



Please attach office
business card here

INTERNSHIP/EXTERNSHIP PROGRAM INVITATION LETTER

Dear Colleague,

My name is Eric Meyer; I am the supervising dentist for Fullerton Dental Assistant School. As a dentist I know the challenge doctors face to find qualified and reliable dental assistants. At Fullerton Dental Assistant School our goal is to produce the best dental assistants to join your team. Our program consists of 14 weeks of Lecture and Lab in the following Basic Supportive Dental Procedure and Continuing Education Dental Board approved courses. It includes **CPR/BLS** for healthcare provider (American Heart Association approved), **8-hour Infection Control**, **2-hour Dental Practice Act**, **Radiation Health and Safety**, and **Coronal Polishing** (all courses are California Dental Board approved). In addition to that our students needs to complete 200 internship hours training with a participating dentist.

The dental assistant students will be able to assist and may perform the following duties under the **General Supervision** of a licensed Dentist:

- Extra-oral duties or procedures specified by the supervising licensed dentist provided that these duties or procedures meet the definition of "*basis supportive dental procedures*".
- Operate dental radiography equipment for the purpose of oral radiography if the Dental assistant meets the requirements of Section 1656.

As well as perform the following duties under the **Direct Supervision** of licensed Dentist:

- Apply nonaerosol and non caustic topical agents
- Apply topical fluoride
- Take intraoral impressions for all non prosthodontic appliances
- Take facebow transfer and bite registrations
- Place and remove rubber dams or other isolation devices
- Place, wedge, and remove matrices for restorative procedures
- Remove post-extraction dressing after inspection of the surgical site by the supervising licensed dentist
- Remove sutures after inspection of the site by the dentist

It is important to note that you will not be obligated to accept an intern for full 200 hours. You can utilize the intern at your discretion for as many 20 hours a week as you see fit. Becoming a preceptor is a great way to get an extra pair of hands around your office or help select a new team member.

Please attach your office business card. We look forward to hearing from you. Thank you for your consideration.

Sincerely,

Eric Meyer, DDS
Supervising Dentist
Office # (714) 882-5518

I wish to participate in the Fullerton Dental Assistant Externship/Internship Program

Student Name: _____

Dentist/Supervisor Name: _____ Office Phone #: _____

Office Address: _____

Dentist/Supervisor Signature: _____ Date: _____

Fullerton Dental Assistant School

Dental Assisting Program

INTERNSHIP/EXTERNSHIP EVALUATION

Start date: _____

Name: _____

Address: _____ State _____ ZIP _____

Home Phone: _____ Business Phone : _____

Dental Assisting Course Completion Date: _____

Internship/Externship:

Practicing Dentist: _____

Address _____ State _____ ZIP _____

Office Phone _____ Business Phone _____

Date Start of Internship/Externship _____ Date Completion _____

Please circle the number that best reflects your evaluation of the Intern/Extern, 10 being the most proficient. N/O is no observation.

1. Patient Interaction/Front Desk Mgt.	1	2	3	4	5	6	7	8	9	10	N/O
2. Instrument Recognition	1	2	3	4	5	6	7	8	9	10	N/O
3. Instrument Passing	1	2	3	4	5	6	7	8	9	10	N/O
4. X-ray Techniques	1	2	3	4	5	6	7	8	9	10	N/O
5. Charting	1	2	3	4	5	6	7	8	9	10	N/O
6. Alginate Impressions	1	2	3	4	5	6	7	8	9	10	N/O
7. Infection Control	1	2	3	4	5	6	7	8	9	10	N/O
8. Four handed dentistry	1	2	3	4	5	6	7	8	9	10	N/O
9. Overall Ability	1	2	3	4	5	6	7	8	9	10	N/O
10. Interaction with Team	1	2	3	4	5	6	7	8	9	10	N/O

Additional Comment (Use the back of paper for additional space): _____

Dentist/Supervisor - Please print name and sign

Date



Student Weekly Timesheet for Training

Contact No. (714)882-5518

Student Name: _____
Office Name: _____
Office Address: _____

Week: Monday _____ to Sunday _____
Office Phone #: _____
Supervisor Name: _____

DIRECTIONS: 1) Student completes timesheet daily, 2) Site supervisor reviews, rate and signs form at the end of the week, 3) Student **MUST** submit timesheet to instructor **WEEKLY**

Monday Date: _____
 Time: _____ to _____ am/pm Total Hours _____
 Notes:

Tuesday Date: _____
 Time: _____ to _____ am/pm Total Hours _____
 Notes:

Wednesday Date: _____
 Time: _____ to _____ am/pm Total Hours _____
 Notes:

Thursday Date: _____
 Time: _____ to _____ am/pm Total Hours _____
 Notes:

Friday Date: _____
 Time: _____ to _____ am/pm Total Hours _____
 Notes:

Saturday Date: _____
 Time: _____ to _____ am/pm Total Hours _____
 Notes:

Sunday Date: _____
 Time: _____ to _____ am/pm Total Hours _____
 Notes:

Training Site Supervisor to Complete
 Please rate student's performance this week
 in the 8-listed categories

Rating code

Excellent -----= 5 points
 Very Good -----= 4 points
 Average-----= 3 points
 Below Average -----= 2 points
 Poor -----= 1 points

	<u>Points</u>
Relationship with others	_____
Attitude - Application to work	_____
Judgement	_____
Ability to learn	_____
Attendance	_____
Punctuality	_____
TOTAL POINTS	_____

Comments:

 Dentist Signature

 Date

Total Weekly Hours: _____