Texarkana College
Community & Business Education Center - Allied Health Program
Dental Assisting Course w/a Externship

Spring 2019

The purpose of the Dental Assisting course is to familiarize students will all areas of administrative and clinical dental assisting, focusing on the responsibilities required to function as an assistant in a dental practice. The course includes hands-on skills training and CPR certification. This course covers the following key areas and topics:

- introduction to the dental office and history of dentistry and dental assisting
- legal aspects of dentistry including policies and guidelines
- introductory oral anatomy, dental operatory, and dental equipment
- introductory root structure including primary and permanent teeth
- the oral cavity and related structure
- dental hand-pieces, sterilization
- infection control and ethical responsibilities

Students will receive information on how to obtain certification to be listed on the Texas Board of Dental Examiners as Registered Dental Assistant.

All student registrations submitted online or in person will be "incomplete" until a copy of the student's high school diploma or GED equivalent from the United States of America and their social security number is submitted to the Allied Health Coordinator. If the student has an "out of country" diploma they must provide a translation report verifying it is equivalent to one issued in the USA.

Dates & Times: Tuesday, Wednesday & Thursday; April 2 – July 18 | 6:00 p.m. - 9:00 p.m. | 16 wks. | 144 hrs. classroom + 40 hrs. externship.)

Student Tuition: $1,800 (includes books)

Location: Health Sciences Building, Room 140

Refund Policy: Students will receive a 100% refund upon request, 24 hours prior to the first class meeting.

Criminal Background Requirement: For students who may have a criminal background, please be advised that the background could keep you from being licensed by the State of Texas. If you have a question about your background and licensure, please check with the Texas State Board of Dental Examiners by calling 1-512-463-6400 to discuss your topic of study to determine if you are qualified to obtain a certificate in that field. You also have the right to request a criminal history evaluation letter from the applicable licensing agency.

Texarkana College

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Checklist for Dental Assistant Externship Requirements

Attention Registrants:

The following items are required to be submitted by the end of the course so that students may participate in the externship portion of the program. The following prices are reflective of a discount for Texarkana College students at Healthcare Express only.

1. _____ Responsible for purchasing liability insurance through Texarkana College Business Office and will not be complete until student submits receipt to AH Coordinator - $20
2. _____ High school diploma or GED equivalent. Must be 18 years of age to register.
3. _____ Physical exam completed on attached Texarkana College Health Occupations form in this packet. $25
4. _____ Immunizations: Applicants must have proof of completing the following vaccinations prior to starting the program and documented on attached Immunization Record form.
    a._____ Hepatitis B vaccination series of three shots or titer indicating immunity.
    b._____ Measles, Mumps, & Rubella (MMR) or titers indicating immunity.
    c._____Varicella vaccination, chicken pox history or titer indicating immunity.
    d._____ Tetanus-diphtheria - pertussis within the last 10 years.
5. _____ Negative TB skin test or negative chest x-ray within six months prior to starting the program. $16
6. _____ Current drug screen – DO NOT COMPLETE until course has ended. $45
7. _____ Clinical Externship Medical/Documentation Authorization Release Form
8. _____ Resume
9. _____ HIPAA Training Packet & signed acknowledgement.
10. Students who elect to participate in an externship are required to purchase blue scrubs at the books store. They are approximately $45 for both bottom and top.
    a. Students must purchase a pair of Texarkana College blue scrubs and can be found in the bookstore for approximately $45 a pair.
    b. Students participating in externship will be required to go by Enrollment Services in the Administration Building to have an ID badge made identifying them as a Texarkana College Pharmacy Tech student.

TEXARKANA COLLEGE
TEXARKANA, TEXAS 75599

HEALTH OCCUPATIONS PHYSICAL EXAMINATION

Name _____
Last First Middle (Maiden)

Single _____
Married _____ Date of Male _____
Widowed _____ Birth _____ Female _____

Address _____
Street/P.O. Box City State Zip Code

Name & Address of Nearest Relative _____

Medical History: (To be completed by student)

1. Serious illness - give diagnosis & date _____
2. Operations - give diagnosis & date _____
3. Do you have any allergies? If so, what? _____
4. Do you have any physical disorders at present? _____
5. Do you have any emotional disorders at present? _____
6. What prescribed & unprescribed medications are you taking? _____
7. Have you had any severe injuries? If so, what? _____
8. Check any of the following conditions you have had:

Hay Fever	_____	Infectious Mononucleosis	_____	Tuberculosis	_____
Asthma	_____	Hepatitis	_____	Arthritis	_____
Rheumatic Fever	_____	Fainting Spells	_____	Kidney Disease	_____
Heart Murmur	_____	Diabetes	_____	Emotional Disorder	_____
Poliomyelitis	_____	Epilepsy	_____	Chemical Dependency	_____

9. Name & address of personal physician _____

PHYSICAL EXAMINATION (To be completed by your family physician or certified Nurse Practitioner)

Weight _____ Height _____ Skin Abnormalities _____
Eyes ® _____(L)_____ Corrected to ® _____ (L) _____ Ears ® _____ (L) _____
Throat _____ Nose _____ Neck _____ Lungs _____
Breasts ® _____ (L) _____ Heart _____ Nodes _____
Abdomen _____ Hernia _____ Pulse Rate _____
Blood Pressure _____ Defects Found? _____
Corrections Recommended _____
Any Reason for Limitation of Physical Activity? _____
Any Reason for Limitation of Health Care Activity? _____

Signed _____
Print name and title _____
Date _____

Return original to:
CONTINUING EDUCATION
TEXARKANA COLLEGE
2500 NORTH ROBISON ROAD
TEXARKANA, TEXAS 75599

1/2014
(Over)

Required Immunization Record

(Record Dates)

TDaP or Booster (within 10 years) _____

TB Skin Test _____ Reading _____
(If the tuberculin skin test is positive, either a chest x-ray or documentation of follow-up is required.)

Chest x-ray _____ Reading _____

*Rubella _____

*Hepatitis B vaccine (series of 3 or confirmation of immunity to Hepatitis B)

_____
Dates

Varicella: _____

The following are required for all born since January 1, 1957:

*Measles (2 doses after age 12 months)

_____ and _____

*Mumps _____

_____
Printed name and title

_____
Signature

*or physician's verification of immunity (attached)

3/2012

Clinical Externship Medical/Documentation Authorization Release Form

Please submit this form with clinical externship prerequisites:

First Name Middle Name Last Name

Release Authorization (to be completed by applicant):

I, _____ do hereby authorize CCI Healthcare and Training to release the Applicant Name (printed)

following to potential clinical externship facilities as deemed necessary for clinical externship purposes (check all that apply):

☐ Criminal Background Check /Clearances/Fingerprint Card

☐ Drug Panel Screening

☐ PPD (TB) Test Results

☐ Immunization Record

☐ Physician Statement of Health

☐ CPR/First Aid/BCLS Certification

☐ Other (fill in):_____

Applicant Signature: Date: