



Dear Applicant:

This letter and enclosures provide you with necessary information and forms required for admission into the D.A.R.T. (on-line dental assisting rapid track) Program at Monroe Community College. Please return Forms 1, 2, and 3 to the Dental Studies department by scanning and sending via email to hrp@monroecc.edu.

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 specific 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**

This checklist must be reviewed, completed, and signed by the preceptor. These forms help ensure that you will have access to the appropriate facilities and equipment, and abide by the policies necessary to meet the program's objectives and requirements.

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

Residency Form (PDF): *If you are a student who resides outside of Monroe County, a residency form must be submitted to your county clerk's office. This must be done **no sooner than 60 days prior to the first day of classes** to avoid being charged out-of-state tuition.*

If you have any other questions regarding the program, please call me at (585) 292-2767. My email address is mbower@monroecc.edu.

Sincerely,

Dr. Marsha Bower, DHSc, RDH, RDA
Dental Studies Program Director



Monroe Community College

STATE UNIVERSITY OF NEW YORK

Dear Doctor,

In order to comply with our program standards, students must be provided with facilities and equipment as well as abide by policies adequate to permit him/her to achieve the dental assisting program's objectives and New York State regulations.

As a NYS Registered Program, we are obligated to insure that each student completes the mandatory didactic and clinical requirements specified in the NYS Law and State Education Regulations. This requires that each student must perform all the clinical supportive and expanded functions allowed by the NYS law.

We have enclosed a checklist to help you ensure that your office and supporting offices will meet these requirements.

Please complete this checklist and have the student you are precepting return them with the required admissions materials and forms.

The appropriate MCC Dental Studies programs policies are indicated on the checklist. These policies are not intended to replace your office procedures. They are merely a guide as to the policies followed at MCC and to help you determine if your policies are equivalent.

Sincerely,

Dr. Marsha Bower, DHSc, RDH, RDA
Dental Studies Program Director

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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 _____

I am currently employed by _____
(Dentist)

who maintains a practice of dentistry at _____
(Practice Address)

_____ has agreed to act as my preceptor in order
(Dentist)

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.

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 _____

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 _____ .
(Practice Address)

_____ is currently employed in my dental practice as _____ .
(Student) (Job Title)

He/she plans to enroll in the Dental Assisting Program at Monroe Community College.

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.

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.

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: _____ Email: _____



Dental Assisting Rapid Track (D.A.R.T) Program Preceptor Responsibilities

The Preceptor(s) involved in the D.A.R.T. program will provide the oversight and direction that the student will need to complete all the didactic and clinical requirements specified and mandated by the Program and by the NYS Law and State Education Regulations.

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:

- Providing the required materials, equipment and supplies necessary to complete **all** the mandatory procedures and expanded functions specified by the program and by NYS Law.
- Demonstrating to the student **all** required clinical and laboratory procedures.
- Monitoring and evaluating student performance on **all** required clinical and laboratory procedures.
- Overseeing the practice and verifying that the student spent a minimum of required hours in practice and then documenting student mastery of required competencies in clinical and laboratory procedures.
- Providing opportunities and making arrangements for the student to observe, practice and/or assist with **all** the required specialty procedures and expanded functions when the procedures are not done within the preceptor's practice setting.
- Providing written and/or picture verification that the student completed **all** the mandatory competency skill procedures and expanded functions in both general dentistry and specialty practice settings. Practice settings include:
 - oral surgery
 - periodontics
 - orthodontics
 - endodontics
 - fixed prosthodontics
 - removable prosthodontics
 - pediatric dentistry
 - general dentistry
 - radiographic procedures/requirements
- Administering and monitoring specific assignments and tests if required by individual courses.
- Submitting all forms, documentation, clinical and laboratory evaluations, radiology requirements, test results and other materials in a timely, secure and confidential manner.
- Committing to follow the State Education Law for direct supervision for all functions requiring this level of supervision.
- Ensuring that the student maintains high standards for academic honesty, completes his/her own work, performs all clinical procedures and maintains high ethical standards for clinical practice.

Position Requirements

- Must be a currently licensed dentist in the state in which he/she is practicing
- For a group practice, one dentist must be designated as the preceptor.



Form 3: Equipment, Facility and Policy Checklist (√)

Facility Requirements:

The practice facility effectively accommodates the number of participating students.

Each treatment area accommodates a patient, operator and assistant and has the necessary functional equipment to perform the required mandatory clinical procedures.

Instruments are provided in sufficient number and variety to accommodate student's needs.

Sterilization equipment allows application of procedures to prevent disease transmission.

Materials are available for instruction in and preceptor, staff and student are prepared to assist with the management of dental office emergencies.

Radiography

The practice has documented compliance with state and federal standards for radiation hygiene, protection, and equipment inspections. Units have adequate filters and collimation.

Appropriate and operable automatic and/or manual processing equipment is available.

ALARA concept is maintained while exposing patient radiographs.

The radiography exposure rooms are sufficient to accommodate instruction and practice required for students to develop competence in exposing radiographs with DDS/DMD supervision.

Lead aprons and cervical collars are available and utilized to protect patients.

Radiographic exposure practices abide by the New York State Sanitary Code for all patient exposures, including that of the pregnant patient.

To limit exposure levels, the student will maintain ideal exposure and processing techniques, use film holding devices at all times and use Ektaspeed film when film is used.

Laboratory

The facility provides for instruction and practice for all students in the manipulation of dental materials and performance of all laboratory procedures required by the program.

Safety devices and equipment are installed and functional. A first aid kit is available.

Infection Control

Written protocols are established, distributed, monitored and enforced to ensure adequate asepsis, infection and hazard control and disposal of hazardous waste consistent with federal, state and local guidelines.

Students are required to be immunized against infectious diseases prior to contact with patients and/or potentially infectious objects or materials.

Basic Life Support

Students, preceptors, and staff involved in direct patient care must be certified in basic life support procedures, including CPR, at intervals not to exceed two years.

Preceptor Signature _____ Date _____