

RADIATION SAFETY & HEALTH COURSE

Name: _____

Date: _____

COURSE PREREQUISITES:

	Date taken/License number Expiration Date	Person Verified
1. CPR License	_____	_____
2. Copy of Immunization Record :		
Hepatitis B Vaccine	_____	_____
TB Test Result	_____	_____
3. Infection Control Certificate	_____	_____

Name of person approved: _____ Date: _____

Student Signature: _____ Date: _____