



*Dental Assisting Program  
Student Policy Handbook*

*2011-2012*



*Luna Community College  
Dental Assisting Program*

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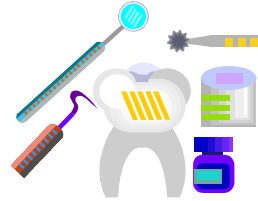
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**APPENDICES (pages 37-76)**

## **LCC ADMINISTRATION AND DENTAL ASSISTING PROGRAM DEPARTMENT PERSONNEL**

- |                            |   |
|----------------------------|---|
| ❖ Dr. Pete Campos          | President, Luna Community College               |
| ❖ Dr. Vidal Martinez       | Vice President of Instruction                   |
| ❖ Ms. Donna Flores         | Chief Financial Officer                         |
| ❖ Mr. Jonathon Ortiz       | Registrar                                       |
| ❖ Mr. Moses Marquez        | Director of Recruitment, Admissions & Retention |
| ❖ Ms. Susan Grohman        | Director of Allied Health                       |
| ❖ Ms. Conni Reichert       | Assistant Director of Allied Health             |
| ❖ Mrs. Gloria Pacheco, CDA | Program Administrator                           |
| ❖ Ms. Dawna Ortega, CDA    | Dental Assisting Program, Faculty               |
| ❖ Ms. Elaine Montano       | Office Manager                                  |
| ❖ Ms. Shannon Romero       | Student Specialist                              |



*Welcome, To Luna Community College  
Dental Assisting Program!*

*Congratulations! You have chosen A Challenging Career!*

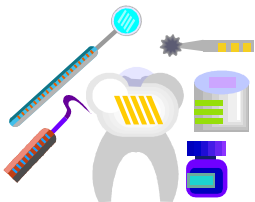
**This handbook is provided to help ensure a pleasant and successful 12-month training, in what is now a rapidly growing and high in-demand career field. Challenges include high technology in many areas in the dental field, within dental specialties, such as in general dentistry, orthodontic, endodontic, cosmetic dentistry, oral maxillofacial surgery, periodontic, and military dental assisting, as well as dental laboratory opportunities.**

**As instructors we dedicate ourselves in training you, the student, in chair-side dental assisting skills, laboratory procedures, as well as safety and patient care. You are required to participate in community oral health education. Community care includes participation in clinics in the surrounding areas, both school districts, as well as the WIC programs. You will educate and provide care for all age groups as you progress through the program.**

**The training and skill-building techniques we provide will assist you in becoming successful, proficient dental assistants.**

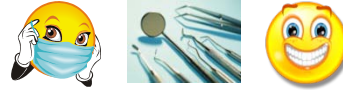
**Therefore, your participation, dedication, commitment and cooperation are all imperative and required to accomplish the goal of becoming a dental assistant. To help you flourish in the program, we are providing you with essential guidelines.**

**\*\*PLEASE READ THE FOLLOWING HANDBOOK OF CLASSROOM POLICIES AND REQUIREMENTS.\*\***



Gainful Employment Disclosure Requirements:

*\*Join a Team of Professionals, working together in a growing Profession that will be evolving over the years to come. ‘One Smile at a Time’.*



*Dental assistants perform a growing variety of duties in the dental field. Duties include but are not limited to: therapeutic communication, multicultural interaction, psychology, oral health, preventive techniques, nutrition, chairside instrumentation, infection control, equipment safety, equipment maintenance, dental office emergencies and pain/anxiety management. The NM State Board of Dental Health has implemented new standards that include certification in coronal polishing, topical fluoride as well as pit and fissure sealants. The assistant is responsible for all preparation of dental office procedures, chairside assisting, and reception activities. The demanding versatility requires a person dedicated to the profession and a commitment to function as a dental health care team member.*



Response:

- **Occupations that Dental Assisting prepares students to enter:**
  - **General Dentistry**
    - Chairside assisting
    - Laboratory procedures
    - Infection control
    - Dental radiology
  - **Specialty Dentistry**
    - Endodontic
    - Oral maxillofacial surgery
    - Orthodontic
    - Pediatric Dentistry
    - Periodontic
    - Prosthodontics
  - **Dental Laboratories**
  - **Dental supply representative**
  - **Forensic Dentistry**
  - **Insurance Companies**

### **III. LCC DENTAL ASSISTING PROGRAM**

#### *OUR MISSION, OBJECTIVES, PLEDGE, AND CREED*

##### **MISSION:**

It is the mission of the LCC Dental Assisting Program to graduate a qualified dental assistant who is ethically and professionally competent.

##### **OBJECTIVES:**

The DA Program objectives are to **SHARE** in the responsibility for quality Dental Health Care delivery to all, to **PRACTICE** Dental Assisting toward the highest standards of performance obtainable by supporting and encourage education, to **PROVIDE** quality continuing education, to **SUPPORT** educationally-based national and/or state credentialing for the Dental Assisting profession and to **COMMUNICATE** effectively with all members of health professions.

##### **PLEDGE:**

*I solemnly pledge that, in the practice of my profession,  
I will always be loyal to the welfare of the patients who come  
under my care and to the interest of the practitioner whom I serve.*

*I will be just and generous to the members of my profession,  
aiding them and lending them encouragement  
to be loyal, to be just and to be studious.*

*I hereby pledge to devote my best ENERGIES to the service of humanity  
to the relationship of life to which I consecrated myself when  
I elected to become a Dental Assistant.*

##### **CREED:**

**To** be loyal to my employer, my calling and myself.

**To** develop initiative – having the courage to assume responsibility and the imagination to create and develop them.

**To** be prepared to visualize, take advantage of, and fulfill the opportunities of my calling.

**To** be a co-worker; creating a spirit of cooperation and friendliness rather than one of faultfinding and criticism.

**To** be enthusiastic; for therein lies the easiest way to accomplishment.

**To** be generous, not alone of my name but of my praise and time.

**To** be tolerant with my associates, for at times I too make mistakes.

**To** be friendly, realizing that friendship bestows and receives happiness.

**To** be systematic, believing that system makes for efficiency.

**To** know the value of time for both my employer and myself.

**To** safeguard my health, for good health is necessary for the achievement of a successful career.

**To** be tactful; always doing the right thing at the right time.

**To** be courteous; for this is the badge of good breeding.

**To** walk on the sunny side of the street, seeing the beautiful things in life rather than fearing the shadows.

**To** keep smiling always.

## IV.

## ADMISSION CRITERIA

Including Students with disabilities

Luna Community College abides by all the rules and regulations as set forth in the policies and procedures of the parent institution. Luna Community College is committed to equal opportunities in enrollment, employment, service, and vocational growth exclusive of distinction with regard to age, ethnicity, race, sex, religious persuasion, or national origin. Some provisions need to be observed with regard to disability and/or medical condition by certain health occupations programs, including Dental Assisting.

Admission to the Dental Assistant Program at LCC provides for equal opportunities, rights, (refer to LCC Catalog, page 3), privileges, and responsibilities. However, it is important to recognize that as a dental assistant student, one must also abide by requirements and accept responsibilities required by the dental assisting profession. The faculty of the program has an established commitment to provide students with direction, instruction, and advisement. However, the adult learner student must make a commitment to contribute to his/her own learning process.

Students wishing to obtain Dental Assisting certification through Luna Community College must first apply for regular admission by submitting an official high school transcript indicating a graduation date from an accredited secondary school or submit an official transcript of GED test results. In addition, with this basic requirement, all dental assisting applicants must be successful in the completion of the following five (5) prerequisite classes before entering the Cohort classes in the fall.

ENG 111	Freshman Composition	3 credits
CSA 150	Computer Fundamentals	3 credits
SPCH 111	Public Speaking	3 credits
OR		
SPCH 112	Interpersonal Communication	3 credits
PSYC 101	Introduction to Psychology	3 credits
BIO 103	Medical Terminology	2 credits

Students must meet the institutional proficiency requirements by:

- A minimum English ACT score of 19, minimum COMPASS Writing placement score of 70 or English 104 (Grammar Usage and Writing)
- A minimum of Math ACT score of 18, COMPASS placement score within the Algebra Domain or Math 105 (General Mathematics)
- A minimum Reading ACT score of 19, minimum COMPASS Reading placement score of 81 or READ 105 (Developmental Reading)

Applicants for the Dental Assisting program who have completed the prerequisite courses with a grade of C (70%) or higher will be ranked according to their overall grade point average (G.P.A. and by the date of completion of the prerequisite classes).



Upon confirmation of admission to the Dental Assistant Program, the student must provide written documentation that she/he is protected against certain communicable diseases, including a series of three **Hepatitis B vaccinations and a Tuberculosis (TB) skin test.** Tuberculosis must be screened annually through a skin test or if positive a chest x-ray. The student will obtain information regarding blood-borne pathogens prior to being in contact with any patients.

Upon entering the Dental Assistant Program, the student needs to understand that it is a full-time commitment. It requires extensive time away from the classroom for study and clinical preparation. It is recommended that employment should be kept to a maximum of no more than 16 hours weekly. Not everyone will be able to handle a work schedule as well as keep a successful commitment to the Dental Assistant program requirements.

The program is three semesters; fall, spring and summer. Students will have the opportunity to celebrate the commencement exercise with other Luna Community College students in May; however, students are required to return for completion of classes in the summer.

## V.

# DENTAL ASSISTANT

Certificate

Minimum of 51 Credit Hours

Dental assistants perform a growing variety of duties in the dental field. Duties include but are not limited to: therapeutic communication, multicultural interaction, psychology, oral health, preventive techniques, nutrition, chairside instrumentation, infection control, equipment safety, equipment maintenance, dental office emergencies and pain/anxiety management. The New Mexico State Board of Dental Health has implemented new standards that include certification in coronal polishing, topical fluoride as well as pit and fissure sealants. The assistant is responsible for all preparation of dental office procedures, chairside assisting, and reception activities. The demanding versatility requires a person dedicated to the profession and a commitment to function as a dental health care team member.

### Institutional Proficiency Requirement

In addition to the courses listed below for this program of study, students must also complete institutional proficiency of MATH105 that is outlined on page 75 to meet all graduation requirements.

<b>Certificate Requirements</b>		<b>Credit Hours: 51</b>
<b>Program Requirements .....(37 hours)</b>		
DENT103	Dental Materials	5
DENT109	Preventative Dentistry/Oral Health Care	1
DENT118	Dental Assisting	3
DENT119	Dental Terminology	1
DENT128	Community Field Experience	1
DENT145	Bio-Dental Science	3
DENT160	Dental Radiology	4
DENT167	Oral Medicine	2
DENT170	Clinical Training/Practicum I	7
DENT209	Professional Ethics	2
DENT220	Dental Office Management	2
DENT226	Dental Pharmacology	1
DENT233	Laboratory Procedures	2
DENT270	Clinical Training/Practicum II	3
<b>Related Studies .....(14 hours)</b>		
BIO103	Medical Terminology <sup>1</sup>	2
CSA150	Computer Fundamentals <sup>1</sup>	3
ENG111	Freshman Composition I <sup>1</sup>	3
PSYC101	Introduction to Psychology <sup>1</sup>	3
SPCH111	Public Speaking -or-	3
SPCH112	Interpersonal Communication <sup>1</sup>	3

**Note:** <sup>1</sup>Dental Assistant prerequisite courses of BIO103, CSA150, ENG111, MATH105, PSYC101 and SPCH111 or SPCH112 must be completed prior to entrance into the program.

# **COURSE DESCRIPTIONS**

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**BIOLOGY (BIO)**

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**BIO103**                                      **Medical Terminology**                                      **2;(2,0)**

This course offers a systematic study of medical terms for health professionals who need to acquire a medical vocabulary for their professional training. The student becomes proficient with prefixes, suffixes, and key words that formulate medical terms and the pronunciation of medical terms. A basic review of the major anatomical systems is included.

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**COMPUTER SOFTWARE APPLICATIONS (CSA)**

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**CSA150**                                      **Computer Fundamentals**                                      **3;(2,2)**

*Previously offered as CIS100.*

This course provides an overview of computer hardware, software, and the Windows environment with an emphasis on current business office applications. The course will cover computer operating principles, file management, the Internet, with an introduction to word processing, spreadsheets, database, and slide/electronic presentation programs. Current software such as Microsoft Word, Excel, Access, and PowerPoint will be used. *NM Common Course Number: BCIS1113.*

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**DENTAL ASSISTANT (DENT)**

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**DENT103**                                      **Dental Materials**                                      **5;(3,4)**

This course is to acquaint the dental assistant student with the composition, properties and manipulation of dental materials with a primary emphasis on those materials used in the dental office and a secondary emphasis on selected materials used in the dental laboratory. These properties include the physical, chemical, biological and mechanical properties of dental materials. Lectures, reading assignments and laboratory projects will provide a basic understanding of dental materials used in the dental office and an overview of selected materials used in the dental laboratory. This information permits the student to interpret the use of dental materials in clinical practice and to communicate the use of materials with the dentist and patient. This course also provides a scientific background for the selection and use of dental materials. The utilization of all dental materials, mixing techniques and safety protocol will be covered in the lab portion of the class. The importance of infection control, prevention of cross contamination and competency in uses and functions of dental materials will be emphasized. Care and maintenance of equipment and supplies will be demonstrated. *Prerequisites: BIO103 and CSA150. Corequisites: DENT109, DENT118, DENT119, DENT128 and DENT160.*

**DENT109**                                      **Preventative Dentistry/Oral Health Care**                                      **1;(1,0)**

The dental assistant in the dental health care system emphasizes the basic concepts of disease prevention and health promotion. Communication and behavior modification skills are presented to facilitate the role of dental assistant as educator. *Prerequisites: BIO103 and CSA150. Corequisites: DENT103, DENT118, DENT119, DENT128 and DENT160.*

**DENT118**                                      **Dental Assisting**                                      **3;(2,2)**

This course includes a detailed study of dental instruments, their care and function. Also included is the study of the different dental procedures and techniques on assisting, which includes practice of ergonomics with each procedure. This course consists of theory and practical lab application. As a routine procedure in the Dental Office, the student will study First Aid procedures. The general structure, composition, properties and purpose of dental materials will be covered. *Prerequisites: ENG104, MATH105 and READ105 or equivalent COMPASS/ACT scores, BIO103 and CSA150. Corequisites: DENT103, DENT109, DENT119, DENT128 and DENT160.*

**DENT119** **Dental Terminology** **1;(1,0)**

This course offers a systematic study of dental terms for health professionals who need to acquire a medical vocabulary for their professional training. The student becomes proficient with prefixes, suffixes, and key words that formulate dental terms and the pronunciation of dental terms. A basic review of the major anatomical systems is included. *Prerequisites: BIO103 and CSA150. Corequisites: DENT103, DENT109, DENT118, DENT128 and DENT160.*

**DENT128** **Community Field Experience** **1;(0,2)**

The student provides a community service to district schools and health clinics by providing dental health education. All health presentations will take place under direct faculty supervision with expanded critique of student performance. *Prerequisites: BIO103 and CSA150. Corequisites: DENT103, DENT109, DENT118, DENT119 and DENT160.*

**DENT145** **Bio-Dental Science** **3;(3,0)**

The study of the normal function of external and internal structures of the teeth and oral cavity, including the study of general anatomy and physiology, embryology, histology, tooth morphology, and composition and classification of tissue of the head and neck. Includes the study of dental charting. *Prerequisites: Successful completion of 1<sup>st</sup> semester classes in Dental Assistant Program. Corequisites: DENT167, DENT170, DENT226 and DENT233.*

**DENT160** **Dental Radiology** **4;(2,4)**

The study and definition of radiation physics, health and safety theories with emphasis on fundamentals of X-ray techniques and processing. Emphasis is on study and review for certification by the New Mexico Board of Dentistry Radiology before student participates in Clinical Training/Practicum I. Includes dental laboratory techniques, introduction to recording and interpreting, utilizing manual and computerized Dentrax systems. *Prerequisites: BIO103 and CSA150. Corequisites: DENT103, DENT109, DENT118, DENT119 and DENT128.*

**DENT167** **Oral Medicine** **2;(2,0)**

Students will study oral pathology (diseases and causes) with emphasis on periodontal disease and periodontal charting. Topics will include recognition of signs and symptoms of medical emergencies, treatment for aiding patients in emergency situations, and review in CPR training. *Prerequisites: Successful completion of 1<sup>st</sup> semester classes in Dental Assistant Program. Corequisites: DENT145, DENT170, DENT226 and DENT233.*

**DENT170** **Clinical Training/Practicum I** **7;(0,14)**

The student serves a non-paid practical clinical experience in the offices of qualified dentists. Direct faculty supervision and instruction is maintained in each facility with expanded critique of performance, and office management. *Prerequisites: Successful completion of 1<sup>st</sup> semester classes in Dental Assistant Program. Corequisites: DENT145, DENT167, DENT226 and DENT233.*

**DENT209** **Professional Ethics** **2;(2,0)**

An emphasis on development of professionalism for dental staff. Content will include oral communication, psychology, patient relations, problem solving skills, stress management, and employment ethics. *Prerequisites: Successful completion of first two semesters in Dental Assistant Program. Corequisites: DENT220 and DENT270.*

**DENT220** **Dental Office Management** **2;(2,0)**

Introduction to dental business office procedures, general telephone etiquette, appointment scheduling and control, accounts payable and receivables, insurance billing, inventory control, data entry basics and

Dentrix computer software. *Prerequisites: Successful completion of first two semesters in Dental Assistant program. Corequisites: DENT209 and DENT270.*

**DENT226** **Dental Pharmacology** **1;(1,0)**

Introduction to safe administration and classification of drugs used in dentistry. Emphasis on common adverse reactions that can occur in drugs utilized with dental procedures. *Prerequisites: Successful completion of 1<sup>st</sup> semester classes in Dental Assistant Program. Corequisites: DENT145, DENT167, DENT170 and DENT233.*

**DENT233** **Laboratory Procedures** **2;(0,4)**

The student will study the management of hazardous materials that will include specialties and their associated laboratory procedures. Student will enhance and build skills and techniques of impression taking, construction of models and custom trays, and many other laboratory duties performed by the dental assistant. *Prerequisites: Successful completion of 1<sup>st</sup> semester classes in Dental Assistant Program. Corequisites: DENT145, DENT167, DENT170 and DENT226.*

**DENT270** **Clinical Training/Practicum II** **3;(0,6)**

This capstone course enhances the office experience enabling the student to serve as a non-paid practical clinical participant in the offices of qualified dentists. The student will practice chair side procedures as directed by dentists. Direct faculty supervision and instruction are maintained in each facility with expanded critique of performance and office management. *Prerequisites: Successful completion of first two semesters in the Dental Assistant Program. Corequisites: DENT209 and DENT220.*

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**ENGLISH (ENG)**

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**ENG111** **Freshman Composition I** **3;(3,0)**

Emphasis of the course is on grammatical principles, sentence construction paragraph types, theme form, and rhetorical modes of exposition. The essentials of correctness and effectiveness in writing are stressed. In addition, the student is exposed to research documentation techniques. *Prerequisites: ENG104 and READ105 or equivalent COMPASS/ACT scores. NM Common Course Number: ENGL1113.*

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**MATHEMATICS (MATH)**

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**MATH105** **General Mathematics** **4;(4,0)**

This course will cover skills/concepts of arithmetic with an introduction to basic algebra for students needing to strengthen their basic mathematical background. Emphasis will be placed on ratios, proportions, percents, measurement, graphs, geometric concepts, real number systems concepts, signed numbers, and linear equations in one variable. *Prerequisite: MATH101 or equivalent COMPASS/ACT score.*

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**PSYCHOLOGY (PSYC)**

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**PSYC101** **Introduction to Psychology** **3;(3,0)**

This course includes the methods and principles of behavior. Topics introduced include: human evolution and development, biopsychology, perception, learning, thinking, motivation, and social interaction. *Prerequisite: READ105 or equivalent COMPASS/ACT score. NM Common Course Number: PSYC1113.*

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**SPEECH (SPCH)**

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**SPCH111****Public Speaking****3;(3,0)**

This course is the study of the theory and practice of public speaking. Principles of rhetoric are studied, and their applications are explored in the analysis, preparation, and presentation of speeches. *NM Common Course Number: COMM1113.*

**SPCH112****Interpersonal Communication****3;(3,0)**

This course is an analysis of human communication theories relevant to enhancing inter and intrapersonal communication skills. Topics studied include: self-esteem, perception, verbal and nonverbal language, listening, gender communication, interpersonal conflict, etc. *Prerequisite: READ105 or equivalent COMPASS/ACT score. NM Common Course Number: COMM1213.*

## VI.

### **Philosophical Statement Dental Assistant Program**

#### Philosophy

The dental assisting program provides an education based in the dental, social, behavioral, and biological sciences. The curriculum will be delivered by fulfilling three components of instruction, learning and assessment. Emphasis will be placed on developmental education/advising, curriculum delivery, faculty and staff training, and outcomes.

The major emphasis of dental assisting education is educating a dental auxiliary who is ethically and morally responsible, clinically competent and facilitates comprehensive quality care. The primary responsibility for faculty is to promote educational excellence with positive reinforcement, stressing excellence, relevance, and purpose in recognizing our commitment to the community. The dental assisting program will utilize current theory, emerging technology, and evaluation in concert with local dental professionals to ensure graduates have the knowledge, skills and attitudes to be successful.

#### Program Goals

- The dental assisting program will provide a quality educational program focused on active learning to meet the needs of students and the educational community.
- The dental assisting program will secure continuing resources to support dynamic instructional strategies and to enhance student learning.
- The dental assisting program will support student and faculty personal and professional development.
- The dental assisting program will serve the community by providing educational programs, dental assisting services, and optimal patient care to meet the needs of diverse groups in the community and surrounding region.



## VII. GENERAL POLICIES

### I. Health, Immunization, and Liability Requirements

#### a. Health Insurance

Luna Community College does not provide health insurance for students. It is highly recommended that the student obtain a health insurance policy while enrolled in a health occupations program at LCC due to the potentially hazardous nature of health care. LCC does not assume any liability for health expenses incurred due to participation in the program.

#### b. Health Status & Immunization

Students must notify the instructor immediately of any illness, change in health status, pregnancy, or any other condition that may affect the health of the student or direct client care during a clinical rotation.

Completion of the following immunizations is recommended:

- Diphtheria Tetanus – Primary series with a tetanus booster every 10 years unless there is a puncture wound or other penetrating wound that may require a booster at that time
- Varicella – (chicken pox)
- Rubella
- Measles
- Polio

Completion of the following immunizations is required:

- Tuberculin – Annually, to be current for an entire year of clinical courses.
- Hepatitis B Vaccination- series of three.

#### c. Liability Insurance

Upon admission to the program, the student will be required to purchase professional liability insurance. This insurance is obtained through the school and protects students in cases of malpractice lawsuits. Liability insurance is necessary for participation in clinical experience. This insurance is purchased upon registration for the fall semester.

#### d. Transportation

Some dental assisting courses include clinical learning experiences. The student is responsible for her/his own transportation to and from clinical sites that are not scheduled on campus.

#### **e. Telephone calls, Smoking, Food**

Students are allowed to respond to emergency calls only that have been received through Elaine Montano, Office Manager at (505)454-2521. Please quietly leave the area to answer emergency calls. Phones must be turned off or placed on silent mode while in class. No phone use is allowed in the lab, school clinic, or practicum.

Smoking is prohibited in all buildings on campus and in clinical sites. Smoking is discouraged prior to clinical or during clinical breaks as cigarette odor may remain in clothing and may be offensive to the client.

Eating or drinking beverages is prohibited in the treatment room, hallway, or dental station during clinical practicum. Eating is prohibited in the classroom while class is in session as it may be disruptive to other students.

#### **f. Program Fees & Associated Costs**

The student will incur a number of fees and associated costs while enrolled in the Dental Assistant Program. A detailed listing of these costs is included in the Appendices. The listing is an estimate, as fees and costs are subject to change.

#### **g. Basic Life Support Certification**

The student is required to be certified in cardiopulmonary resuscitation (American Heart Association Basic Life Support Provider or the equivalent). If the student has successfully completed a Basic Life Support course and has current certification, submit a copy of the certification card to the dental office by the designated date on the letter of acceptance. The dental program will provide a certification course for students who are not certified.

#### **h. Asepsis, Infection and Hazardous Control Plan**

##### **Asepsis Control Plan**

Luna Community College follows NMOSHA and OSHA regulations and CDC guidelines for asepsis. All students will be trained prior to any exposure experience. Personal protective equipment must be worn if there is an anticipation of any splatter, spray or contact with human saliva, waste or other body products.

## **i. Exposure prevention/control**

### **Accidental exposure**

Accidental exposure is defined as accidentally being exposed to blood/body fluids through needle stick, or skin lesions/non-intact mucosal membrane of a client. Accidental exposure of a faculty member or student while in a clinical agency is treated similarly to any type of accident occurring within the agency.

Transmission-based precautions are the recommendation of the National Centers for Disease Control (CDC) as well as OSHA Standards. The terms Universal Precautions and Standard Precautions are used interchangeably. Universal/Standard Precautions are a safeguard for the client as well as for the student. As recommended by the CDC, Universal/Standard Precautions are to be used with Contact, Airborne or Droplet Categories. The student must abide by these precautions in the school lab, school clinic, and clinical agencies. If the student does not abide by these precautions and becomes at risk for any blood borne and other communicable disease, or accidentally has an event, the student will be responsible for the cost of testing and medical care. The incident will be documented and filed in the student's record.

- The student or faculty exposed will be encouraged to have testing done. The decision to have the testing done is the choice of the individual exposed.
- The individual exposed must review and abide with the exposure policy at the institution or agency where such exposure took place.
- The individual exposed is responsible for any medical bills incurred as a result of exposure, i.e., lab work, vaccines, physician charges, etc. Some clinical agencies incur the expenses if policy permits.
- The clinical agency may require demographic data from the exposed individual for any follow-up that may be necessary.

Reference: See appendices, OSHA standards for Blood borne Pathogens and Needle stick Prevention.

### **Management of an Exposure Incident**

**In the event that a student has an accidental exposure, the following steps are initiated:**

1. The student **immediately** reports the incident to the clinical instructor.
2. The incident is reported to the clinical facility dental supervisor or other appropriate personnel. The clinical agency will usually require the completion of an incident report and may ask permission from the client to test for HIV antibody or hepatitis. The student or faculty exposed will be encouraged to have testing done.
3. The decision to have the testing done is the choice of the individual exposed.

4. The individual exposed must review and abide with the exposure policy at the institution or agency where such exposure took place.
5. The individual exposed is responsible for any medical bills incurred as a result of exposure, i.e., lab work, vaccines, physician charges, etc. Some clinical agencies incur the expenses if policy permits.
6. The clinical agency may require demographic data from the exposed individual for any follow-up that may be necessary.

The clinical instructor will notify the LCC dental program when a student has been accidentally exposed.

#### **j. Confidentiality**

Within the Code of Federal Regulations are statements to protect medical information and the privacy of the individual when there are no overriding needs for the public to know.

To mandate that a person infected with a blood-borne or any other communicable disease be required or requested to notify institutional or agency authorities, where exposure occurred, is difficult to enforce. However, individuals involved with healthcare-giving services and who know they are infected with a communicable disease are ethically and legally obligated to conduct themselves responsibly in accordance with the following protective behaviors:

1. Seek medical advice,
2. Follow the Institute's guidelines when involved in direct client care, and be knowledgeable about, and practice, measures to prevent transmission of the disease.

#### **k. Policy & Procedures for Students with Hepatitis B, HIV, or Other Communicable Disease.**

A student with documented Hepatitis B, HIV, or another communicable disease will be assigned to care for clients only when he/she has received a physician statement, which clears the student for a return to clinical experience. The following precautions must be initiated by the student during clinical assignments:

1. The student must practice good hand washing and wear **PPE** when providing direct client care. This is critical when in direct contact with blood, mucosal surfaces, or other fluids.
2. In the event that the student develops exudative lesions or other weeping lesions, client care will be prohibited until the physician confirms a release of return to clinical duties.
3. The student with any of the above-mentioned conditions will not, under any circumstances, be assigned any client who is immune-compromised.

4. Due to the chronicity or potential for exacerbation of such conditions, the student must be receiving ongoing medical observation and treatment.
5. The student will not be allowed to work in any clinical area when there is potential for infectious transmission to clients or coworkers.

#### **Fire Emergency Escape Plan (Complying with the LCC campus security act, 1990)**

1. Refer to LCC policy regarding fire emergency policy/procedures.
2. Exit building at a nearest exit; on the student way out, pull fire alarm.
3. Check exiting door for heat, go to if safe, **First Choice**: ICP Parking lot, **Second Choice**: Tennis court; notify a LCC staff member, who will call the fire department.
4. A staff member will notify security and/or administration.

*Note: Expect one fire drill each semester.*

#### **ADA: (AMERICANS WITH DISABILITIES ACT OF 1990)**

Luna Community College is committed to providing reasonable accommodations for persons with disabilities upon request of the individual. Individuals with disabilities requiring an accommodation to participate in a training activity should contact the Access Center: Renee Maestas, 5050-454-5355 or [rmaestas@luna.edu](mailto:rmaestas@luna.edu).

## **VIII. ACADEMIC POLICIES**

### **a. Classroom Guidelines**

The following guidelines have been established to assist the student in obtaining the greatest benefit of learning experiences provided by the curriculum. The intent is also to prepare the student to adopt the type of conduct which is expected in the dental assisting profession.

### **b. Classroom attendance:**

Punctual and consistent classroom attendance is **mandatory** for all class sessions as material presented in class is generally sequential. Therefore, any absence from a class may impact student learning. Non-emergency medical or personal appointments of any kind are recommended to be scheduled on students' personal time.

1. All assignments, quizzes, and examinations **must** be taken on the scheduled date and time. Make-up examinations, quizzes, or assignments will be allowed for excused absences **only**. It is the students' responsibility to call the instructor upon an absence to arrange for missed instruction material. The student, not the instructor is expected to assume total responsibility for making up any missed assignments or tests and ultimately, for the resulting grade.

2. Students who are excused for extenuating circumstances, such as documented medical emergencies or death in the immediate family, and who have provided notification and written verification to the instructor, will be allowed to make up quizzes, exams and assignments at the instructor's discretion.
3. The student will be responsible for acquiring all information, handouts, and announcements provided by the instructor during the student's absence. Excessive unexcused absences and tardiness are not tolerated.
4. A student Failure Warning Form will be initiated for any student behavior which impedes academic progress.

### **c. Tardiness:**

Academic progress is impeded by tardiness. Punctuality is expected, as tardiness is distracting to classroom activities and affects student learning. Unexcused tardiness may constitute a drop in grade.

### **D. Testing procedures**

All quizzes and examinations must be taken on the scheduled date and time. Make-up examinations and quizzes will be allowed for **excused** absences **only**, at the instructor's discretion.

Upon completion of any exam, the student will sit quietly until all students have completed the exam. If the student is observed cheating during an examination, the exam will be collected by the instructor and the student will receive a zero on the exam. Refer to the LCC School Catalog and Student Handbook for policy pertaining to Academic Dishonesty and Plagiarism.

### **e. Grading/evaluation**

Students must complete all required competencies with a 70% or higher to continue in the program. The standards are described in the initial orientation, are included in each course syllabus, and are printed on each competency evaluation form.

The student's academic performance is reviewed by the student, the faculty and the program director. Students can track their academic progress through a grade sheet associated with lab and clinical courses. The faculty assigned to the student is responsible for periodic review of the student's performance. Conferences will be held with each student each semester, and more often if necessary, to discuss the student's performance.

The grading system listed below is designated for all students attending the LCC Dental Assistant Program.

GRADE	GRADE POINTS	PER COURSE GRADE SCALE
A= Excellent	4	90-100
B= Above Average	3	80-89
C= Average	2	70-79
D= Below Average	1	60-69
F= Failure	0	59 below

It is the intention of the program to identify students having academic difficulties early in the program when assistance will be most valuable. Several options are available for students who are having difficulties. Any one or a combination of the following may be utilized:

- a. Individual structured time with an instructor.
- b. Individual structured time with a peer student.
- c. Referral to tutoring services for assistance.
- d. Referral to counseling services for assistance.
- e. Referral to the Students with Disabilities Program
- f. Referral to the Learning Resource Center for educational counseling, special assistance, and study skill assistance.
- g. Referral to basic skills classes to help students develop study skills and provide educational support.

Students who must leave the program for reasons that are not related to professional or academic failure may be offered re-entry into the program. This decision will be made by the program director with input from the faculty.

#### **f. Laboratory procedures:**

Students are evaluated in laboratory, pre-clinical and clinical competency through a series of competency demonstrations that must be completed with a 70% competency level to advance in the program. The competency demonstrations are based on observation and evaluation of process and product. The process of how the competency is achieved in each basic dental assisting skill is the basis for DENT 118 (Dental Assisting). As the student progresses to DENT 170 (Clinical Training/Practicum I), the evaluation measures are adjusted upwards as students integrate previous skills in relation to the higher order course objectives. The evaluation of new skills is measured as process and end product evaluations. On every laboratory and clinical student evaluation form, students are given the opportunity for a self-evaluation to assess their progress in relation to stated course objectives and a peer-evaluation. As the student's ability increases so should the dental assisting skill level. The skills should become more comprehensive as time restraints increase and the standards by which students are evaluated become more rigorous. Faculty members utilize a variety of evaluation instruments to evaluate clinical performance. These include observation by an instructor, site visit evaluation, dental office evaluation and through self-evaluation in the form of a journal and discussion. Students

can track competencies progression through the competency grade sheet associated with lab and clinical courses and through the Clinical Competency Grade Sheet.

The Dental Assistant Administrator and Instructor/s will generate a Failure Warning Form when the student is performing below minimum clinical requirements or if the student is practicing unsafely in the clinical setting. Pertinent data will be recorded in the student file. The Failure Warning Form may be written after a single incident or following any persistent behavior, which warrants the report.

## **IX. PROGRESSION**

**Progression** is defined as advancing through the program in the required sequence of curriculum, with the acquisition of knowledge, skills, and competency as outlined in the program of study.

Dental assistant courses are sequentially organized to proceed from a basic beginning level to a complex advanced level. The majority of courses require one or more pre-requisite courses, all of which must have been completed with a grade of **70%** or higher.

A minimum grade of **70%** must be earned in each dental assistant course in the dental assistant Curriculum. Failure to maintain at least a **70%** grade will curtail progress in the program.

### **Interruption of progression**

Occasionally, a situation may arise due to personal, academic, or other reasons in which students may elect to leave the program prior to completion of all requirements. In such a case, the student is required to inform the instructors for dental assistant courses he/she is enrolled in and schedule an exit interview with the Dental Assisting Program Director. Failure to complete the exit interview may result in denial of future admission to the program.

Re-admission must be done within the following year, when the course is offered. Dental assistant courses must be taken in sequence, and any one dental assistant course may be repeated only **one** time. Likewise, the student can only be readmitted to the program one time. Withdrawal with a failing grade is considered the same as a non-passing grade. Re-admission into the program must be requested in writing at least one semester prior to the start of the fall semester when the student intends to start the program again. The student must comply with all current admission and related program criteria.

### **Repeating Privileges**

A student requesting repeating privileges must submit a letter of intent to the Dental Assisting Program Director to be allowed to repeat failed coursework. In addition, the student will be required to complete a self-study review, with an individual exam of other course subjects formerly completed, and demonstrate competency for dental skills previously taught. Repeating a failed course will be allowed only one time, during the immediate following school year.



**X.****TERMINATION**

Termination from the program may be necessary if the student fails to meet the standards of the program either in the academic or clinical setting. The following are examples of cause that might lead to termination. The list is not exclusive. A student might:

1. Repeat a Dental Assistant course once and be unsuccessful.
2. Receive a Failure Warning Form a third time within the academic year.
3. Lack integrity in the academic and/or clinical setting.
4. Breach confidentiality, cheat on an exam, and/or falsify student or client records.
5. Be unwilling to undergo evaluation and treatment for substance abuse where evidence of use is suspected.
6. Exhibit unsafe practice in the clinical setting.

**LUNA COMMUNITY COLLEGE DENTAL ASSISTING PROGRAM  
RE-ENTRY POLICY**

Students who leave the program for reasons other than noncompliance with policies and procedures can re-apply for admission for a future class year, dependent on class size availability. The student requesting re-entry into the dental assisting program must submit a written request to the Dental Assisting Program Director as soon as possible after withdrawal/dismissal from the program. The Director will put in writing the specific recommendations and state the conditions necessary to bring the student to the proper level of competence prior to re-entry. The student may be required to take a previous course(s) at the cost to the student and may also be required to demonstrate competency in regards to his/her clinical skill. These recommendations and conditions may be in addition to the student repeating the course(s) that he/she did not successfully complete. Final re-admittance into the program is under the discretion of the Program Administrator.

**XI.****GRADUATION REQUIREMENTS**

Minimum credit hour requirements for the program of study must be completed in order for a student to be eligible for graduation. A grade of 70% or better is required for all courses. The student must complete a petition to graduate no later than a specified date in the semester prior to the anticipated graduation. Refer to the LCC school catalog for additional information.

## **XII. CLINICAL POLICIES**

### **a. Lab/Clinical Guidelines**

The following guidelines have been established to assist the student with obtaining the greatest benefit of learning experiences provided through the curriculum and prepare students to adopt the type of conduct, which is expected in the dental workplace.

### **b. Clinical/Lab Attendance:**

Attendance to all lab/clinical assignments is mandatory. The practicum is graded on a S (Satisfactory) or a U (Unsatisfactory) basis. Failure to complete the required objectives will constitute an unsatisfactory grade for the clinical component. The student is required to complete a minimum of 300 clinical practicum externship hours in participating dental offices in general and specialty. The student must pass both the theory and clinical sections as well as to complete the 300 externship hours, to receive a passing grade for the course.

The student is required to report to clinical 15 minutes prior to the scheduled clinical start time. In the event of an illness or death in the immediate family, the student is responsible for contacting the clinical instructor and the clinical agency no later than one hour prior to the time he/she is scheduled to be at the clinical agency. In the event of an accident or other justifiable emergency, students are responsible for contacting the clinical instructor and the clinical agency as soon as possible.

The student is encouraged to allow extra travel time for unforeseen circumstances. If the student arrives after the designated time, the student will be sent home and will receive an absence for the day. Other behaviors which will result in being sent home include: lack of preparation for the day, failure to meet the dress code regulations, and/or disruptive conduct.

Due to an emergency or inclement weather, the instructor may cancel a clinical. The student will be notified of the cancellation and rescheduling by the clinical instructor. Because the service area is widespread due to the rural nature of the communities served by the college, conditions may vary within those areas. The student is encouraged to make individual judgment decisions regarding travel. Use extreme caution and do not travel if conditions are serious. If the weather seems dangerous and travel could put the student at risk, the student should follow the steps outlined below:

1. Contact the clinical instructor of the student situation. The instructor may arrange for the student to go in later, if appropriate, or will arrange to reschedule a make-up clinical.
2. Stay informed of concerning weather conditions by referring to the LCC website and local radio and television stations, where weather forecasts, road conditions, and school closures will be announced.

### **c. Clinical expectations:**

1. The student is expected to obtain a schedule of his/her clinical assignment the day prior to clinical experience. Adequate preparation is essential, including but not limited to review of client data for formulation of dental health care/treatment plan. Specific requirements will be outlined in each course syllabus.

2. The student must maintain strict confidentiality in handling client information. Only initials of clients are to be documented on the student notebook, journal and treatment plan.
3. The student must demonstrate a professional demeanor. This includes no chewing gum, no loud conversation and no cell phones permitted in the dental operator. Students must show respect for fellow classmates and staff, and always be willing to help where needed.
4. The student must not leave a clinical setting without first directly notifying the instructor and clinical supervisor.
5. The student is required to wear an approved dental uniform during each clinical rotation. LCC student identification is required and essential.
6. If the student is unprepared, lacks professional appearance, or demonstrates unsafe practice, he/she may be dismissed from the clinical and will be marked absent for that clinical day. This may also constitute a clinical failure. A Failure Warning Form will be generated and filed in the student record.
7. If the student is ill, she/he must notify the instructor and/or clinical facility to determine whether a potential risk to clients exists. A student who becomes ill during the clinical day may be sent home at the discretion of the instructor.
8. As a first semester clinical student, you will not be allowed to take phone or verbal dentist orders for medications, (antibiotics), oral rinse treatments and procedures. As a first semester clinical student, you will not be allowed to take radiographs because; according to the NM State Law section; **16.5.33.8 REQUIREMENTS:** A. A licensee shall not allow dental assistants to perform oral radiography under any level of supervision that are not certified or in authorized training by the New Mexico board of dental health care (NMBODHC);  
B. A licensee shall not allow dental assistants to perform coronal polishing, topical fluoride application, or application of pit and fissure sealants under general supervision without certification by the NMBODHC;  
C. Dental assistants who perform oral radiography under any level of supervision are required to be certified by the NMBODHC. Dental assistants who perform coronal polishing, application of topical fluoride or, application of pit and fissure sealants both intra and extra oral radiography under general supervision are required to be certified by the NMBODHC **except those enrolled in a recognized dental assisting program and complying with the following:**  
(1) have **completed** the didactic portion of the radiography curriculum;  
(2) are exposing radiograph with supervision of a licensee or an assistant certified in radiography; and  
(3) if exposing x-rays on a human must have a written prescription from a dentist.  
D. Expanded function certification offered by the NMBODHC is distinct from certification offered by DANB. DANB certification gives the individual the right to use the initials C.D.A after their name, but does not qualify the individual to perform expanded functions without being certified by the NMBODHC.  
[9-7-84...9-30-96; 16.5.33.8 NMAC - Rn, 16 NMAC 5.33.8, 12-14-00; A, 3-29-02; A, 9-30-02; A, 12-30-02; A, 03-06-05; A, 07-16-07]

8. As a first semester student, the student will not be allowed to act as a legal witness to a consent form or permit. As a second semester student, the student may serve as a secondary witness with permission and supervision of the clinical instructor.
9. Clinical areas pose a risk of exposure to communicable diseases such as HIV or hepatitis, as well as radiation exposure. Students who are in their first trimester of pregnancy are required to take precautions. Strict radiation health and safety measures are followed at all times. However, the student may request to be removed from participation in areas requiring close proximity to ionizing radiation until after the end of the pregnancy. Any requirements not met during this time are required to be completed in order to be eligible for graduation. Because anyone can be susceptible to communicable diseases, the utmost caution must be taken in regard to infection control (Refer to “J” under General Policies of this document).

#### **d. Clinical Performance**

A clinical is defined as a faculty-assigned activity taking place in and during clinical/laboratory settings and times. These may include campus laboratory, observational sites, dental office settings, and community agencies. The student is prohibited from practicing or carrying out activities or specialized skills which the student has not practiced with a passing score in the practice lab, and those activities which are beyond the scope of practice for a dental assistant in the respective level for which the student is presently training. The student must abide by this policy with utmost responsibility. The student is required to complete all scheduled clinical hours. The student must follow universal precautions with all clients.

#### **EVALUATION POLICY:**

Students will be graded on basis of their Attendance, performance, completion of skill competencies and Completion of required clinical hours (200 Hours) for spring semester for a total of 300 hours.

Students will be evaluated by faculty and office staff on performing the following tasks:

Chair side dental assisting	Dental office management	Disposal/handling of sharps
Legal/Ethical Implications	Personal appearance	
Follow directions	Adaptability to new tasks	
Patient relations	Punctuality	
Computer skills	Telephone technique	
Use of PPE	Instrument identification	
Sterilization	X-Ray techniques	
Lab work	MSDS	
OSHA standards	Clinic’s policies and procedures	
Custom trays	Bite registration	
Trimming diagnostic casts	Taking impressions	
Temporary crowns	Pits and fissure sealants	
Coronal polishing	Fluoride treatment	
Dental materials	Rubber dam	
Isolation of treatment areas	Tray setups	

## **CLINICAL PREPARATION POLICY:**

To ensure patient safety, the student must be fully prepared prior to providing direct patient care, which includes all PPE, current CPR certification & completed hepatitis B vaccination. If the instructor believes the student is unprepared, this will be documented by the skill competency assessments. If, in the instructor's opinion, lack of preparation would compromise patient care, the student may not be allowed to participate in scheduled clinical rotation thus incurring an absence, which includes not using appropriate PPE, not having current CPR certification and completed Hepatitis B vaccination series. Hence students are instructed to work on the mannequins first in the LCC dental lab, then in the assigned participating dental clinic, on an actual patients of record in the assigned dental clinic (includes; extra-mural clinics).

## **COURSE GRADING SCALE & FINAL GRADE DETAIL**

### **METHOD OF INSTRUCTION:**

Demonstration

Monitoring Clinical Rotations

Role Modeling

Audio and Visual Aids

### **e. Clinical Appearance**

Proper clinical attire, personal hygiene, and cleanliness are required. The instructor has the right to place a student on "off duty" status when these conditions are deficient and record an absence for that clinical day. Additional regulations may be required in some clinical settings.

1. **Uniform:** A uniform (scrubs, lab coat), is required. No sheer material is allowed. All clothing worn under the uniform must be white. A white lab coat is required in clinicals. If a T-shirts is worn, any printing on it cannot show through the scrub top. Uniform pants must be loose fitting, non-binding, and shoe-top length. Socks or hose must be white or neutral in color. An LCC student identification pin/name badge is required. Only white tennis or nursing shoes will be permitted (no sandals or open shoes). Shoestrings must be white and clean.
2. **Fingernails:** No artificial nails. Natural nails must be clean, trimmed, smooth and neat and not interfere with safe client care. Clear nail polish is permitted.
3. **Jewelry:** Jewelry must be kept to a minimum, be unobtrusive, and must not present a safety hazard. Only one pair of post earrings is permitted. (Accessory jewelry for body piercings such as nose, tongue, lip, and eyebrow rings is not permitted).
4. **Hair:** Hair must be shoulder length or tied back. Plain accessories may be used to clip hair back.
5. **Make-Up:** Facial makeup must be kept simple. Use of perfumes/cologne is discouraged, as they may be offensive to clients.
6. **Equipment:** A red/blue pencil, black pen (not erasable), and a watch with second hand.

7. **Hygiene:** practice of good oral and personal hygiene essential.

**f. Clinical grading/ evaluation**

Clinical evaluation guidelines are used to document clinical performance at the beginner level then to progress to a mastery level. Which will determine the point of skill demonstrated that the student is expected to give in class/lab check off, followed by additional evaluation during practicing clinical practicum I and II in dental office patient care, chairside and lab duties. According to specific guidelines and the ADA standards, specific clinical objectives will be provided for each clinical course.

**g. American Dental Assisting Association Principles of Ethics**

Each individual involved in the practice of dentistry assumes the obligation of maintaining and enriching the profession. Each member may choose to meet this obligation according to the dictates of personal conscience based on the needs of the human beings the profession of dentistry is committed to serve.

The spirit of the Golden Rule is the basic guiding principle of this concept. The member must strive to at all times maintain confidentiality, and exhibit respect for the dentist/employer. The member shall refrain from performing any professional service which is prohibited by state law and has the obligation to prove competence prior to providing services to any patient. The member shall constantly strive to upgrade and expand technical skills for the benefit of the employer and the consumer public.

The member should additionally seek to sustain and improve the local dental assisting organization, state dental assisting association, and the American Dental Assistants Association by active participation and personal commitment.

**XIII. STUDENT CONDUCT**

**a. Disruptive Conduct:**

Disruptive conduct will not be tolerated in the classroom, lab, or clinical area. If the student is involved in such behaviors, the student will be asked to leave and must then submit a written request to be allowed to return for the next session. Refer to the LCC catalog and LCC student handbook for policy concerning disruptive conduct. The department will follow the policy and procedure as outlined in the catalog.

**b. Policy for student suspected of impairment:**

The Dental Assisting Program has adopted the following policy statement and procedures for dealing with situations of actual or suspected student chemical impairment.

**c. Policy statement:**

Although LCC enforces policy concerning substance use on campus, the Dental Program requires additional policies due to the serious nature of the courses and clinical expectations. To fulfill the provision of safe, effective, and supportive care, the student must be free of any

substance (regardless of whether the use of the substance is legal or illegal), which may impair the student's ability to make sound judgment decisions, whether in the clinical, lab, or classroom. Impairment or possible impairment of clinical judgment places the safety of clients, students, faculty, and the general public at unacceptable risk.

The dental health faculty defines a chemically impaired student as a person who, while in the academic or clinical setting, is under the influence of, or has abused, either separately or in combination: alcohol, over the counter medication, illegal drugs, prescribed medications, inhalants, or synthetic designer drugs. Abuse of the substances includes episodic misuse or chronic use that has produced psychological and/or physical signs.

#### **d. Procedures:**

##### **1. Legally prescribed medication.**

If the student is on a doctor's prescribed substance which may impair the students' judgment, the student must submit a letter from the physician verifying that the substance has been prescribed. The medical reason for the prescription does not have to be disclosed. The student may not be allowed to participate in certain activities due to impairment of clinical judgment while using a prescribed substance under the direction of a physician. Unless cleared by the physician that student is capable to carry out clinical responsibilities.

Reasonable accommodations to cope with this situation will be made by the department. However, the student is responsible for completing all course requirements.

#### **e. Substance Abuse:**

In the event that an instructor suspects that a student is under the influence of a substance that impairs or could impair clinical judgment, the instructor will implement the following steps:

##### **f. Procedures for faculty intervention:**

- a. Remove the student immediately from the lab, clinical, or classroom to a private area.
- b. Inform the student of the observed behavior or signs and allow the student to provide an explanation for the observed behavior. The student is not required to provide an explanation; however, if the student indicates that he/she is on a substance under the supervision of a physician, the procedure outlined above must be initiated immediately.
- c. Observed behavior may include but not be limited to the following signs: disheveled appearance, blood shot eyes, inappropriate language/behavior. A Suspicious Behavior Form must be completed. If the student refuses or is unable to complete the form, the instructor will document the reason given by the student for not completing the form. The instructor will sign the form.
- d. Document any witnesses to the behavior and actions initiated, and request a witness signature on the form.

- e. As soon as possible, contact the Director of the Allied Health Program of the situation and actions taken.
- f. Due to the serious nature of the program, the student will be placed on academic and clinical probation until the situation is resolved.
- g. The student must have a drug screen performed as soon as documentation on the behavior status has been completed. A forensic type blood and/or urine drug screening with proper laboratory identification and procedure by a licensed medical or scientific laboratory to complete this type of testing must be conducted. The student must arrange to have someone transport him/ her to the laboratory facility and home. Such arrangements may be done through LCC security.
- h. The instructor will provide the student with the required referral form for the specific blood or urine drug screening. If the results are positive, the student may request a retest of the same sample at another properly licensed laboratory. Results of the test and contents of the suspicious behavior form will remain confidential unless required by law. If the results of the test are positive, the fee for testing will be the responsibility of the student. The program will pay for the results if the test is negative.
- i. When chemical influence has been confirmed, the student must enter into a Student Wellness Contract for the purpose of professional evaluation of chemical dependency status and determination of a treatment plan. The terms of the contract and academic consequences resulting from chemical dependency are discussed. The student will then sign the contract, agreeing to the terms and acknowledging understanding of the contract and academic consequences resulting thereof.
- j. The Academic consequences resulting from the implementation of the **Student Wellness Contract** is that participation in clinical dental courses will not be permitted until the terms of the contract are fulfilled. A semester grade of an I (Incomplete), a W (Withdrawal), or an F (Failing) may be assigned, depending on factors such amount of course work completed to date, ability of the student to complete the requirements, and deadline for withdrawing from a course.
- k. Upon written recommendation by the chemical evaluator, indicating that the student does not require treatment or is actively participating in an out client chemical dependency program, the student may return to all courses in progress and complete course requirements. In the event that the student is unable to complete the requirements while the course is in progress as a result of in-client treatment, the student must petition for re-entry to the Dental Program.
- l. If subsequent chemical impairment occurs following these procedures, dental faculty may recommend dismissal or final termination from the Luna Community College Dental Assisting Program.



**g. Prior criminal record:**

Certain clinical agencies may require fingerprinting and state or federal criminal history checks, the cost is the student responsibility. Certain felonies may lead to ineligibility toward dental certification by the State of New Mexico Board of Dentistry.

*Note: fingerprinting may not apply to Dental Assistants in most dental offices within this region, except for correctional facilities).*

**h. Breach of confidentiality:**

Any information relative to all clients must be held strictly confidential, unless required by law to divulge any information. Failure to uphold confidentiality will result in termination from the program.

**i. Honesty:**

The student is required to maintain honesty and integrity in all course work and the clinical aspects of the program. Honesty is crucial in the dental health profession. Any observed cheating will be documented, and the student will receive a zero on the material being tested. In addition, this behavior may be grounds for dismissal from the program.

**j. Plagiarism:**

The program requires that the student adhere to the LCC policy regarding plagiarism (see LCC school catalog). If the student submits work which has been plagiarized, the student will receive a zero on the work submitted with possible termination from the program.

**k. Appeals**

LCC has established procedures for initiating a grievance which is available in the LCC student catalog. A complaint or grievance must be handled in the following sequence:

1. Point where the problem is perceived.
2. Department/Academic Director
3. LCC ACCESS Center Director
4. Appropriate Vice President
5. LCC Office of the President

**l. Use of Supplies/Equipment:**

Most materials/equipment that the student will use in the Dental Assistant Program is very costly and difficult to replace. The student will be required to demonstrate knowledge and skill in maintenance, proper set up and adequate amounts of materials/solutions. Students must use common sense and a personal ownership approach in regard to the use and care of supplies and equipment for both LCC dental site and participating dental offices. Clinical sites and LCC dental lab areas must be left clean and orderly, following all clinical and lab procedures. Asepsis and sterilization protocol will be followed. In case of abuse/neglect of any supplies or equipment, the student will be held financially responsible for the replacement of those damaged items.

### **m. Children or Others in the Classroom/Clinical Setting:**

**Under no circumstances** is the student allowed to bring children or visitors to class or clinical areas. No exceptions should be expected out of respect for other students. Prior arrangements must be made for adequate childcare. LCC offers day care services for students' children aged 2-5 at the LCC Preschool. Pre-registration for childcare is required. Information about the services is available at the LCC Preschool.

## **XIV. Honor Code**

All members of the academic community at Luna Community College are expected to practice and uphold standards of academic integrity and honesty. Instructors should inform and instruct students about the procedures and standards of research and documentation required of students in fulfilling course work. Students are to follow such instructions carefully to avoid accidental misrepresentation of work. Students must assume that individual (unaided) work on exams and lab reports and documentation of sources are expected unless the instructor specifically says otherwise. Academic integrity means representation of oneself and/one's work honestly; misrepresentation is cheating or stealing since it means that a student claims credit for ideas or work that are not actually his/hers and is thereby trying to get a grade that is not actually earned. The following are examples of academic dishonesty:

- a. Cheating on examinations by:
  - 1) using materials such as books or notes when not authorized by the instructor
  - 2) copying from someone else's paper, disk, or other data
  - 3) helping or allowing someone else to copy work
  - 4) other forms of misrepresentation
  - 5) not following correct procedures
  
- b. Plagiarizing from work of others. When dealing with written or electronic sources, a clear distinction should be made between quotations (which reproduce information from the sources word-for-word within quotation marks) and paraphrases (which translate into the student's own words). Both direct quotations and paraphrases must be documented with footnotes, etc. Just because a student rephrases, condenses, or selects from another person's work, the ideas are still unoriginal, and failure to give credit is misrepresentation of the student's actual work and plagiarism of another's ideas. Naturally, buying a paper and handing it in as one's own work is plagiarism.

Refer to page 6 of the LCC College Catalog 2009-2012.

## **XV. ACCESS TO STUDENT RECORDS**

Access to student records is only available to the student, the Director for Health Sciences and the Vice President of Instruction of Luna Community College. If a student authorizes access in writing, access will be granted to the stated individual.

## **XVI. LUNA COMMUNITY COLLEGE DENTAL ASSISTING PROGRAM FILE OF COMPLAINTS**

### **Notice of Opportunity and Procedure to File Complaints with the Commission on Dental Accreditation.**

The commission on Dental Accreditation will review complaints that relate to a program's compliance with the accreditation standards. The Commission is interested in the sustained quality and continued improvement of dental and dental-related educational programs but does not interfere on behalf of individuals or act as a court of appeals in matters of admission, appointment, promotion or dismissal of faculty, staff or students.

A copy of the appropriate accreditation standards and/or the Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago IL 60611, or by calling 1-800-621-8099 extension 2705.

## APPENDICES

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3. Emergency Contact Form..... page 40
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**LUNA COMMUNITY COLLEGE  
Department of Allied Health**

**Dental Assisting Education Program**

**STUDENT POLICY HANDBOOK ACKNOWLEDGMENT**

(Please Carefully tear out sheet, sign and date. Submit to Instructor)

I have received and read the Luna Community College Dental Assisting Program Student Handbook and understand its contents.

I accept the course requirements and guidelines as indicated in Handbook.

Signature: \_\_\_\_\_  
Signature Date

Witness: \_\_\_\_\_  
Signature Date

\*Sign as indicated and return the form to the Dental office with 24 hours of your orientation class.



**LUNA COMMUNITY COLLEGE  
DENTAL ASSISTING PROGRAM**

**Admissions Criteria Flow Sheet**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
ID#: \_\_\_\_\_  
Semester/year completed: \_\_\_\_\_

Accepted into Year \_\_\_\_\_

Overall GPA: \_\_\_\_\_

All pre-requisite classes completed "C" or better:     Yes             No  
*(PSYC101, BIO103, ENG111, SPCH111, CSA150)*

Acceptance letter sent by Program Director:     Yes             No    Date: \_\_\_\_\_

Acceptance letter response returned:             Yes             No    Date: \_\_\_\_\_  
Accepted:     Yes             No  
If not entering, reason \_\_\_\_\_

Orientation letter sent by Program Director:     Yes             No

Was this a deferral from a previous year     Yes     No    Original start date: \_\_\_\_\_

Student contacts:        Dates/Comments

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**LUNA COMMUNITY COLLEGE**  
**Dental Assistant Program**

Emergency Contact Form

Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell #: \_\_\_\_\_

Message Phone: # \_\_\_\_\_ Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

***IN CASE OF AN EMERGENCY CONTACT:***

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Cell: \_\_\_\_\_

LUNA COMMUNITY COLLEGE  
Dental Assistant Program

Immunization Record

Name of Student	PPD within One (1) Year	Tetnus	Polio				Hepatitis Series				MMR 2MMR Series		Comments		
			1	2	3	4	1	2	3	4	1	2			

# LUNA COMMUNITY COLLEGE

## Dental Assistant Program

### MEDICAL INFORMATION

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, ST, ZIP: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

#### **PAST HEALTH HISTORY:**

\_\_\_ Tuberculosis

\_\_\_ Diabetes

\_\_\_ Typhoid

\_\_\_ Seizure Disorders

\_\_\_ Menstrual Disorders

\_\_\_ Substance Abuse

\_\_\_ Psychiatric Disorders

\_\_\_ Surgery

\_\_\_ Injuries

\_\_\_ Childhood Diseases

\_\_\_ Other Illnesses (list) \_\_\_\_\_

#### **PAST FAMILY HISTORY:**

\_\_\_ Tuberculosis

\_\_\_ Diabetes

\_\_\_ Psychiatric Disorders

\_\_\_ Epilepsy

\_\_\_ Other (please explain) \_\_\_\_\_

Are you currently under medical observation or taking medications? ( Please specify)

\_\_\_\_\_  
\_\_\_\_\_

#### **NOTE TO EXAMINER:**

Please have applicant sign the following statement:

I certify the above statements to be true and accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Luna Community College  
**Dental Assisting Program**  
*Latex Allergy Survey*

Are you allergic to latex? \_\_\_\_\_

If yes, what symptoms do you have? \_\_\_\_\_

How severe is your allergy? Do you need to carry an epi-pen? \_\_\_\_\_  
\_\_\_\_\_

Do you have other issues regarding wearing gloves, either latex or vinyl? \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

## COMMUNICABLE DISEASE STUDENT RELEASE FORM

In consideration for participating in the \_\_\_\_\_ (the “School”) \_\_\_\_\_ Program, I \_\_\_\_\_ agree to indemnify and hold the School, their personal representatives, agents and employees, harmless against any and all liability, claims, demands, causes of actions, costs and expenses, including reasonable attorneys’ fees, or any claim or allegation of exposure to or contracting of any communicable disease, that might be asserted against or incurred by the Dental Office or the school resulting from or arising out of any actual or alleged negligence of the Dental Office or School, or any of their personal representatives, agents and employees, in the performance of any action related to the program or to this Agreement.

*Student Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_

**Luna Community College  
Dental Assisting Program**

**Occurrence – Progress Report**

**Student Name:** \_\_\_\_\_ **Level:** \_\_\_\_\_

**Date of Occurrence:** \_\_\_\_\_

Description of Occurrence/ Behavior(s):

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\_\_\_\_\_  
(Attach extra sheet if necessary)

Action Taken or Planned (include dates):

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I testify that the above has been discussed with me today. I understand I have the opportunity to respond in writing within one (1) week from today's date. I will attach the response to this sheet.

\_\_\_\_\_  
Student Signature                      Date                      Instructor Signature                      Date

Follow-up Action (include dates)

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\_\_\_\_\_  
Student Signature                      Date                      Instructor Signature                      Date

# LUNA COMMUNITY COLLEGE DENTAL ASSISTING PROGRAM

## STUDENT DISCIPLINARY REPORT

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Dental Assisting Faculty Member completing the report: \_\_\_\_\_

### CATEGORY A:

- Inappropriate dress for Clinic
- Not following clinical procedures
- Unauthorized use of equipment
- Incomplete forms at checks or dismissals
- Rudeness to faculty or staff
- Private conversations between students during clinic appointment time
- Leaving clinical area without proper Authorization
- Individual acceptance of money from patient
- Using abusive or obscene language
- Inconsiderate treatment of patients or visitors
- Unprofessional conduct of any kind
- Unauthorized removal of clinical equipment and/or materials from designated areas

### CATEGORY B:

- Creating or contributing to unsafe or life-threatening condition
- Insubordination to clinical faculty
- Assault on a student, patient or faculty/staff member
- Theft, abuse, misuse, or destruction of dental assisting clinical property
- Immoral or illegal conduct
- Reporting to class, clinic or rotation sites under the influence of drugs
- Disclosing confidential patient information without authorization
- Falsifying clinical or student records

Each report will result in a five point deduction from the didactic or clinic grade. Three reports will result in the lowering of the final grade by one letter grade and may result in a non-passing score. After three disciplinary reports have been issued, an appointment must be scheduled with the Dental Assisting Administrator to determine justification for continuance in the Dental Assisting program.

**LUNA COMMUNITY COLLEGE**  
**Dental Assistant Program**  
**Suspicious Behavior Form**

On, \_\_\_\_\_ (Date/Time) at: \_\_\_\_\_ (Place)

Student demonstrated the following behaviors:

- Unsteady Gait
- Slurred Speech
- Aggressive Tone (Describe) \_\_\_\_\_
- Smell of Alcohol
- Smell of Marijuana
- Physical Aggression (Describe) \_\_\_\_\_
- Other (Describe) \_\_\_\_\_

The following witness(es) also observed the behavior(s) noted: \_\_\_\_\_

The action(s) taken were (time & initial each):

- \_\_\_\_ Student was removed from the client care setting
- \_\_\_\_ Student was removed from the classroom/Lab setting
- \_\_\_\_ Other (Describe) \_\_\_\_\_

Notification to \_\_\_\_\_ Occurred on \_\_\_\_\_ (Time/Date)

Student may not return to clinical until she/he has met with the Director of Health Science and Dental Assistant Program Coordinator. The Student was informed of the need to submit to an immediate drug screening or face possible suspension or other action.

INSTRUCTOR: \_\_\_\_\_ DATE: \_\_\_\_\_  
STUDENT: \_\_\_\_\_ DATE: \_\_\_\_\_  
WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

If Student would not or could not sign, please indicate reason/s given: \_\_\_\_\_



**Luna Community College**  
**Dental Assisting Program**  
 Failure Warning Form

Date \_\_\_\_\_    Warning     Class/Clinical Failure  
   1      2      3

Student \_\_\_\_\_ Date of Incident \_\_\_\_\_

Instructor \_\_\_\_\_ Course \_\_\_\_\_

**Problems Identified:**

- Absences/Lateness
- Preparedness
- Performance Lab and/or (clinical labs)
- Written Requirements/Assignments
- Treatment Modalities (i.e. sterile technique)
- Previously Learned Theoretical/Clinical Knowledge
- Accountability
- Communication Techniques
- Safety
- Other

Description of Occurrence/Behavior(s):

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**Corrective Action(s)**

- Review clinical skills procedure checklists
- Review readings on skill in text/audiovisuals
- Practice the designated skill independently
- Arrange an appointment for supervised skill practice in the skill laboratory and obtain a note verifying attendance
- Review clinical guidelines for completion of written requirements
- Review student handbook for familiarization with school/course policies
- Complete/submit all written requirements per guidelines/syllabi/schedule
- Seek instructor guidance for completion of clinical requirements
- Notify instructor of subsequent lateness/absence in accordance with school policy
- Review behaviors which demonstrate accountability
- Come prepared for laboratory and/or clinical experience

Demonstrate appropriate communication patterns/techniques

Action Taken or Planned (include dates):

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The student must consistently meet the identified corrective actions by \_\_\_\_\_  
The student must consistently demonstrate the course objectives during all clinical/classroom experiences

If \_\_\_\_\_ does not meet the course objectives, and receives a total of three failure warnings he/she will receive a failure which results in an immediate course failure.

I acknowledge that the above has been discussed with me today. I understand I have the opportunity to respond in writing within one week from today's date. I will attach the response to this sheet.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Follow-up Action (include dates):

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Instructor Signature \_\_\_\_\_

Note: Signature denotes that the student has read and received a copy of the warning or failure and does not constitute her/his agreement.  
Revised 6/2010

# LUNA COMMUNITY COLLEGE

## Dental Assistant Program

### Student Wellness Contract

I, \_\_\_\_\_, will receive a comprehensive substance abuse evaluation conducted by a Certified Drug and alcohol Counselor or a Licensed Chemical Dependence Counselor selected from the approved list of accredited agencies provided to me by the Dental faculty. I understand that the payment for the evaluation, treatment, and follow-up care will be my responsibility. If no treatment is recommended, such evidence will be provided to the director of Health Science before I return to lecture or clinical areas. If treatment is recommended, I must complete the program determined by the evaluator. Written evidence of my treatment program completion, ability to return safely without impairment to the dental assistant program, and my aftercare plan will be submitted to the Director of Health Sciences. It has been explained to me that a grade of "I" (Incomplete) or "W" (Withdraw)" will be earned for dental courses interrupted by my treatment. I have also been informed that a written reinstatement request and application must subsequent chemical impairment validation in the classroom or clinical laboratory will result in a recommendation by the Dental Assistant faculty for an administrative dismissal from the Luna Community College Dental Assistant Program.

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**STUDENT SIGNATURE**

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*DATE*

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Agreement

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Disagreement

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

**LUNA COMMUNITY COLLEGE DENTAL ASSISTING PROGRAM**

**PROGRESS REPORT**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor: \_\_\_\_\_ Course: \_\_\_\_\_

It is the desire of all faculty to help students develop the knowledge, skills and attitudes necessary to provide competent, professional, ethical and legal dental assisting services. In reviewing your progress towards this goal, we would like to help you with skill enhancement in the area(s) noted below:

Identification of Problem Area:

Plan of Action: (to be determined by student and instructor with a plan on how to improve performance)

Time Line for Plan of Action:

The next Advising Session for the Progress Report is scheduled for \_\_\_\_\_.  
(mandatory to have a follow-up session)

(Use reverse to document subsequent Advising Sessions)

Date of Second Session: \_\_\_\_\_

Evaluation of Plan of Action:

Modification of Plan of Action:

Time Line for Modification of Plan of Action:

The next Advising Session for the Progress Report is scheduled for \_\_\_\_\_.  
(mandatory to have a follow-up session)

366 Luna Drive Las Vegas, New Mexico 87701



## Dental Assisting Program

### 1 Minute Evaluation

1. **The clearest part of today's class was:**
  
  
  
  
  
  
  
  
  
  
2. **If anything was confusing in today's class or need assistance it is in:**
  
  
  
  
  
  
  
  
  
  
3. **What I liked best today was:**

## Dental Assisting Program

### Third week evaluation form

1. Now that you are well into the \_\_\_\_\_ course for this semester, what are your feelings and thoughts?
  
2. What type of class structure do you like best and why?  
  
Formal: \_\_\_\_\_  
Informal: \_\_\_\_\_
  
3. Do you like the text, material and/or labs, why?
  
4. Do you feel the text is helpful? \_\_\_\_\_
5. Do you feel the learning aids are helpful? \_\_\_\_\_
6. Do you feel the labs are helpful? \_\_\_\_\_
  
7. Are you interested in using resources such as, study groups, study guide and tutoring to help you study? \_\_\_\_\_
8. Specify which, if any: \_\_\_\_\_
  
9. What suggestions do you have that will make class better?
  
10. In one word describe this semester: \_\_\_\_\_



Dental Assisting Program Mid-term week Evaluation

1. How do you feel the semester is going so far?
  - Frustrating \_\_\_\_\_ in what way? \_\_\_\_\_ Other: \_\_\_\_\_
  - Easy: \_\_\_\_\_ in what way? \_\_\_\_\_ Other: \_\_\_\_\_
  - Confusing: \_\_\_\_\_ in what way? \_\_\_\_\_ Other: \_\_\_\_\_
  - Difficult: \_\_\_\_\_ in what way? \_\_\_\_\_ Other: \_\_\_\_\_
  
2. Are you utilizing any of the resources offered to you? Are they helping you in your studying?
  - If so, which ones: \_\_\_\_\_
  - How are they helping: \_\_\_\_\_
  
3. What have you liked the most about this semester so far? *{ In terms of dental Assisting learning experiences}*.
  
4. What have you liked the least? *{ In terms of dental Assisting learning experiences}*.





**# of Unit Exams:** \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_

**Divided by # of Exams = \_\_\_\_\_ total**

Average exams/ Quizzes \_\_\_\_\_ X .5 = \_\_\_\_\_

Lab \_\_\_\_\_ X .15 = \_\_\_\_\_

Assignments \_\_\_\_\_ X .01 = \_\_\_\_\_

**# of Exams** \_\_\_\_\_ + \_\_\_\_\_ = **Total**

**Total Divided by # of Exams =** \_\_\_\_\_

**Total** \_\_\_\_\_ X .24 = \_\_\_\_\_

**Average Overall %** \_\_\_\_\_  
(Final Comprehensive)

GRADE	GRADE POINTS	PER COURSE GRADE SCALE
A= Excellent	4	90-100
B= Above Average	3	80-89
C= Average	2	70-79
D= Below Average	1	60-69
F= Failure	0	59 below

Laboratory Procedures are graded either with a “S” satisfactory, “U” unsatisfactory or an “I” incomplete.

**Dental Assistant Program**

**Clinical Evaluation**

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Please check the areas in which you observed the students' skills and abilities:

- |                        |                                    |
|------------------------|------------------------------------|
| — Alginate Impression  | — Oral Surgery                     |
| — Chairside Assisting  | — Radiography                      |
| — Dental Charting      | — Sterilization/ Infection Control |
| — Mix Dental Materials | — Syringe set-up/ safety           |
| — Office Management    | — Tray Set- up                     |
| — Oral Hygiene         | — Other                            |

**1. Above Average   2. Average   3. Below -Average   4. Unknown**

1. Ability to complete assigned tasks independently in a specified amount of time				
2. Ability to follow oral instructions				
3. Ability to work effectively with others				
4. Ability to apply new knowledge				
5. Ability to adjust to a new environment				
6. Willingness to learn				
7. Attendance and punctually				
8. Professional Attitude while performing specified tasks				
9. Personal professional grooming				
10. Overall performance				

**Comments and in which areas would you like LCC Dental Program to enhance and/or reinforce:**

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DENTAL ASSISTING PROGRAM  
SKILL COMPETENCY EVALUATION SHEET

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time started: \_\_\_\_\_ Time ended: \_\_\_\_\_

Course: \_\_\_\_\_ -- \_\_\_\_\_ Instructor: \_\_\_\_\_

**OBJECTIVE: Execute single-Handed and Specific Instrument Transfer and Exchange**

Student Performance Objective: *The student will carry out single-handed and specific dental tool transfer in a safe and efficient manner within the appropriate transfer zone and tactile method.*

- Grading Criteria:
- 0** = Student is absent from class and did not perform task (student will schedule with instructor for evaluation)
  - 1** = Student unable to meet the stated criteria (Demonstrated no knowledge of how to perform steps of task. Student is required to review text and referred to Lab instructor for further training).
  - 2** = Student requires assistance to meet the declared Criteria (Student will be asked to review text for steps in stated tasks)
  - 3** = Student meets the criteria without assistance. (No remedial necessary)

Competency/Criteria	Student	Self	Instructor	Comments:
<b>Single Handed Transfer and Exchange</b>				
1. Recalls the instrument from the instrument tray opposite the working end.				
2. Held the instrument in the transfer zone, 8 – 10 inches away from the operator.				
3. Predicted the instructors transfer signal and positioned the new instrument parallel to the instrument in the operators' hand using tactile methods.				
4. Retrieved the used instrument using the last two fingers.				
5. Transports the new instrument to the				

instructor				
6.Maintain safety throughout the transfer.				
<b>Non-locking Cotton Pliers Transfer</b>				
1.Held the contents (cotton pellet, wood wedge) securely by pinching the beaks together				
2.Delivered the pliers so the instructor could hold the beaks together				
3.Retrieved the pliers without dropping the cotton pellet.				
<b>Forceps Transfer</b>				
1. Used the correct hand to pick up the forceps and hold it for delivery in the proper position of use.				
2.Used the left hand to take the used instrument from the instructor				
3.Delivered the new instrument to the instructor in the appropriate position.				
4.Returned the used instrument to its proper position on the tray				
<b>Handpiece Exchange</b>				
1.Used the left hand to pick up the handpiece and hold it for delivery in the position of use.				
2.Used the right hand to take the used instrument from the instructor				
3.Delivered the handpiece to the instructor in the appropriate position.				
4.When exchanging two headpieces, did not tangle the cords.				
<b>Air-water Syringe Transfer</b>				
1.Held the nozzle of the air-water syringe in				

the delivery fingers.				
2.Retrieves the instrument the instructor was using, and then delivered the syringe.				
<b>Scissors Transfer</b>				
1.Picked up the scissors and held them near the working end with the beaks slightly open.				
2.Positioned handles of the scissors over the instructor fingers.				
3.Received the used scissors with the beaks in the closed position				

**TOTAL POINTS EARNED:** \_\_\_\_\_  
**GRADE:** \_\_\_\_\_ **INSTRUCTOR INITIALS:** \_\_\_\_\_

**LUNA COMMUNITY COLLEGE DENTAL ASSISTING PROGRAM**  
**REMEDICATION GUIDELINES FOR**  
**COMPETENCY EVALUATION**

Student's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Remediation provides for the student the opportunity to learn a skill when additional assistance is needed. The Dental Assisting Program remediates each student in the individual clinical areas where they have demonstrated a score below 70% in all dental assisting courses. Failure to complete this tutoring help may result in a non-passing grade from Clinic. A "Competency Evaluation Form" will be completed by a faculty member who will measure the student's ability on the necessary skill.

<b>Current Semester:</b>			<b>Remediation needed from DENT:</b>
<b>Date</b>	<b>Clinical Skill below 70%</b>	<b>Faculty Initials</b>	<b>Comments</b>

<b>Current Semester:</b>			<b>Remediation needed from DENT:</b>
<b>Date</b>	<b>Clinical Skill below 70%</b>	<b>Faculty Initials</b>	<b>Comments</b>

# LCC DENTAL ASSISTING PROGRAM

## STUDENT TIME SHEET FOR CLINICAL ROTATIONS

Student Name: ----- Month: -----

**Note:** Please make at least 10 copies of this sheet. Students MUST submit one sheet to the instructor at the end of each month. The submitted sheet will stay with the instructor in student's file till the end of the program. ***\* MUST be completed by the clinic dentist/ certified- licenses staff ONLY.***

<u>Month/ Day/year</u>	<u>Time (AM/PM)</u>	<u># of hours Completed</u>	<u>Doctor/ Clinic Manager/ Instructor Signature</u>	<u>Name of the clinic or Dental Facility</u>
(Weekly assignment)	From - to			
<b>Week 1</b>				
Date:				
Date:				
Date:				
Date:				
Date:				
<b>Week 2</b>				
Date:				
Date:				
Date:				
Date:				
Date:				
<b>Week 3</b>				
Date:				
Date:				
Date:				
Date:				
Date:				
<b>Week 4</b>				
Date:				
Date:				
Date:				
Date:				
Date:				

Identify strengths and areas of focus in your clinical behaviors for each Month, keeping in mind that the behaviors listed at the back of this sheet are outcome behaviors on the clinical evaluation tool.

Student Comments: (Identify strengths and areas of focus) \_\_\_\_\_

Student Signature and Date: \_\_\_\_\_

Instructor Comments: (Identify strengths and areas of focus) \_\_\_\_\_

Instructor's Signature and Date: \_\_\_\_\_

Identify **strengths** and **areas of focus** in your clinical behaviors for each Month, keeping in mind that the behaviors listed below are outcome behaviors on the clinical evaluation tool. Please try to address each of these areas, if pertinent, along with any other issues that will facilitate your learning experiences. Refer to “Clinic Card” for Clinical skills and “Skill Assessment Sheets” for Lab skills.

Chair side dental assisting	Dental office management
Legal/Ethical Implications	Personal appearance
Follow directions	Adoptability to new tasks
Patient relations	Punctuality
Computer skills	Telephone technique
Use of PPE	Instrument identification
Sterilization	X-Ray techniques
Lab work	MSDS
OSHA standards	Clinic’s policies and procedures
Custom trays	Bite registration
Trimming diagnostic casts	Taking impressions
Temporary crowns	Pits and fissure sealants
Coronal polishing	Fluoride treatment
Dental materials	Rubber dam
Isolation of treatment areas	Tray setups

**NOTE:**

Following schedule of clinical hours scheduling is highly recommended to help students in completion of **300 clinical hours** by the end of 2 semesters of a 10 month dental assisting certificate requirement.

- 1- Student must complete clinical hours in an assigned dental clinic.
- 2- Student must complete 200 hours minimum in first spring semester in assigned offsite dental office
- 4- Student must complete **100** hours minimum in Second summer semester in assigned offsite dental clinic.





# LUNA COMMUNITY DENTAL COLLEGE ASSISTING PROGRAM

## ALUMNI SURVEY

In an effort to measure the degree to which the goals and objectives of the Luna Community College Dental Assisting Program are being met and to determine your satisfaction with the dental assisting courses that you have taken, please complete the following survey. Please check the box that BEST fits your response. Your opinion and evaluations are most appreciated.

Student's Name (elective): \_\_\_\_\_

Job title at your place of employment:  Student  Dental Assistant  
 Front Desk Receptionist  Other \_\_\_\_\_

How would you rate the program?

	Excellent	Above Average	Average	Below Average	Poor	Not Applicable
• Human relations / interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Professionalism / professional etiquette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Teamwork skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Verbal communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Dental assisting skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you been employed by your office?

less than 1 year  1 year to 3 years  3 years to 5 years  over 5 years

Would you recommend Luna Community College dental assisting program?

Yes  No  Not Sure

We welcome any additional comments:

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Thank you. Please return the survey to:

Director of LCC Dental Assisting  
366 Luna Drive  
Las Vegas NM 87701



EDUCATIONAL OUTCOMES – DENTAL ASSISTING PROGRAM

Educational Competencies	Expected Outcomes	Outcomes Assessment Measures
<p><b>Knowledge Base:</b> the assimilation of principles from the humanities, biological, psychological and social sciences that guide the beginning formulation of dental assisting practice:  <i>**Remedial courses: ENG105, MATH105, READ104</i>  <i>**Pre-requisites: ENG111, CSA150, SPCH111, PSYC101, BIO103</i></p> <ul style="list-style-type: none"> <li>*Introduction to Dental Assisting Theory</li> <li>*Dental Terminology/Spanish terminology</li> <li>*Dental Materials Theory/Lab</li> <li>*Community Dental Health</li> <li>*Preventive Dentistry</li> <li>*Bio-Dental Sciences</li> <li>*Oral Medicine</li> <li>*Dental Radiography</li> <li>*Dental Pharmacology</li> <li>*Dental Laboratory Procedures</li> <li>*Professional Ethics</li> <li>*Dental Office Management</li> <li>*Clinical Training Practicum I and II</li> </ul>	<p><b>Applications:</b> Of basic science principles and dental theory for Dental Health Promotion and sustain an affiliated proficient approach in the practice of Dental Assisting.</p> <p>Complete dental assisting program            Demonstrate skills in dental assisting            Employment in the dental office as a dental assistant</p> <p><b>Attain:</b></p> <ul style="list-style-type: none"> <li>• Immunization: HEP-B and current TB test</li> <li>• CPR certification</li> <li>• State Board Certification for Dental Radiology, Health and Safety</li> <li>• State Board Certification for Expanded functions: coronal polish, pit and fissure sealant and topical fluoride application</li> </ul>	<ul style="list-style-type: none"> <li>*Cognitive exams</li> <li>*Student Presentations</li> <li>*Student Text and workbooks</li> <li>*Research Assignments</li> <li>*Return Skill Demonstrations</li> <li>*Student evaluation of instructor</li> <li>*Dentist Student Evaluation</li> <li>*State of NM Dental Board Exams</li> <li>*Dental Radiation Health and Safety pass rates</li> <li>*Expanded Functions State exam</li> </ul> <p><b>Optional:</b></p> <ul style="list-style-type: none"> <li>*Certified Dental Assistant</li> <li>*Skills Competitions</li> <li>*Dental Hygiene</li> </ul>
<p><b>Communication:</b> The practice and interactive process through which there is an exchange of information that is directed toward the promotion of Dental Health.</p>	<p><b>Demonstration:</b> The development of effective verbal skills within dental terminology in the communication with the dentist chairside, as well as, with effective patient communication, and healthy psychological establishment of oral care.</p> <p><b>Advocate:</b> The promotion of proper oral health care and hygiene</p>	<ul style="list-style-type: none"> <li>*Student Performance appraisals</li> <li>*Student Role Play</li> <li>*Student Presentations</li> <li>*Community outreach presentations</li> </ul>

Educational Competencies	Expected Outcomes	Outcomes Assessment Measures
<p><b><u>Professional Behaviors-</u> the practice within the ethical, legal and regulatory codes of dental assisting standards in which a dental assistant is accountable for one's own actions and behaviors</b></p> <ul style="list-style-type: none"> <li>• <b>Chairside assisting</b></li> <li>• <b>Dental Office Management</b></li> <li>• <b>Professional Ethics</b></li> </ul>	<p>Demonstrates awareness of ethical, legal and regulatory codes/standards in the practice of dental assisting health promotion.</p> <p>Demonstrates accountability of the learner role in health promotion in the community.</p> <p>Identifies the basic components of human and group behaviors that promote professionalism in the work place.</p>	<ul style="list-style-type: none"> <li>• <b>Cognitive Exams and quizzes</b></li> <li>• <b>Assignments</b></li> <li>• <b>Student research</b></li> <li>• <b>Dentist student Evaluations</b></li> <li>• <b>Instructor evaluations</b></li> <li>• <b>State of NM Dental Board Exam Radiology Pass Rate</b></li> <li>• <b>Demonstration of skill in the laboratory and chairside</b></li> <li>• <b>Visit/observation of dental office and dental labs</b></li> </ul>
<p><b><u>Cultural Diversity-</u> The practice of dental assisting which incorporates the cultural patterns, values and beliefs of an individual, family and health care member, that includes the acceptance and respect of cultural differences</b></p> <ul style="list-style-type: none"> <li>• <b>Chairside Assisting</b></li> <li>• <b>Dental Terminology English and Spanish</b></li> <li>• <b>Spanish for Health Professionals (elective) optional.</b></li> </ul>	<p>Recognizes the importance of values, beliefs and cultural tradition of individuals and groups.</p> <p>Demonstration of knowledge regarding values, beliefs, and cultural traditions by the practice of individualizing.</p> <p>Teaching/learning cultural groups</p>	<ul style="list-style-type: none"> <li>• <b>Cognitive exams and quizzes</b></li> <li>• <b>Student cultural presentations</b></li> <li>• <b>Role play of cultural diversity</b></li> <li>• <b>Dentist student evaluation</b></li> <li>• <b>Instructor student evaluation</b></li> <li>• <b>Community outreach presentation with</b></li> <li>• <b>Instructor evaluation</b></li> <li>• <b>Research presentation</b></li> </ul>

Revised: Gloria B. Pacheco, 7/29/2010



## Safety and Health Topics

# Bloodborne Pathogens and Needlestick Prevention

Workers in many different occupations are at risk of exposure to bloodborne pathogens, including Hepatitis B, Hepatitis C, and HIV/AIDS. First aid team members, housekeeping personnel in some settings, nurses and other healthcare providers are examples of workers who may be at risk of exposure.

In 1991, OSHA issued the Bloodborne Pathogens Standard ([29 CFR 1910.1030](#)) to protect workers from this risk. In 2001, in response to the [Needlestick Safety and Prevention Act](#), OSHA revised the Bloodborne Pathogens Standard. The revised standard clarifies the need for employers [to select safer needle devices](#) and to [involve employees in identifying and choosing these devices](#). The updated standard also requires employers to [maintain a log of injuries from contaminated sharps](#).

The following questions link to information relevant to bloodborne pathogens and needlestick prevention in the workplace.

**In Focus**

If you are stuck by a needle or other sharp or get blood or other potentially infectious materials in your eyes, nose, mouth, or on broken skin, immediately flood the exposed area with water and clean any wound with soap and water or a skin disinfectant if available. Report this immediately to your employer and seek immediate medical attention.

Guidelines for post-exposure follow-up:

Updated U.S. Public Health Service [Guidelines for HIV](#). (9/2005)

Updated U.S. Public Health Service [Guidelines for HBV, HCV, and HIV](#). (6/2001)

[OSHA's position on the use of Novartis' Fluvirin® device](#). OSHA Standard Interpretation, (2008, November 24).



### [What OSHA standards apply?](#)

Standards | Preambles to Final Rules | Directives | Standard Interpretations



### [What are the hazards of bloodborne pathogens in the workplace?](#)

Bloodborne Pathogens | Needlestick



### [What are some examples of possible solutions for workplace hazards?](#)

Control Programs | Safer Needle Devices | Decontamination



### [What should be done following an exposure to blood?](#)



### [What additional information is available?](#)

Related Safety and Health Topics Pages | Training | OSHA Resources | More

# LUNA COMMUNITY COLLEGE DENTAL ASSISTING PROGRAM

## EMERGENCY ACTION PLAN

The following are the procedures to be followed in case of any medical/personal injury emergency occurring in the Dental Assisting Program.

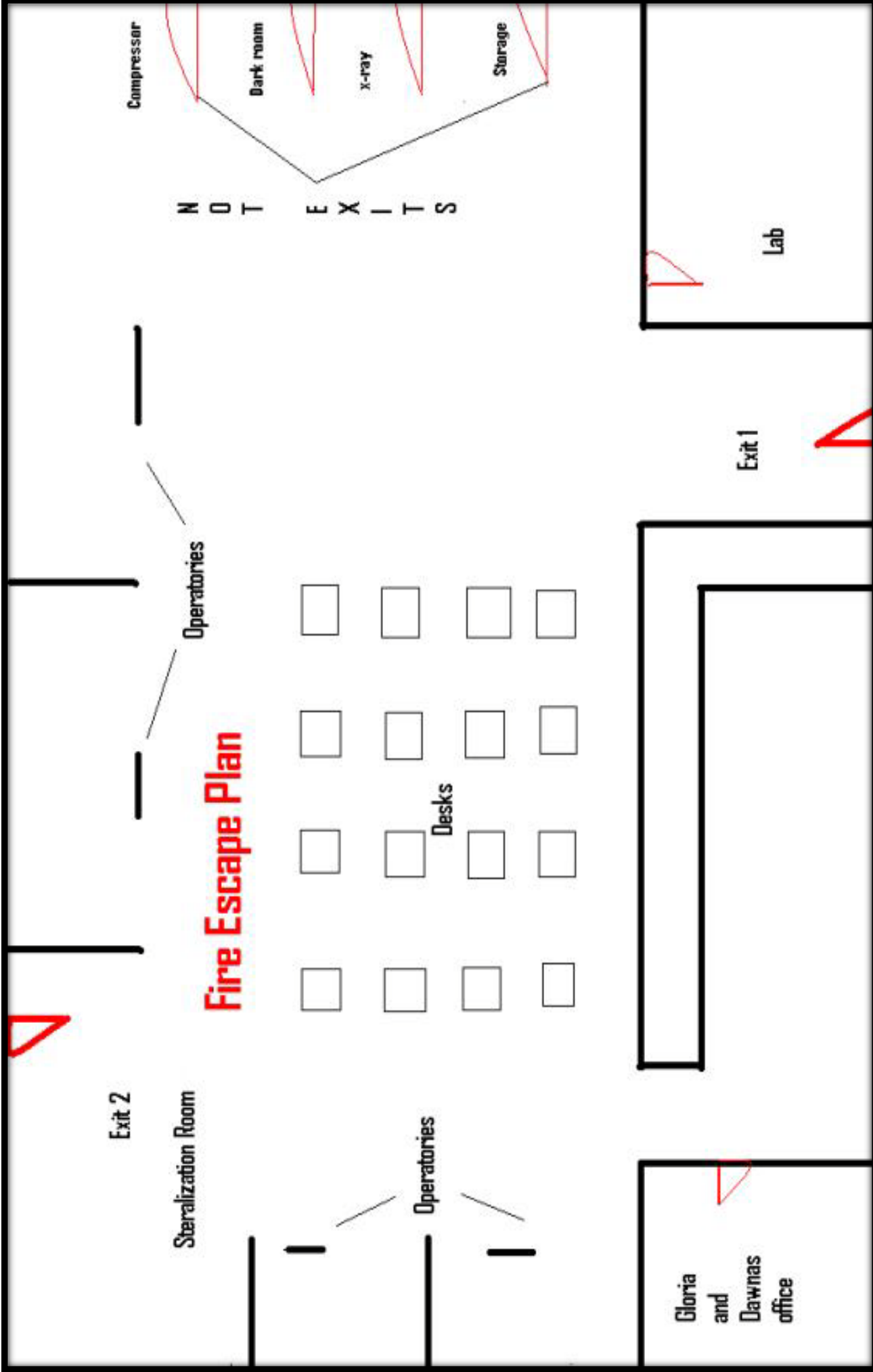
In the event of an individual emergency occurring with a patient in the dental laboratory/clinic, the following sequence should occur:

- I. The student whose student partner/patient is experiencing the emergency will STAY with the patient and do the following:
  - A. Notify a neighboring 2<sup>nd</sup> student of the emergency by telling him or her to get the clinical instructor.
  - B. Assess the student partner/patient's condition utilizing vital signs to determine the need for CPR or other first aid measures and start CPR if needed.
  
- II. The neighboring 2<sup>nd</sup> student will:
  - A. Bring the incident to the attention of an instructor and/or the program administrator.
  - B. Bring the first aid kit to the scene of the incident. (The first aid kit is located adjacent in the program administrator's office.)
  - C. Bring a member of the nursing faculty to the DA department if program administrator and or instructor deems it necessary.
  - D. Call other emergency services if deemed necessary by the instructor or program administrator. (The emergency services numbers are posted on the wall outside the program administrator's office.)
    1. EMS – Dial 911
    2. The following information should be given to the 911 operator:
      - a. the caller's name and clinic phone number TO BE DETERMINED
      - b. the nature of the emergency
      - c. the type of aid needed
      - d. the location of the emergency
  - E. Meet the emergency vehicle(s) at a designated location and inform them of the building entrance which offers best access to the emergency location.
  - F. Lead emergency service to area of the emergency.
  
- III. The responding faculty will:
  - A. Assess student partner/patient for emergency support measures and first aid that would be appropriate.
  - B. Verify that the program administrator has been notified.
  - C. Coordinate and aid in emergency procedures until or EMS arrives.
  - D. Determine the need for nursing faculty to assess the situation.
  - E. Follow-up on EMS.
  - F. Aid in clinic patient/student control.

- IV. The Dental Assisting Administrator will:
  - A. Assess patient needs and participate in delivery of aid deemed necessary, i.e., CPR, first aid, need for nursing faculty, etc.
  - B. Verify that EMS was called.
  - D. Coordinate and administer in emergency procedures until EMS arrives.
  - E. Notify the family.
- V. Follow-Up:
  - A. Program administrator, faculty, and students involved meet as soon as possible following the incident and record:
    - 1. description of incident
    - 2. cause of incident
    - 3. prevention of incident
    - 4. corrective actions to be taken
  - B. Fill out accident/incident report. Copy given to the Dental Assisting Program Director and the Academic Dean of Health Sciences.

# Fire Escape Plan

N O T E X I T S



Exit 2

Sterilization Room

Operatories

Operatories

Desks

Exit 1

Gloria and Dawnas office

Lab

Compressor

Dark room

x-ray

Storage

# New Mexico Board of Dental Health Standards

**TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING**  
**CHAPTER 5 OCCUPATIONAL AND PROFESSIONAL LICENSING GENERAL PROVISIONS**  
**PART 39 DENTAL ASSISTANTS, PRACTICE AND SUPERVISION**

**16.5.39.1 ISSUING AGENCY:** New Mexico Board of Dental Health Care  
[9-30-96; 16.5.39.1 NMAC - Rn & A, 16 NMAC 5.39.1, 9-30-02]

**16.5.39.2 SCOPE:** The provisions of Part 39 of Chapter 5 apply to all dental assistants with current expanded function certification.  
[9-30-96; 16.5.39.2 NMAC - Rn, 16 NMAC 5.39.2, 9-30-02]

**16.5.39.3 STATUTORY AUTHORITY:** Part 39 of Chapter 5 is promulgated pursuant to the Dental Health Care Act, NMSA 1978, 61-5A-5 and 61-5A-6 (1996 Repl. Pamp.).  
[9-30-96; 16.5.39.3 NMAC – Rn, 16 NMAC 5.39.3, 9-30-02]

**16.5.39.4 DURATION:** Permanent  
[9-30-96; 16.5.39.4 NMAC – Rn, 16 NMAC 5.39.4, 9-30-02]

**16.5.39.5 EFFECTIVE DATE:** September 30, 1996, unless a later date is cited at the end of a Section.  
[9-30-96; 16.5.39.5 NMAC - Rn & A, 16 NMAC 5.39.5, 9-30-02]

**16.5.39.6 OBJECTIVE:** To establish those procedures, which may be provided by dental assistants, the procedures which require expanded function certification, and the procedures which may not be performed by dental assistants, regardless of certification or supervision.  
[9-30-96; 16.5.39.6 NMAC – Rn, 16 NMAC 5.39.6, 9-30-02]

**16.5.39.7 DEFINITIONS:** [RESERVED]  
A. Repealed  
B. Repealed  
C. Repealed  
[10-21-70...5-31-95; R, 12-15-97; 16.5.39.7 NMAC – Rn, 16 NMAC 5.39.7, 9-30-02]

**16.5.39.8 PRACTICE AND REQUIRED SUPERVISION:** Dental assistants may provide any basic supportive dental procedure, not excluded elsewhere in rule or in statute if the procedure is performed under the indirect supervision of a dentist. The following expanded function procedures may be performed without certification under indirect supervision as long as the procedure is approved by the dentist or dental hygienist upon completion:  
A. Rubber Cup Coronal Polishing  
B. Application of Topical Fluoride  
C. Pit and Fissure Sealant Application  
[10-21-70...9-30-96; 16.5.39.8 NMAC - Rn & A, 16 NMAC 5.39.8, 9-30-02]

**16.5.39.9 PROCEDURES REQUIRING CERTIFICATION:** The following procedures are allowable under general supervision if the dental assistant is certified by the Board:  
A. Place and expose dental radiographs;  
B. Rubber cup coronal polishing;  
C. Application of topical fluoride; and  
D. Pit and fissure sealants.  
[10-21-70...5-31-95; 9-30-96, A, 12-15-97, A, 1-1-99; 16.5.39.9 NMAC - Rn & A, 16 NMAC 5.39.9, 9-30-02]

**16.5.39.10 NON-ALLOWABLE PROCEDURES:** Licensees may not delegate the performance of the following procedures to auxiliary personnel:  
A. Removal of, or addition to, the hard or soft tissue of the oral cavity;



- B. Diagnosis and treatment planning;
  - C. Final impressions for restorations or prosthetic appliances;
  - D. Fitting and adaptation of prostheses;
  - E. Final fitting, adaptation, seating and cementation of any fixed or removable dental appliance or restoration, including but not limited to inlays, crowns, space maintainers, habit devices or splints;
  - F. Irrigation and medication of canals, cone try-in, reaming, filing or filling of root canals; and
  - G. Other services defined as the practice of dentistry or dental hygiene in Section 61-5A-4, A, B, and C.
- [10-21-70...5-31-95; 9-30-96; 16.5.39.10 NMAC - Rn & A, 16 NMAC 5.39.10, 9-30-02]

**HISTORY OF 16.5.39 NMAC:**

**Pre-NMAC History:**

Material in this part was derived from that previously filed with the commission of public records - state records center and archives as:

Article XII, Dental Assistants, 3-12-81;

Article XII, Dental Assistants, 1-12-82;

Article XII, Dental Assistants, 8-8-84;

Article XII, Dental Assistants, 2-5-88;

BOD Rule 10, Dental Assistants, 2-9-89;

BODHC Rule DA 1-95, Dental Assistant, Practice and Certification, 5-5-95.

**History of Repealed Material: [Reserved]**

**Other History:**

BODHC Rule DA 1-95, Dental Assistant, Practice and Certification, filed 5-5-95 was renumbered, reformatted **to and replaced by** 16 NMAC 5.39, Dental Assistants, Practice and Certification, filed 9-17-96.

16 NMAC 5.39, Dental Assistants, Practice and Certification, filed 9/17/96 was **renumbered, reformatted and amended to** 16.5.39 NMAC, effective 9-30-02.

**LUNA COMMUNITY COLLEGE DENTAL ASSISTING PROGRAM  
FILE OF COMPLAINTS**

**Notice of Opportunity and Procedure to File Complaints with the Commission on Dental Accreditation.**

The commission on Dental Accreditation will review complaints that relate to a program's compliance with the accreditation standards. The Commission is interested in the sustained quality and continued improvement of dental and dental-related educational programs but does not interfere on behalf of individuals or act as a court of appeals in matters of admission, appointment, promotion or dismissal of faculty, staff or students.

A copy of the appropriate accreditation standards and/or the Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago IL 60611, or by calling 1-800-621-8099 extension 2705.

I have read the above notice:

Student name: \_\_\_\_\_

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Luna Community College  
Dental Assisting Program  
Exit Interview Form**

If a student fails to progress through the first semester of dental assisting school they must reapply to the Dental Assisting program. If a student successfully completes the first or subsequent semesters a signed **EXIT INTERVIEW** form is required from any student who leaves the program prior to completion of the program or does not successfully complete a course. A student who does not complete the required document will be ineligible for re-admission for the next academic year. Re-admission must be done within *one year*.

A student can be readmitted for academic failure one time. Any student failing one or two classes is required to audit or demonstrate proficiency in content in all dental theory classes previously successfully completed in one of the following ways: 1) Auditing the theory class (see handbook) with an abbreviated clinical schedule consisting of two clinical days or 2) Take and pass a comprehensive exam chosen by dental faculty the week before classes begin. Re-application will be considered after three years if student is in good-standing as evidenced by no more than one clinical write up during the course of study. All students failing one class must complete the following:

- A. Students will complete a self-inventory assessment regarding what personal changes will be made to achieve success prior to returning to the program.

**Early Exit:** Yes \_\_\_\_\_ No \_\_\_\_\_

Academic Status at time of exit:

\_\_\_\_\_

Reason for leaving the program:

\_\_\_\_\_

(Attach a separate sheet if additional space is needed)

\*\*Documentation Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_

Terms for Readmission:

\_\_\_\_\_

\_\_\_\_\_

I hereby acknowledge that I have read and understand the policy for leaving the Dental Assisting Program

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Gloria B. Pacheco

Program Administrator

\_\_\_\_\_  
Date

**Readmission for Academic Failure:** Yes \_\_\_\_\_ No \_\_\_\_\_

Plans for \_\_\_\_\_

\_\_\_\_\_

I hereby acknowledge that I have read and understand the policy for readmission to the Dental Assisting program.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Gloria B. Pacheco

Program Administrator

\_\_\_\_\_  
Date

C:/ Handbook forms 2010 handbook exit form



Dental Assisting Program  
Consent, Waiver and Release of Liability

As part of the dental assistant education program at Luna Community College, I recognize that experience in an office setting is an essential component of my ability to prepare fully for an eventual career in this field. I further understand that Luna Community college has sought partnerships with private dental service providers so that I may have these opportunities as part of my course of study. In consideration for my participation and having these opportunities, **I hereby acknowledge that I have read, understand and consent to the following terms and conditions for my participation:**

I understand that work in a dental service office necessarily involves risk of contracting disease or being injured. I am participating in this program by my own free will and choice. No one is forcing me to participate or to accept these risks, and I am doing so to further my personal educational goals. I am accepting the risks of disease and injury with full knowledge and understanding of those risks.

I understand that I have an obligation to adhere to all program requirements.

I realize that I am similarly required to follow all rules and protocols at the placement sight and that I am obligated to follow the lawful directives of my supervisors at my placement sight.

I recognize that my failure to adhere to safety rules may result in harm to me or others, and for that reason, I understand that I must maintain the highest levels of professionalism in my office placement.

I understand that, even though this is an off-campus placement, I am subject to the student codes of conduct and penalties for my actions or omissions. I recognize that I may be removed from the program for any violation of site protocols or LCC student conduct standards.

**Waiver and Release.** I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release the Luna Community College, its board, board members, and all LCC agents, as well as the entity with whom I am placed or any of its agents, from any liability or claims for damages of any kind arising out of or resulting from my participation in the Luna Community College Dental Assistant Program, my placement in a dental service facility, or any work performed pursuant to that placement.

**I ACKNOWLEDGE THAT I HAVE READ THIS CONSENT, WAIVER AND RELEASE OF LIABILITY AGREEMENT AND THAT I UNDERSTAND AND ACCEPT EACH OF ITS TERMS AND CONDITIONS:**

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



Dental Assisting Program  
Estimate of Fees incurred

➤ **Program costs:**

*Items listed below are ESTIMATED fees which are necessary for you to accomplish and to build upon necessary skills.*

- ✓ Estimated program cost based on current fees:

<b>35.00/credit hour</b>	<b>x 52 minimum credit hours</b>	<b>\$ 1,820.00</b>
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- ✓ Liability Insurance – payable to LCC Administration - \$ 15.00
- ✓ Laboratory Coat – \$ 30.00
- ✓ Scrub set (teal top/black pants) - \$ 40.00
- ✓ Second hand watch – \$ 20.00
- ✓ Red/blue dental charting pencil - \$ 4.00
- ✓ Student American Dental Assisting Association - \$ 25.00
- ✓ DANB - NMBDH Expanded Functions Certification - \$240.00
- ✓ DANB –NMBDH Radiology Exam - \$150.00
- ✓ DANB- CDA – Certified Dental Assistant Exam – \$375.00
- ✓ NMSBDH – \$ 50.00
- ✓ Petition to Graduate- \$ 15.00
- ✓ Estimated cost for Books & supplies –
  - Dental Assisting text: 116.25
  - Dental Assisting WB: 41.50
  - Dental Terminology: 52.50
  - Dental Pharmacology: 105.25
  - Dental radiography: 66.00
  - Dental Instrument Guide: 36.25

Total Estimated Additional Fee: 3,201.75

