

Certificate of Completion DENTAL ASSISTANTING (DA)

PROGRAM INFORMATION

Description

This program prepares students to work as dental assistants in dental clinics and other dental facilities. It consists of 52 credits of instruction, lab and work experience. Upon completion of this program students will be able to: 1) demonstrate general knowledge of dental terminology, anatomy and physiology, dental law and ethics, 2) demonstrate proficiency in dental office administrative practices, and 3) demonstrate comprehensive knowledge of clinical dental practice.

Class Hours

Class hours vary, so please refer to the college catalog for specific class hours.

COST (approximate)

\$4,784.00*	Tuition (based on 52 credits)
\$2,724.00*	Course/Credit Fees
\$200.00	Books for DA Program
\$40.00	Uniform (gray scrubs)
\$51.00	Background Check (prior to Fall term)
\$51.00	Drug Screen (prior to Fall term)
\$30.00	eLearning Certificates (prior to Fall term)
\$50.00	CPR Card (prior to Fall term)

*Based off of 2018 Tuition rates

Immunizations (based on average charges of Coos County Health Department)

\$40.00	TB (PPD) skin test
\$200.00	Hepatitis B (3 doses) or titer (\$66.20 each)
\$35.00	MMR Vaccination (2 doses) or titer (\$15.19 each)
\$20.00	Tetanus Booster (Td or Tdap)
\$120.00	Varicella (2 doses) or titer
\$50.00	Flu Vaccine
	(start initiating immunizations right away)

(The course costs provided are an estimate, and subject to change based on Southwestern Oregon Community College Board Policy and vendor costs)

At least one set of gray uniform pants/tops with SWOCC Dental patch that is available in the SWOCC Bookstore. Black shoes (no open toes or heels).

Certification by examination (Dental Assisting National Board) – optional but highly recommended. Exam fees: \$475 estimated. This exam will be taken toward the end of the course.

Some students may be eligible for financial assistance. Check with the Student First Stop Center in Dellwood Hall or Curry Campus

NEXT STEPS:

1. New students must apply for admission to Southwestern Oregon Community College and pay the one-time \$40.00 application fee. Apply online at <http://www.socc.edu/admissions/enroll> or from the Student First Stop Center in Dellwood Hall on the Coos Bay campus or Curry campus.
2. Read this packet for information on costs, course requirements, and criminal history information requirements that's subject to change pursuant to Southwestern Oregon Community College policies and procedures.
3. Complete the DA demographics/checklist packet prior to registering for the course. **Submit this packet to the Administrative Assistant in Sumner Hall, room 4.**
4. Submit copies of official documentation for required immunizations and screening tests. Official documentation includes State official documents of immunization, doctor's letterhead prescription pads with applicant name and health care provider signatures, or copies of actual test/x-ray reports, etc.)

Tuberculosis test (PPD). TB skin tests or blood tests must have been administered within the last year; if the year expires during the class, another PPD or blood test is required. Provide documentation of a negative tuberculosis test (PPD), with the results measured in mm (millimeters). If the PPD test is positive, documentation of a negative chest x-ray or blood test must be submitted with your completed checklist.

Measles, Mumps, Rubella (MMR). If immunization documentation is not available, obtain a Serum Titer for (MMR) to determine immunity. If immunity is not indicated, an immunization must be received. Proof of two doses of vaccine is required.

Hepatitis B. This is a series of three injections. Only the first dose must be completed prior to the start of the course.

Varicella (Chickenpox). Two immunizations are required. A Serum Titer may also be done to determine immunity. If an immunization is needed, the first dose must be completed prior to the start of the course, with the second dose being received during the course when the immunization is due to be given.

Td Booster (Tetanus and Diphtheria) and/or Tdap (Tetanus, Diphtheria, Pertussis). Td boosters are recommended every 10 years. Documentation of a Td Booster within the last 10 years is required. The Center for Disease Control recommends a 1-time dose of Tdap for Health Care Providers younger than age 65 years with direct patient contact.

Exemptions to immunization requirements are allowed for religious or medical reasons. If you have religious reasons, you must sign a Statement of Declination. Exemptions for medical reasons require a statement from a health care professional. Since there are risks in not being vaccinated, students will not be allowed to attend classes in the event of a disease occurrence on campus or the cooperative work experience setting. As a result, a student would not be able to successfully complete the requirements of the course. Work experience facilities can refuse a student if they do not have required immunizations.

If any additional immunizations become required by governing agencies after the program has started, students will be informed and required to obtain them.

Immunization records may be available to students who had immunizations administered in Oregon, through the Alert system. ALERT Immunization Information System (IIS) is a statewide registry that records vaccinations administered in Oregon, from either public or private providers. ALERT IIS helps parents, health care providers, schools and other authorized users to know an individual's immunization status. ALERT's Adult Records Request Form is available at https://www.alertiis.org/docs/adult_record_request.pdf.

5. **Students are required to complete a criminal history check prior to the start of the Dental Assistant Program.** All health occupation programs at Southwestern Oregon Community College is contingent on passing a criminal background check.

Each student is required to meet all of the requirements of the college and the cooperative work experience site in order to participate in the course's work experiences. Course completion requires class instruction, as well as work experience in a licensed facility. A student will be unable to complete the DA program if the facility denies their ability to participate in cooperative work experience based on the criminal history check. No exceptions can be allowed.

To fulfill this requirement, read the Department of Human Services Division 7 Criminal History Check Rules with the packet. After reading the rules, sign the documents provided in the packet that indicates you have read and understand the information. Students will initiate a criminal background check through CastleBranch. Students will go to [CastleBranch](#), create an account, and enter the code provided by the [Administrative Assistant](#) prior to fall term. The cost of the background check will be \$51.

6. Every student will have to complete a Drug Screen (\$51) prior to the start of the DA program. The code and instructions will be provided by the [Administrative Assistant](#).
7. Every student will complete the OSHA/HIPAA eLearning (\$30) trainings through CastleBranch at the student's cost. Log into your [CastleBranch](#), and enter the codes provided by the [Administrative Assistant](#).
8. A current CPR card through American Heart Association: minimum of BLS (Basic Life Support) for Healthcare Provider is required. The CPR must be completed prior to the start of the DA program. If you already have a current CPR Card from the [accepted providers](#), please provide a copy (front and back of card) with your completed checklist.
9. Completed packets along with the required documentation are to be turned into the Administrative Assistant in Sumner Hall, room 4. Students are accepted into the course based on a "first come, first served" basis. Students will be considered provisionally complete until the results of the criminal background check and drug screen through CastleBranch have been received, reviewed, and approved for course enrollment by the authorized representative for Southwestern Oregon Community College.

Most terms will have 15 available slots. In case of low enrollment, the course may be cancelled for the term. Registrations received above the number of available slots will be kept on an alternate list if requested, in case someone is unable to start the course after turning in their registration.

You may register online using myLakerLink (<https://mylakerlink.socc.edu/ics/>) or in person at the Student First Stop Center in the Dellwood Hall lobby area. It is your responsibility to register, with payment due at that time.

Dental Assistant (DA) PROGRAM REQUIREMENTS

First Name _____ Middle _____ Last Name _____

Email Address (required) _____ Previous Last Name(s) _____

Address, Street _____ City _____ State _____ Zip _____

Date of Birth _____ SWOCC ID # _____ Phone Number(s) _____

Attach **copies** of official documentation verifying the following vaccines, titers, and/or diagnosis by a medical doctor of childhood illness – Do not submit original documents

Immunizations, titers, or diagnosis	Date	Program Staff Only	Immunizations, titers, or diagnosis	Date	Program Staff Only
<input type="checkbox"/> MMR (Measles, Mumps, Rubella) - Dose 1			<input type="checkbox"/> Varicella (Chicken pox) - Dose 1		
<input type="checkbox"/> MMR (Measles, Mumps, Rubella) - Dose 2			<input type="checkbox"/> Varicella (Chicken pox) - Dose 2		
<input type="checkbox"/> Hepatitis B - Dose 1			<input type="checkbox"/> Influenza Vaccine (recommended not required)		
<input type="checkbox"/> Hepatitis B - Dose 2			<input type="checkbox"/> CPR Card for the Health Care Provider		
<input type="checkbox"/> Hepatitis B - Dose 3			<input type="checkbox"/> Criminal Background Check Initiated		
<input type="checkbox"/> TB skin or blood test (PPD) (within the last 1 year)			<input type="checkbox"/> Drug Screen Initiated		
<input type="checkbox"/> Tdap (Tetanus and Diphtheria) (within the last 10 years)			<input type="checkbox"/> eLearning Initiated		

Do you think your overall physical condition will allow you to do the work required of a dental assistant?
Yes No (If no, please explain) _____

Do you think you will be able to stand and walk for long periods of time, and lift up to 35 pounds for patient handling tasks?
Yes No (If no, please explain) _____

Are there any physical condition requiring you to need any physical accommodations, while performing in the practicum and cooperative work experience and caring for patients in a skilled facility?
Yes No (If yes, please explain) _____

If currently pregnant, a written statement is required from your licensed health care provider stating that it is safe for you to participate in classroom, lab, and clinical environments. This health clearance release also needs to specify that you are able to complete all skills required in the Dental Assistant Program.
Applicable Not Applicable
If applicable, the required documentation has been submitted: Yes No

I verify that I have received and reviewed the Department of Human Resources list of Potentially Disqualifying Crimes (ORS 407-007-0200 through 407-007-0380) viewed at: http://arcweb.sos.state.or.us/pages/rules/oars_400/oar_407/407_007.html
I have read and agree with the terms of SWOCC's Criminal Background Clearance Release policy and understand that I must complete the Criminal Background Check prior to fall term of the DA program.
Applicant Signature _____ Date _____

I understand that I must obtain and submit a copy of CPR certification before the DA program begins. Only American Heart Association BLS (Basic Life Support) for Healthcare Providers will be accepted.
Applicant Signature _____ Date _____

Make a copy of this checklist and supporting documentation for your records

Received and documentation verified: _____ SWOCC staff initials, date and time
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Dental Assistant (DA) Demographics/Checklist

Name: _____ Student ID: _____ Date: _____

Coursework

DA Scores: Accuplacer scores (or equivalent coursework) must be dated within three years from the program start date. If beyond this time frame, the placement tests would need to be retaken.

(Please provide copies of Accuplacer scores)

My Academic Advisor is:			
		Accuplacer or Equ	
Reading		≥75	
Prerequisite Courses:			
Course	Grade	Term/Year Completed	
MTH 20		/	
WR 90		/	
Program Requirements:			
Course	Grade	Term/Year Completed or Planned	
FALL	DEN 101		/
	DEN 102		/
	DEN 103		/
	DEN 114		/
	AH 111		/
	WR 115		/
WINTER	DEN 104		/
	DEN 105		/
	DEN 107		/
	DEN 110		/
	DEN 280		/
	MTH 60		
SPRING	DEN 109		/
	DEN 111		/
	DEN 112		/
	DEN 113		/
	BA 285		/
	DEN 280		/

Demographics

The following demographic data is optional. This data is only for reporting purposes for our annual reports. You do not have to disclose any information that you are not comfortable disclosing.

Education History:

- High School Diploma
- General Education Development (GED)
- Do not wish to disclose

Education Funding:

- Paying cash
- Receiving Fin Aid/grants/loans
- Veterans benefits
- Trade Adjustment Assistant program
- Do not wish to disclose

Are you a First-Generation college student?

- Yes, I am the first in my family to attend college.
- No, one or both of my parents have attended college.
- Do not wish to disclose.

Dental Enrollment:

- I plan to attend full-time
- I plan to attend part-time
- Mixture of full/part-time

Employment:

- I plan to work full-time while in the DA program.
- I plan to work part-time while in the DA program.
- I do not plan to work while in the DA program.

Gender:

- Female
- Male
- Do not wish to disclose

Ethnicity:

- Hispanic of any race
- American Indian or Alaska Native
- Native Hawaiian or Pacific Islander
- Asian
- Black or African American
- White or Caucasian
- Do not wish to disclose

Primary Language:

- English is my Primary
- English is Secondary: _____
- Do not wish to disclose

CRIMINAL BACKGROUND CHECK FOR HEALTH OCCUPATIONS STUDENTS

Policy

Acceptance into any health occupations program is contingent on passing a national criminal background check. Failure of the criminal background check will require the student to forfeit his/her acceptance into the health occupations program. If criminal background checks are required for cooperative work experience rotations, student background check results will be shared with the health care agency.

Procedure

1. Students initiate, at their cost, a national criminal background check through CastleBranch upon provisional acceptance into any health occupations program. CastleBranch will conduct a criminal record background check of both the Oregon and the Federal Bureau of Investigation criminal history records.
2. Students must have the national criminal background check no sooner than three months prior to enrollment in the health occupations program. Students must authorize release of the results of the background check to Southwestern Oregon Community College and to all cooperative work experience sites. Only criminal background checks by CastleBranch utilizing procedures developed with Southwestern Oregon Community College will be accepted. Background checks completed by other vendors will not be accepted.
3. Individuals will be denied admission or program continuation for any felony or misdemeanor conviction as determined by the Department of Human Services. Students may be denied admission or program continuation for failure to disclose or conceal a criminal background.
4. Students may be required to have additional criminal background checks for due cause or for an interruption in a student's course of study. Health occupations students may be required to have an additional criminal background check for certain healthcare settings as the agencies set their own criteria around criminal background clearance. This may mean that a student in a health occupations program with a criminal record may not have a cooperative work experience placement in certain agencies that have stricter requirements. Should a student's criminal background lead to insufficient cooperative work experience to meet program objectives, the student will be denied program continuation. The student will be responsible for the cost and process of performing additional background checks if a higher standard is required than what these guidelines require.
5. Criminal background check results (approved or denied) will be received and reviewed by the college's authorized representative.
6. All course entry decisions are final. Justifications are available upon request. Individuals may obtain a copy of the record check report form or challenge the accuracy and completeness of their record check through CastleBranch.

*Southwestern is a nondiscriminatory, equal opportunity college.
Southwestern Oregon Community College does not discriminate on the basis of race, color, gender, sexual orientation, marital status, religion, national origin, age, disability status, gender identity, or protected veterans in employment, education, or activities as set forth in compliance with federal and state statutes and regulations.*

CRIMINAL BACKGROUND CLEARANCE RELEASE

Students provisionally accepted into a Southwestern Oregon Community College health occupations program are required to undergo a criminal background check. The results from this criminal background check may require applicants to forfeit acceptance in health occupations programs.

Applicants must provide complete and accurate information to the college's authorized representative. Students that do not provide the requested information or do not tell the truth will be required to forfeit acceptance in the health occupations program.

Submitting a checklist indicates that the student has read and understands this policy, and the signature below acknowledges that the applicant agrees with the terms of the policy and procedures as written.

The applicant signature authorizes Southwestern Oregon Community College to access the records provided to the college's authorized representative and to disclose this information to any health care agency that the student may be assigned to during attendance in the health occupations program. The Criminal Background Verification Form documenting the results of the criminal background check will be printed for placement in the student's file and for the cooperative work experience agency.

The applicant signature below authorizes and grants permission to Southwestern Oregon Community College to view the criminal background check through CastleBranch; Southwestern Oregon Community College's chosen vendor for performing the criminal background checks for this course.

The applicant's signature releases Southwestern Oregon Community College from any claims or damages that may arise as a result of obtaining information from the criminal background check.

Student Name (Print)

Student Signature

Date

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