

Dear Applicant:

This letter and enclosures provide you with necessary information and material for admission into the On-Line Dental Assisting program at Monroe Community College. The following forms should be returned together to the Admissions Office as soon as possible.

1. Application for Admission
Please apply online at www.monroecc.edu/go/admissions.

2. Form 1
This form names the dentist that has agreed to act as your preceptor for the on-line program. It also gives permission for certain information to be released to the preceptor.

3. Form 2
This form must be signed by the preceptor and outlines his/her responsibilities.

4. Form 3
These checklists must be reviewed, completed, and signed by the preceptor. These forms help ensure that you will have access to the appropriate facilities, equipment, and policies to meet the program's objectives.

5. You must have an official copy of your high school/college transcripts forwarded to the Admissions Office.

I have also enclosed a residency form. If you are a student who resides outside of Monroe County, this form must be submitted to your county clerk's office. This must be done prior to the first day of classes to avoid being charged out-of-state tuition. This residency form must be filed annually. The on line program is not financial aid eligible.

If you have any other questions regarding the program, please call me at (585) 292-2761. My e-mail address is dlawrence@monroecc.edu.

Sincerely,

David B. Lawrence, DDS
Director, Dental Studies Programs

Dear Doctor,

In order to comply with the American Dental Association accreditation standards, students must be provided with facilities, equipment, and policies adequate to permit achievement of the dental assisting program's objectives.

We have enclosed checklists to help you ensure that the student will have access to appropriate facilities, equipment, and policies to meet the program's objectives.

Please complete these checklists and have the student you are precepting return them with their other admissions materials.

We have enclosed policies of the MCC Dental Studies programs where policies are indicated on the checklist. These policies are not intended to replace your office procedures. They are merely a guide to what we use at MCC and to help you determine if your policies are equivalent.

Sincerely,

David B. Lawrence, DDS
Director, Dental Studies Programs

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Enclosures

FORM 1

To be completed by the student as part of the admissions process.

State of New York

County of _____

City of _____

SS Number _____

1. I am currently employed by _____
(Dentist)
who maintains a practice of dentistry at

(Address)

2. _____ has agreed to act as my
(Dentist)
preceptor in order that I may fulfill the instructional requirements of the Dental
Assisting Program at Monroe Community College, including support in locating access
to the equipment and procedures necessary to assist in specialty dental procedures.

3. I grant permission for Monroe Community College to release information to my
preceptor including courses taken, tuition and fees, and academic performance.

(Student)

(Date)

FORM 2

To be completed by the preceptor as part of the admissions process.

State of New York

County of _____

City of _____

1. I am a dentist licensed to practice in the State of New York (State License Number _____). I maintain an office for the practice of dentistry at _____
(Address)
2. _____ is currently employed in my dental practice
as _____. He/she plans to enroll in the Dental
(Job Title)
Dental Assisting Program at Monroe Community College.
3. I agree to act as the preceptor for _____
(Student)
as he/she completes the course of study of Dental Assisting at Monroe Community
College (as long as he/she is employed in my office), and to perform the responsibilities
of a preceptor as detailed on the attached statement.
4. The student must be committed to meeting the course objectives which includes but is
not limited to the following: maintaining legal and ethical standards, demonstrating
professional integrity, and following established infection control protocol.
5. In my role as preceptor I will support _____
(Student)
in securing access to the equipment and procedures necessary to assist in the specialty
dental procedures required by the course of study.

(Dentist/Preceptor)

(Date)

Telephone: _____ FAX _____

E-Mail: _____

ON-LINE DENTAL ASSISTING PROGRAM PRECEPTOR

General Duties

The Preceptor for the On-Line Dental Assisting Program will demonstrate, monitor, evaluate, and document selected activities in the program.

Specific Responsibilities

The Preceptor will have responsibilities to assist the student to fulfill the educational, laboratory, and clinical components of the program, including but not limited to:

- Demonstrating to the student required clinical and laboratory procedures
- Monitoring and evaluating student performance on required clinical and laboratory procedures
- Documenting student mastery of required competencies in clinical and laboratory procedures
- Providing written verification that the student had access to the equipment and procedures necessary to assist in specialty dental procedures, to include:
 - oral surgery
 - periodontics
 - orthodontics
 - endodontics
 - fixed prosthodontics
 - removable prosthodontics
 - pediatric dentistry
 - general dentistry
- Administering and monitoring specific assignments and tests
- Verifying that the student spent a minimum number of hours of practice on each clinical procedure
- Submitting all forms, documentation, clinical and laboratory evaluations, radiology requirements, test results and other matters in a timely, secure and confidential manner
- Committing to follow the State Education Law for direct supervision

Position Requirements

- Must be a currently licensed dentist (D.D.S.) in the state in which he/she is practicing
- For Group Practice one dentist must be designated as the preceptor

FORM 3

EQUIPMENT, FACILITY AND POLICY CHECKLIST

Facility

_____ The practice facility effectively accommodates the number of participating students.

_____ Each treatment area contains the following functional equipment:

1. power-operated chair for treating patients in supine position
2. units and mobile stools for operator and assistant which are designed for application of current auxiliary utilization principles
3. water-air syringe
4. adjustable light
5. ultra-speed handpiece
6. oral evaluating equipment
7. mobile work surface for the dental assistant

_____ Each treatment area accommodates an operator and a patient as well as the student and the instructor.

_____ Instruments are provided in sufficient number and variety to accommodate students' needs in learning to identify and exchange instruments, prepare procedural trays and assist in the following procedures (as they relate to general dentistry):

1. diagnostic
2. operative
3. surgical
4. periodontal
5. orthodontic
6. removable and mixed prosthodontics
7. endodontic
8. pediatric

_____ Sterilization equipment allows the application of procedures which prevent disease transmission.

_____ Adequate space is available for:

1. preparing, sterilizing and storing information
2. preparing procedural trays
3. storing clinical materials and supplies
4. appropriate waste disposal

_____ Materials are available for instruction in the management of dental office emergencies.

Facility (con't)

_____ An oxygen unit is accessible to the treatment areas.

_____ A written policy on managing emergency situations has been made available to students. (You may use the enclosed Emergency Procedures Policy as a guideline.)

_____ Preceptor, staff, and students are prepared to assist with the management of emergencies.

Radiography

_____ Appointed radiation safety officer is generally the owner of the practice i.e. the DDS.

_____ X-ray machines are inspected according to state mandates.

_____ The practice has documented its compliance with state and federal standards for radiation hygiene and protection.

_____ Individuals taking x-rays wear a monitoring device (film badge).

_____ Appropriate and operable automatic and manual processing equipment is available.

_____ Darkroom and automatic processor are checked periodically for light leaks and safe lighting.

_____ ALARA concept. (As low as reasonably achievable)

_____ The number of radiography exposure rooms is sufficient to accommodate initial instruction and practice required for students to develop competence in exposing radiographs.

_____ Students have adequate opportunity for technique instruction and practice with DDS supervision.

_____ Radiography exposure rooms are large enough to accommodate demonstration and supervised practice of techniques.

_____ The exposure rooms are equipped with adequately filtered and collimated modern dental radiography units.

_____ Exposure rooms used for preclinical radiography instruction are equipped with appropriate teaching aids.

Radiography (con't)

- _____ Safe storage for radiography film is provided.
- _____ Handwashing sinks are located in, or adjacent to, the exposure rooms.
- _____ The design, location, and construction of radiographic exposure rooms provide maximum protection from x-radiation for students, patients, and instructor.
- _____ Protection of surrounding areas through the presence of appropriate barriers.
- _____ Lead aprons and cervical collars are available and utilized to protect patients.
- _____ Take/review and record patient medical and personal history.
- _____ Pregnancy Policy – DO NOT EXPOSE ANY RADIOGRAPHS IF PATIENT IS PREGNANT EXCEPT IN EMERGENCY SITUATIONS. According to New York State Sanitary Code, Chapter 1 – Part 16, dated September 15, 1994, the student/employee has the right to decide whether to declare her pregnancy or not. This written declaration must be voluntary and can be withdrawn at any time.
- _____ All radiographic examinations are prescribed by the dentist.
- _____ Use of film holding devices at all times.
- _____ Use of Ektaspeed film at all times.
- _____ Good film exposure and processing techniques.
- _____ Limiting the number of retakes and all retakes must be approved by the DDS and under direct supervision of the DDS.
- _____ The area utilized for mounting and viewing radiographs is equipped with viewboxes.

Laboratory

- _____ The facility provides for instruction in the manipulation of dental materials and performance of laboratory procedures associated with chairside assisting.
- _____ The facility includes space for individual student performance of lab procedures with instructor supervision.
- _____ If two or more students are participating:
- _____ 1. Time is available for all students to obtain required laboratory experience.

Laboratory (con't)

- _____ Outlets for electrical equipment are available in the laboratory.
- _____ Safety devices and equipment are installed and functional.
- _____ A first-aid kit for use in managing lab accidents in the facility is made available to student, preceptor, and staff. You may use our Emergency Procedures as a guideline.
- _____ Environmental controls and a ventilation system are provided in the lab.

Infection Control

- _____ Written preclinical/clinical/laboratory protocols are established and enforced to ensure adequate asepsis, infection and hazard control and disposal of hazardous waste consistent with federal, state and local guidelines.
- _____ The protocols are provided to all students, preceptor and appropriate support staff.
- _____ Mechanisms are established for monitoring the compliance with protocols within the facility.
- _____ Students are required to be immunized against infectious diseases prior to contact with patients and/or potentially infectious objects or materials.

Basic Life Support

- _____ All students, preceptors, and support staff involved in the direct provision of patient care are recognized (certified) in basic life support procedures, including cardiopulmonary resuscitation, at intervals not to exceed two years.
- _____ Written institutional policies require the continuous recognition of all students, faculty and support staff involved in the direct provision of patient care.
- _____ Recognition records are maintained by the program.
- _____ The program maintains documentation for anyone who is medically or physically unable to perform such services.

Preceptor Signature _____

EMERGENCY PROCEDURE POLICY

1. TYPE OF EMERGENCY/ACTION TO BE TAKEN

- a. Dental (tissue bleeding, broken instrument) – first inform instructor
- b. Medical – some can be handled without alerting emergency personnel
 - serious (insulin shock, electric shock, laceration, MI, stroke) – Call 911
 - eye injury – eyewash station
 - burns – Call 911
 - choking (swallowing/inhaling foreign body) – if you suspect that the patient has inhaled a foreign body, he should be sent to the hospital for a chest x-ray. Send along a similar object so the rad tech knows what he is looking for (i.e., a polishing cup)
- c. Physical (fire, violence) – call 911

2. ROLE OF PARTICIPANTS

- a. Caller – person who alerts authority (student/operator). Note time incident began
- b. Sitter – person who sits with patient (operator)
- c. Gofer – person who gets equipment
- d. Blocker – person who keeps bystanders away, clears the area (in severe emergencies, the area should be emptied)
- e. Code – try to avoid causing a panic. “Code Blue” will draw a lot of attention. Use a code such as “EMS” (Emergency Medical Situation).

3. EMERGENCY SUPPLIES

Tray/cart available

CPR board available: CPR CANNOT BE PERFORMED IN THE DENTAL CHAIR
WITHOUT A CPR BOARD

INFECTION HAZARD CONTROL POLICY

HANDWASHING

- Thoroughly wash hands upon entering and leaving operatory and between glove changes
- Follow recommended procedures

PERSONAL PROTECTIVE EQUIPMENT

- Examination gloves are changed for each patient
- Utility gloves are worn for cleaning/sanitization tasks, disposing of waste, and handling of contaminated instruments
- Use over gloves to handle charts and to record during appointment
- Masks are worn during patient care and during use of chemical sprays
- Safety glasses with side shields (or face shields) are worn during patient care and cleaning procedures
- Change barriers as needed

DRESS FOR TREATMENT AREA

- Follow guidelines for professional grooming
- Disposable gowns must be long-sleeves, cuffed, and closed at the neck
- Disposable gowns cannot be worn outside the office
- Disposable gowns should not be put on until actual patient treatment has begun
- Scrubs must be laundered daily

SANITIZE DENTAL EQUIPMENT

- Saturate paper towel with iodophor. Scrub all “touch” surfaces of the unit and mobile cart
- Wait 10 minutes
- Sanitize all items including pens, pencils, hand mirrors, bib clips, floss dispensers, etc.
- Sanitize all radiographic units (control panel, PID< etc.) before and after use
- Sanitize all portable equipment (ultrasonics, sealant lights) if used
- Wipe down all unit surfaces with soap/water solution and sponges

INFECTION HAZARD CONTROL POLICY (CON'T)

DISPOSAL OF CONTAMINANT

- Wear utility gloves
- Dispose of contaminated disposable items in waste bag
- Place waste bag in (red) BIOHAZARDOUS WASTE container
- Disposable gowns are NOT placed in red biohazardous waste container

DISINFECT NON-STERILIZABLE ITEMS

- Wear utility gloves
- Immerse items totally in solution

PREPARATION AND STERILIZATION OF ARMAMENTARIUM

- Wear utility gloves
- Place instruments in cassette
- Place cassette in ultrasonic cleaner
- Set time for 6-16 minutes
- Remove cassette and rinse
- Dry items
- Wrap cassette
- Label outside of wrap and attach heat sensitive tape

OPERATE/CLEAN AUTOCLAVES

- Follow posted instructions
- Follow cleaning schedules

PROTOCOL SHEET FOR EXPOSURE OF X-RAYS

The Monroe Community College Dental Studies Program has an established policy on the use of ionizing radiation which includes the following:

- criteria for patient section
- frequency of exposing radiographs on patient
- the number of possible retakes
- exposing radiographs for diagnostic purposes, not solely to achieve instructional objectives

The Program adheres to the New York State Sanitary Code, Chapter 1 – Part 16, dated September 15, 1994 regarding the use of ionizing radiation.

Selection criteria for radiography patients

All radiographs must be authorized by the patient’s dentist. Guidelines for patient selection follow.

KODAK 1988 GUIDELINES FOR PRESCRIBING RADIOGRAPHS

PATIENT	CHILD _____	
CATEGORY	Primary Dentition (prior to eruption of first permanent tooth)	Transitional Dentition (following eruption of first permanent tooth)
NEW PATIENT* All new patients to assess dental diseases and growth and development	Posterior bitewing examination if proximal surfaces of primary teeth cannot be visualized or	Individualized radiographic examination consisting of periapical/occlusal views and posterior bitewing or panoramic examination and posterior bitewing
RECALL PATIENT* Clinical cares high-risk factors for caries**	Posterior bitewing examination at 6-month intervals or until no carious lesions are evident.	
No clinical caries and no high-risk factors for caries**	Posterior bitewing examination at 12- to 24 month intervals if proximal surfaces of primary teeth cannot be visualized or probed	Posterior bitewing examination at 12- to 24-month intervals
Periodontal disease or history of periodontal treatment	Individualized radiographic examination consisting of selected periapical and/or bitewing radiographs for areas where periodontal disease (other than nonspecific gingivitis) can be demonstrated clinically	
Growth and development assessment	Usually not indicated	Individualized radiographic examination consisting of a periapical/occlusal or panoramic examination

KODAK 1988 GUIDELINES FOR PRESCRIBING RADIOGRAPHS			
PATIENT CATEGORY	ADOLESCENT _____	ADULT _____	
	Permanent Detention (prior to eruption of third molars)	Dentulous	Edentulous
NEW PATIENT* All new patients to assess dental diseases and growth and development	Individualized radiographic examination consisting of posterior bitewing and selected periapicals. A full mouth intraoral radiographic examination is appropriate when the patient presents with the clinical evidence of generalized dental disease or history of extensive dental treatment.		Full mouth intraoral radiographic examination or panoramic examination
RECALL PATIENT* Clinical caries or high risk factors for caries**	Posterior bitewing examination at 6- to 12-month intervals or until no carious lesions are evident	Posterior bitewing examination at 12 to 18 month intervals	Not applicable
No clinical caries and no high risk factors for caries**	Posterior bitewing examination at 18 to 36 month intervals	Posterior bitewing examination at 24 to 36 month intervals	Not applicable
Periodontal disease or a history of periodontal treatment	Individualized radiographic examination consisting of selected periapical and/or bitewing radiographs for areas where periodontal disease (other than non-specific gingivitis) can be demonstrated clinically		Not applicable
Growth and development assessment	Periapical or panoramic examination to assess developing third molars	Usually not indicated	Usually indicated

*Clinical Situations for which radiographs may be indicated include

A. Positive Historical Findings

1. Previous periodontal or endodontic therapy
2. History of pain or trauma
3. Family history of dental anomalies
4. Postoperative evaluation of healing
5. Presence of implants

B. Positive Clinical Signs/Symptoms

1. Clinical evidence of periodontal disease
2. Large or deep restorations
3. Deep carious lesions
4. Malposed or clinically impacted teeth
5. Swelling
6. Evidence of facial trauma
7. Mobility of teeth
8. Fistula or sinus tract infection
9. Clinically suspected sinus pathology
10. Growth abnormalities
11. Oral involvement in known or suspected systematic disease
12. Positive neurologic findings in the head and neck
13. Evidence of foreign objects

- B. Positive Clinical Signs/Symptoms (con't)
14. Pain and/or dysfunction of the temporomandibular joint
 15. Facial asymmetry
 16. Abutment teeth for fixed or removable partial prosthesis
 17. Unexplained bleeding
 18. Unexplained sensitivity of teeth
 19. Unusual eruption, spacing or migration of teeth
 20. Unusual tooth morphology, calcification or color
 21. Missing teeth with unknown reason

**Patients at high risk for caries may demonstrate any of the following:

1. High level of caries experience
2. History of recurrent caries
3. Existing restoration of poor quality
4. Poor oral hygiene
5. Inadequate fluoride exposure
6. Prolonged nursing (bottle or breast)
7. Diet with high sucrose frequency
8. Poor family dental health
9. Developmental enamel defects
10. Developmental disability
11. Xerostomia
12. Genetic abnormality of teeth
13. Many multisurface restorations
14. Chemo/radiation therapy

Frequency of Exposing Radiographs on Patients

The guidelines for prescribing radiographs provides an indication of how frequently radiographs should be taken. It is imperative, however, that individualized radiographic examinations are based on assessment of the data (medical, dental, clinical findings) gathered on the patient. A Food & Drug Administration panel has published a set of radiographic selection criteria that guide in the decision about which radiographs to take and when to take them (U.S. Department of Health and Human Services. 1989).

The Number of Possible Retakes

The instructor and/or supervising dentist must determine the number of retakes. Program policy is the least number of retakes possible which still yield a diagnostically acceptable survey. No film is retaken solely based on exposure and/or processing error. If an area can be observed in another film within the survey, than no retake is allowed. The maximum number of retakes on a CRS is four and one for bitewing series. Major emphasis is placed on minimal number of exposures that will yield a diagnostic acceptable radiographic examination.

Exposing Radiographs for Diagnostic Purposes

Individualized radiographic examinations are stressed based on assessment of the data gathered on the patient. Radiographs are never exposed strictly for instructional/requirement purposes. Authorization for type of radiographic survey lies with the patient's dentist.

IMPORTANT: STUDENT MUST COMPLETE ALL SHADED AREAS

Social Security No. _____
Semester _____ Year _____

AFFIDAVIT (OR AFFIRMATION) AND APPLICATION FOR CERTIFICATE OF RESIDENCE

Pursuant to Sections 6301 & 6305 of the Education Law

STATE OF NEW YORK, COUNTY OF

(HOME COUNTY)

I, _____ do hereby swear (or affirm) that I reside
(Full Name)
at _____, in the (City) (Village) (Town) of _____
(Local Address)
County of _____, State of New York; that I now am and have **for a period of one year** prior to the date of this affidavit (or affirmation) been a **resident of the State of New York**; that I now am, or have been for a period of **six months** prior to the date of this affidavit (or affirmation) a resident of the **County of** _____.

Permanent Address: _____

If less than six months at the above address, list your addresses for the PAST YEAR:

Addresses	Date (From – To)
_____	_____
_____	_____

Citizenship: United States Citizen Visa Type _____ Resident Alien # _____

I further state I plan to enroll in Monroe Community College and that this affidavit (or affirmation) and application is made for the sole purpose of securing from the Chief Fiscal Officer of the County of _____ a certificate of residence pursuant to the requirements of Article 126 of the Education Law. (Home County)

YOUR SIGNATURE MUST BE NOTARIZED IF YOU LIVE OUTSIDE OF MONROE COUNTY.
Sworn to before me this _____ day
of _____ 20____
(Notary Public or Commissioner of Deeds)

(YOUR SIGNATURE) (DATE)

THIS SPACE FOR USE OF CHIEF FISCAL OFFICER OF COUNTY

(SIGNATURE) (DATE)

Education Law, Section 6305, provides: "The chief fiscal office of each county, as defined Section 2.00 of the local finance law, shall upon application and submission to him a satisfactory evidence, issued to any person desiring to enroll in a community college as a non-resident student, a certificate of residence showing that said person is a resident of said county. Such person shall upon his registration for each college year, file with the college such a certificate of residence issued not earlier than two months prior thereto, and such certificate of residence shall be valid for a period of one year from the date of issuance." Education Law, Section 6301, paragraph 4, defines: "Resident." A person who has resided in the state for a period of at least one year and in the county, city, town, intermediate school district or school district, as the case may be for a period of at least six months, both immediately preceding the date of such person's registration in a community college, or for the purpose of section sixty-three hundred five of this chapter, his application for a certificate of residence.

In the event that the person qualified as above for state residence, but has not been a resident of two or more counties in the state during the six months immediately preceding his/her application for a certificate of residence pursuant to section sixty-three hundred five of the chapter, the charges to the counties of residence shall be allocated among the several counties proportional to the number of months, or major fraction thereof, of residence in each county.

INSTRUCTION

You must submit **EITHER** a Residency Affidavit **OR** a Certificate of Residency, to MCC once each year.

Failure to submit the appropriate document will result in **DOUBLE TUITION CHARGES**.

MONROE COUNTY RESIDENTS

If you have been a legal resident of New York State for the past year **AND** a resident of Monroe County for the last six (6) months, fill out this form, sign it and turn it in to the Bursar's Office.

OTHER NEW YORK STATE RESIDENTS

If you have been a permanent resident of New York State for the past year **BUT**, you have lived outside of Monroe County, please follow these instructions.

1. Fill out this form.
2. Have your signature notarized.
3. Submit it to your County Treasurer.
4. The Treasurer will keep this form and give you a Certificate of Residency. Submit that form to the Bursar's Office. Call your County Treasurer if you have questions.

NON-NEW YORK STATE RESIDENTS

Double tuition is charged to all students who have not been legal, permanent residents of New York for the past year. This includes the following:

1. International Students (holding an F-1 Visa).
2. Temporary residents (short-term job assignments or living here while attending college, for instance).
3. Any person who is in the U.S. on a Visa. Immigrants must have permanent resident status for one year in order to be eligible for resident tuition.

If you have any questions, please contact the Bursar's Office.

Local County Treasurer's

ORLEANS COUNTY
COUNTY TREASURER
Albion, NY 14411

WAYNE COUNTY
COUNTY TREASURER
Lyons, NY 14489

GENESEE COUNTY
COUNTY TREASURER
Genesee County Building
Batavia, NY 14020

ONTARIO COUNTY
COUNTY TREASURER
20 Ontario Street
Canandaigua, NY 14424

PLEASE NOTE: Some counties will issue Certificate of Residence through the mail while others require you to appear in person. Please check with your treasurer's office for their requirements.