



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 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 pending space availability. **Please call CE Allied Health at 409-933-8645 if you have questions.**

Criminal Background Report

Acceptable current TXDPS Criminal Background Report (no older than 12 months & cannot expire before program completion) [Positive criminal history reports must be reviewed by the CE Allied Health Program Director.] Criminal background reports obtained through city or county law enforcement agencies are not acceptable.



Registration

Only applicants approved for the program can register. Registration with an approved form **must** be done in person at the CE Office at the Texas City campus, 1200 Amburn Rd., Texas City, TX 77591. For more information 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 Program if the student qualifies and funding is 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 75%) and is a one-time-only grant available to students with financial need. The remaining balance is the student's responsibility and is due at the time of registration. **All application requirements for TPEG must be completed a minimum of two weeks before the class.** Contact Continuing Education at 409-933-8586 for more information on how to apply.

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.

Notice to Students Regarding Licensing

Effective September 1, 2017, HB 1508 amends the Texas Occupations Code Section 53 that requires education providers to notify potential or enrolled students that a criminal history may make them ineligible for an occupational license upon program completion. NOTE: Criminal history checks are required for clinical experience purposes.

Should you wish to request a review of the impact of criminal history on your potential licensure prior to or during your quest for a degree, you can visit this link and request a "Criminal History Evaluation": <https://records.txdps.state.tx.us/DpsWebsite/CriminalHistory/>

This information is being provided to all persons who apply or enroll in the program, with notice of the requirements as described above, regardless of whether or not the person has been convicted of a criminal offense. Additionally, HB 1508 authorizes licensing agencies to require reimbursements when a student fails to receive the required notice.



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

Immunization record(s) showing proof of immunity through **titer or vaccine** for:

Measles (Rubeola), Mumps & Rubella (MMR)	A. Two doses of Measles, Mumps, Rubella (MMR) vaccine OR	Date #1: _____ Date #2: _____
	B. Serologic test <u>positive</u> for Measles antibody	Date of Collection: ____ Positive Result ____ Negative Result
	B. Serologic test <u>positive</u> for Mumps antibody	Date of Collection: ____ Positive Result ____ Negative Result
	B. Serologic test <u>positive</u> for Rubella antibody	Date of Collection: ____ Positive Result ____ Negative Result
Varicella	A. Two doses of Varicella vaccine OR	Date #1: _____ Date #2: _____
	B. Serologic test <u>positive</u> for Varicella antibody OR	Date of Collection: ____ Positive Result ____ Negative Result
	C. Physician documented history of Varicella (Chicken Pox)	Disease Date: _____
Hepatitis B	A. Dose 1 Dose 2 Dose 3 OR Date : _____ Date : _____ Date : _____	B. Serologic test <u>positive</u> for Hepatitis B antibody Date of Collection: _____ ____ Positive Result ____ Negative Result
Tdap	A. Must be current within the last 10 years.	Date: _____
TB (PPd)	A. Must be current within the last 12 months. Date Given: _____ Date Read: _____ ____ Positive Result ____ Negative Result ____ mm	B. If TB (PPd) skin test is positive, a negative chest x-ray report is required. Date of X-Ray: _____ ____ Positive Result ____ Negative Result
10 Panel Drug Screen	A. Negative 10 Panel Drug Screen test with list of items tested for (Must be current within the last 12 months) [Drug panels less than 10 panel will not be accepted.]	Date of Collection: _____ ____ Positive Result ____ Negative Result

I am 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 _____



Acknowledgement of Hepatitis B Vaccine Requirement

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 training 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 is scheduled for _____
- I have completed my first shot and the dates for the next two shots are scheduled for: _____ 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. www.dshs.state.tx.us/immunize/docs/school/hepB_Policy.pdf

Applicant Signature

Date



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:

- A serologic confirmation of varicella immunity (positive varicella IgG result).
- 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 Applicant)
(Approximate month/year)

Printed name of person completing form

Signature of person completing form

Relationship to applicant

Date



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



Criminal History Report for Dental Assistant Applicants

Criminal History Report

A criminal history 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. ***The report results must be printed out and turned in with all completed requirements 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.
- Positive criminal history reports must be reviewed by the CE Allied Health Program Director.
- 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 responsible for providing** College of the Mainland with a copy of my Criminal History background report. **PLEASE INITIAL _____**

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APPLICANT SIGNATURE OF ACKNOWLEDGEMENT _____



Signature Agreement for Dental Assistant Applicants

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.

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 Program, I agree to abide by the rules set forth by the school and the program.

Applicant Printed Name

Date

Applicant Signature

Completed Applications are to be submitted in person to the
North County Learning Center
200 Parker Court – League City, Texas – 77573
Monday – Friday 8:00am – 4:30pm