

Dear Prospective Student,

Thank you for your interest in our **Dental Assistant Certificate Program** at College of the Mainland. Consideration for acceptance into the program is based upon the submission of your completed application.

What is the role of a Dental Assistant?

Dental Assistants work directly with patients and alongside dentists in the dental practice setting. While dental assisting is a great career in itself, this can also be used as a stepping stone to advance in other areas of the dental field. For example, you can use your knowledge, experience and skillset to help further your education to becoming a Registered Dental Hygienist or even a Dentist. Dental Assistants may work with general dentists or dental specialists, such as an oral surgeon, pediatrics, prosthodontist or endodontics.

Dental Assistant duties may include, but are not limited to:

- Sterilize and prepare treatment rooms and instruments
- Taking and developing x-rays
- Seating patients in the treatment area
- Taking and recording patient blood pressure before treatment
- Assist the Dentist directly at chairside with a wide range of treatment procedures
- Providing office assistance with scheduling appointments, answering phone calls, etc.
- Ordering of supplies

Through hands-on labs and classes, students train with instructors who have years of health care experience in the Dental field. Students will also receive BLS Healthcare Provider CPR training. After completing the program, students may take the Texas Registered Dental Assistant Exam.

Do I need a High School Diploma or GED?

Yes; A High school diploma or GED is required to participate in the Dental Assistant Certificate program. A High School diploma or GED may be required for Financial Aid application as well as employment at various nursing and medical facilities; depending upon their company policies.

How do I begin?

Interested students must apply to the Dental Assistant Certificate program by submitting, in person, all required application documents to the CE Allied Health Department located at 200 Parker Court, League City, Texas 77573. **Please note: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.** Also, approval of an application does NOT guarantee a student a place in the class, it only gives the ability to register Pending Space Availability. Please contact Nichole Sullivan at (409) 933-8645 if you have questions.

Criminal Background Checks

Acceptable current Texas Department of Public Safety Criminal Background Check (Instructions attached) (no older than 12 months)

Registration

Only applicants that have been approved for the program will be allowed to register. Registration with an approved form MUST be done in person through the CE Office located at the Main Texas City Campus, 1200 Amburn Rd. TVB-1475, Texas City, Texas 77591. For more information please call (409) 933-8586. Registration is a first come, first served basis. Classes may be closed due to maximum enrollment or cancel without notice. Therefore, students are encouraged to register early.

Financial Aid

Financial Aid may be available for the Dental Assistant Certificate program if the student qualifies and if there is funding available. Continuing Education students may apply for the **Texas Public Education Grant (TPEG-NC)**. The TPEG-NC covers a portion of tuition fees only (typically 50%) & is a ONE TIME ONLY grant that is available to those students demonstrating a financial need. The remaining portion of the balance is the student responsibility and is due at the time of registration. All application requirements for TPEG MUST be completed at least (2) two weeks prior to class start date. For questions regarding financial assistance, please contact Student Financial Services at (409) 933-8466.

Students: Check your COM email!

Beginning Spring 2016 all COM business will be administered your COM email address. Students will need to setup their COM email account in order to receive any communication from the Financial Aid office, business office, Instructors or other. Personal email addresses will not be used for College correspondence. From the COM Home page click on Information Technology under College Operations. From the left menu you can find all information under Get Connected. Direct links:
<http://its.com.edu/login-information> <http://its.com.edu/email> For more information contact IT at (409) 933-8302.

Applicant: Please retain this page for your records. It does not need to be turned in with your application. Thank you!



Dental Assistant - Student Requirements:

(Please fill out legibly and completely)

Desired Class Date: _____

Session: CEQ_____

Name: _____

DOB: _____

Age: _____

Address: _____

City: _____, Texas

Zip: _____

Phone #: _____

Alt #: _____

Email: _____

In Case of Emergency, Please Contact:

Name (please print)

Relation to Student

Phone Number

OFFICE USE ONLY:

☐

APPROVED

☐

DECLINED

STAFF VERIFICATION: _____

DATE: _____

COMMENTS: _____

Students entering the Dental Assistant Certificate program must meet the following minimum requirements:

- Required Immunizations document signed and dated by your Healthcare Provider and accompanying shot records **MUST** include:

(THIS PAGE TO BE COMPLETED BY COM STAFF ONLY)

- ☐ ○ **Hepatitis B (3 shots)** _____, _____, _____ (to be completed by COM Staff ONLY)
- ☐ ○ **TB Skin Test Negative (within 12 months)** _____ (to be completed by COM Staff ONLY)
- ☐ ○ **Negative 10 Panel Drug Screen Test w/list of items tested for (within 12 months)** [Drug panels that are less than 10 panel will NOT be accepted]
- ☐ ○ Completed and Signed Student Acknowledgement of Hepatitis B form
- ☐ ○ Current COM Healthcare Physical document completed and signed and dated by your Healthcare Provider (no older than 12 months)
- ☐ ○ Copy of signed Social Security Card (MUST match Photo ID)
- ☐ ○ Copy of Driver's License or Government Issued Photo ID (MUST match Social Security Card) ***[Expired ID will not be accepted]***
- ☐ ○ Signed and dated Notice to Students Form
- ☐ ○ Acceptable current TXDPS Criminal Background Check (Instructions attached) (no older than 12 months.)
- ☐ ○ Copy of High School Diploma or GED

PHYSICAL EXAM & IMMUNIZATION DOCUMENTATION

All Sections are to be Completed **ONLY** by Healthcare Professional

(Students are not to complete any part of this form)

Student's Name

Last	M/I	First	Sex	DOB: (DD/MM/YYYY) / /
Weight	Height	Pulse	Temp	Blood Pressure S _____ D _____

List any current illnesses or injuries: _____

Is student currently pregnant: _____ **If so, what is the due date:** _____

List any permanent medical conditions or physical limitations: _____

Medical History: *(Check if applicable)*

- | | | | |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Hypoglycemic |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Rheumatism | <input type="checkbox"/> Small Pox | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Influenza | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Infantile Paralysis |
| <input type="checkbox"/> Osteoarthritis | <input type="checkbox"/> Mumps | <input type="checkbox"/> Other _____ | (Please specify) |

(If checked above please explain): _____

Tests: *(*Attach proof of finding)*

(Please attach proof of results. Must be no more than 1 year old to the date of the class. If results are positive, a chest x-ray is required)

TB Skin Test <input type="checkbox"/> Pos <input type="checkbox"/> Neg	Date read	Initials	TB Chest X-ray <input type="checkbox"/> Pos <input type="checkbox"/> Neg	Date read	Initials
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*(*Attach proof of finding)*

Immunizations (Give most recent date)

Hepatitis B (3 shots) 1. _____ 2. _____ 3. _____	Tdap (w/in last 10 yrs)	MMR (2 shots)	Varicella (2 shots)/Titer
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I certify that I have examined this individual and he/she is suitable physically and emotionally to participate in the CE Allied Health DENTAL ASSISTING Program to which they are applying for:

☐ Yes ☐ No (If no, please explain) _____

Date:

Signature M.D.

Address & Office Phone

Criminal History Background and Release Agreement For Dental Assistant Certificate Program

Release Agreement

While caring for patients during my clinical rotations, I hereby release and discharge College of the Mainland and all its employees from all liability for all injury, exposure or damage arising from health risks of caring for patients during my clinical rotation or during scheduled class or skills lab. I understand that I may be exposed to communicable diseases (*including blood-borne pathogens*) or personal injury. I am aware of the health risks of caring for such patients. Please initial. _____

I am also aware that the College of the Mainland CE Allied Health Department, which oversees the Dental Assistant Certificate Program, requires that I have the required immunizations before my clinical rotations. I understand that I will not be allowed to enter the clinical facility for clinical purposes if I do not have the required immunizations. Please initial. _____

Background Check

A background check from the Texas Department of Public Safety is required to be presented by the student for COM's Continuing Education Allied Health programs. Please go to the Texas Department of Public Safety website at www.txdps.state.tx.us to obtain instructions on how to request a criminal history check. The approximate cost for getting a background check is \$3.57 for each last name of applicant. This must be turned in with checklist information required for your desired program.

- Background checks **MUST** be obtained from the Texas DPS website. Reports processed through city police, county sheriff or other will **NOT** be accepted as they are not all inclusive of the state of Texas.
- Background checks older than 12 months to the class date you are applying for will not be accepted.
- Criminal history clearance through College of the Mainland CE Allied Health does not constitute clearance through potential employers or hiring entities.

It is understood that I **am to provide** College of the Mainland with a Criminal History background check. Please initial. _____

Immunization Acknowledgement

I am also aware that the College of the Mainland CE Allied Health Department, which oversees the Dental Assistant Program, requires that I have the required immunizations before my clinical rotations. I understand that I will not be allowed to enter the clinical facility for clinical purposes if I do not have the required immunizations. Please initial. _____

Applicant's Statement

I certify that I have read the above statements and that initialing my name means that I agree with the above statements. If accepted into the College of the Mainland Dental Assistant Certificate Program, I agree to abide by the rules set forth by the school and the program.

Student Signature: _____ Date: _____

STUDENT ACKNOWLEDGEMENT OF HEPATITIS B VACCINE

Department of State Health Services
Disease Prevention & Intervention Section
Immunization Branch

POLICY STATEMENT 1.0 Completion of Hepatitis B vaccine series prior to direct patient care

The Texas Department of State Health Services (DSHS) rule §97.64, "Required Vaccinations for Students Enrolled in Health-Related and Veterinary Courses in Institutions of Higher Education" [25TAC§97.64, April 2004], requires students enrolled in health-related courses, which will involve direct patient contact in medical or dental care facilities to **complete a three dose series of hepatitis B vaccine prior to direct patient care**. This rule applies to all medical interns, residents, fellows, nursing students, and others who are being trained in medical schools, hospitals, and health science centers and students attending two-year and four-year colleges whose course work involves direct patient contact regardless of the number of courses taken, number of hours taken, and the classification of student.

Website for Texas Department of State Health Services Adult Immunizations Schedule:
http://www.dshs.state.tx.us/immunize/adult_sched.shtm

Please check one of the following boxes as it applies to your Hepatitis B series:

- ☐ I have completed the Hepatitis B 3 shot series
- ☐ I only have 1 shot remaining of the 3 shot series: 3rd shot due _____
- ☐ I have completed my first shot and the dates for the next two shots are:
_____ and _____
- ☐ ***Based upon the clinical/extern site rules and regulations I understand & acknowledge that if I have not completed the Hepatitis B 3 shot series, I may not be able to participate in the clinical/externship portion of the program.***
- ☐ I have read and understand the Texas Department of State Health Services policy on Hepatitis B vaccine series. https://www.dshs.state.tx.us/immunize/docs/school/hepB_Policy.pdf

Student Printed Name

X _____
Student Signature

Date: _____