College of the Mainland

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 on submitting 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 and become a registered dental hygienist or even a dentist. Dental assistants may work with general dentists or dental specialists, such as in oral surgery, pediatrics or endodontics.

Dental assistant duties may include but are not limited to:

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

Through hands-on labs and classes, students train with instructors who have years of 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 on 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 are not accepted.** Also, approval of an application does **not** guarantee a student a place in the class – it only gives the ability to register if space is available. Please call Nichole Sullivan at 409-933-8645 if you have questions.

Criminal Background Checks
Complete acceptable current Texas Department of Public Safety Criminal Background Check (must be no older than 12 months). (Instructions attached.)

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, TX 77591. For more information please call 409-933-8586. Registration is on a first-come, first-served basis. Classes may be closed due to maximum enrollment or be cancelled 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%) and is a **one-time-only** grant available to students demonstrating financial need. The remaining portion of the balance is the student's responsibility and is due at the time of registration. **All application requirements for TPEG must be completed at least two weeks before the class start date.** For more information 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 sent your COM email address. Students need to set up their COM email account in order to receive any communication from the Financial Aid Office, Business Office, instructors or other staff. Personal email addresses will not be used for College correspondence.

To set up your email 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!

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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** ☐ **PENDING**

STAFF VERIFICATION:_____ **DATE:**_____

COMMENTS: _____

_____

_____

_____

Students entering the Dental Assisting Program must meet the following minimum requirements:

Note: All immunizations must be completed in their entirety before clinicals or in class activity with potential exposure to blood or bodily fluids

- ☐ o Immunization record(s) showing proof of immunity through **titer or vaccine** for:
  - o **Hepatitis B (3 shots)**_____,_____,_____Note: The hepatitis B injection series is approximately a 7-month process.
  - o **Tdap (one shot; within the last 10 years)**_____
  - o **MMR (2 shots)**_____,_____
  - o **Varicella (2 shots)/**_____,_____ (Chicken pox) - Proof of either (a) a physician-documented history of the disease is acceptable. Note: The varicella injection series is a four-week process.
  - o **TB Skin Test Negative (within 12 months)**_____Proof of TB test (PPd skin test or chest X-ray) with a negative reading.

- ☐ o **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]

- ☐ o Completed and Signed Student Acknowledgement of Hepatitis B Form

- ☐ o Completed and Signed Documenting History of Varicella Form

- ☐ o Copy of Signed Social Security Card (**Must** Match Photo ID)

- ☐ o Copy of of Driver's License or Government-Issued Photo ID (**Must** Match Social Security Card) **[Expired ID will not be accepted.]**

- ☐ o Signed and Dated Student Release/Acknowledgement/Statement Page

- ☐ o Acceptable current TXDPS Criminal Background Check (Information enclosed) (no older than 12 months) **[Positive criminal history reports must be reviewed by the CE Allied Health Program Director.] Criminal background checks obtained through city or county law enforcement agencies are not acceptable.**

- ☐ o Copy of High School Diploma or GED

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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: _____

College of the Mainland

STUDENT ACKNOWLEDGEMENT OF HEPATITIS B VACCINE

Department of State Health Services
Disease Prevention and 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:
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 and 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. www.dshs.state.tx.us/immunize/docs/school/hepB_Policy.pdf

_____
Student Printed Name

X_____ Date:_____
Student Signature

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Documenting History of Illness: Varicella (Chicken Pox)

This form summarizes the "**Exceptions to Immunization Requirements (Verification of Immunity/History of Illness) for Varicella (Chicken Pox)**."

A written statement from a parent (or legal guardian or managing conservator), or physician attesting to the student's positive history of varicella disease (chicken pox), or of varicella immunity, is acceptable in lieu of a vaccine record for that disease. College of the Mainland shall accurately record the existence of any statements attesting to previous varicella illness or the results of any serologic tests supplied as proof of immunity. If a student is unable to submit such a statement or serologic evidence, varicella vaccine is required.

Documentation of prior varicella illness can be provided by the following methods:

1. A serologic confirmation of varicella immunity (positive varicella IgG result).

2. A written statement from a physician or the student's parent or guardian containing wording such as: "This is to verify_____had varicella disease (chicken pox) on or about _____ and does not need the varicella vaccine."
   (Printed name of Student)
   (Approximate month/year)

_____ _____
(Printed name of person completing form) (Signature of person completing form)

_____ _____
(Relationship to student) (Date)

TEXAS Department of State Health Services

For more information about Varicella contact:
Texas Department of State Health Services Immunization Branch (800) 252-9152
www.ImmunizeTexas.com