



Dental Assisting Program

Information Guidelines 2023 – 2024

Last Revised 7-2023

Arkansas Northeastern College
Dental Assisting Technology Program
Information Guidelines
2023 – 2024

The Dental Assisting Program at Arkansas Northeastern College is a one year technical certificate program designed to train students in the role of dental assisting and upon program completion perform their duties in all areas of the modern dental office. The program consists of the training necessary to assist the dentist in the dental operatory, the laboratory, and the dental business office. The formal training contains technical knowledge pertaining to dentistry and clinical application of this knowledge.

ANC Dental Assisting Program is accredited by the Commission on Dental Accreditation. The Commission is a specialized accrediting body recognized by the by the United States Department of Education. The Commission on Dental Accreditation can be contacted at 312-440-4653 or at 211 East Chicago Avenue, Chicago, IL 60611. The Commission's web address is: <http://www.ada.org.aspx>
The Program is also approved by the Arkansas State Dental Examiners Board.

The Dental Assisting Program selects a class each year and begins instruction in the Fall Semester according to the ANC Academic Calendar. The Program continues through the following Spring Semester and completes at the end of June or Summer I Term for a total of 10.5 months of instruction and supervised clinical performance. Students successfully completing the Dental Assisting Program at ANC are qualified to apply and sit for the Dental Assisting National Board (DANB) to become a Certified Dental Assistant.

Admission Criteria

Admission to the Dental Assisting Program at Arkansas Northeastern College is based on a selective process. To be considered for admission to the program, students must meet the following minimum criteria:

1. Complete ANC Application for Admission and meet College Admission requirements.
2. Submit official High School Transcript or General Education Diploma (GED) to the Registrar's office and an unofficial copy to the Dental Assisting Department.
3. Submit official transcripts from any College(s) previously attended to the registrar's office and unofficial copies to the Dental Assisting Department.
4. Complete required reading and sign Statement of Responsibility & Understanding of Functional Abilities and submit with Dental Assisting Application.
5. Meet with the Nursing and Allied Health Advising Specialist to ensure any required ACT or ACCUPLACER scores meet the minimum skill level.
6. Submit updated Immunization records to Registrar's Office and copy to Dental Assisting Office.
7. Must have a minimum 2.0 cumulative GPA on any previous completed College courses.
8. Complete and submit the ANC Dental Assisting Application for Admission as indicated.
9. Must attend a mandatory orientation/advising session.

Selection Process

Applicants who meet the required admission criteria will receive a letter inviting them to attend a mandatory orientation. The session will provide a detailed overview of the DA Program and expectations for program success. Eligible students meeting admission criteria will then sign a Letter of Intent to enroll in the Dental Assisting courses for the Fall semester. The DA Program Director will

accept and enroll students based on number of eligible students meeting admission criteria, seat availability and signed letters of intent.

Admission is competitive. If there are more applicants that meet the minimum requirements for admission than positions available students will be ranked based on Admission scores and GPA and on any previous College work completed.

Health and Immunizations

Personal Health Data and Medical History

Students are required to complete the Personal Health Data and Medical History Form and submit during the scheduled orientation day prior to the first day of class. The requested health data and history information is kept confidential and will be used only as an aid in providing necessary health care if an emergency were to arise or to determine if medical clearance is necessary prior to entering the program. Students who are pregnant or who have an altered health status must have written approval from their physician to enter or continue in clinical rotations. Students must meet all stated clinical outcomes and objectives along with meeting all attendance requirements.

Health Insurance

Arkansas Northeastern College does not provide medical related services, nor does the College assume responsibility for injuries incurred by students during any College activity. Medical services may be obtained from local doctors, clinics, and hospitals at the student's expense. All students are encouraged to carry their own health and accident insurance throughout the program.

Nursing and Allied Health MMR Immunization Policy: Arkansas law requires all full-time students born on or after January 1, 1957 to provide proof of immunization against measles, mumps, and rubella (MMR) or immunity, or medical or non-medical exemption, or birth before 1957.

- **Proof of Immunization:** The immunization must be given in two doses. The first dose of the MMR must be given before the first birthday and after 1/1/1968. The second dose must be given at least 28 days after the first. Refer to Table III of the Arkansas State Board of Health, Rules and Regulations Pertaining to Immunization Requirements, page 16. Accepted proof of immunizations shall be those on an immunization record provided by a licensed physician, health department, military service or an official record from another educational institution in Arkansas. All accepted immunization records shall state the vaccine type and dates of vaccine administration.
- **Proof of Immunity:** In lieu of receiving vaccine students may provide proof of immunity. Students must submit serological test results (titers) appropriate for all three diseases (measles, mumps, and rubella) to the Arkansas Department of Health (ADH) along with a letter requesting approval of immunity. Please send letter and test results to:

*Arkansas Department of Health
ATTENTION: Immunization Section
4815 West Markham Street
Little Rock, AR 72205*

After the Medical Director of the Immunization Section of the ADH has reviewed the letter and results, the student will receive either an approval or denial letter. If approved, it is the student's responsibility to provide ANC Registrar a copy of the letter for placement in the student's permanent file. Thereafter, annual approval is not required. If denied, the student

must receive the required immunization or request an exemption (see below) through the Arkansas Department of Health.

- **Medical or Non-medical Exemption:** Students may apply for an authorized exemption (medical, religious, or philosophical) from the Arkansas Department of Health. Exemptions must be applied for each academic year. Forms can be obtained after July 1, each year by e-mail only at: <http://www.healthy.arkansas.gov/programsServices/infectiousDisease/Immunizations/Documents/2017-2018%20College%20Immunization%20Exemption%20Application%20Packet.pdf>

Other Immunization Requirements: Students admitted to the Dental Assisting Program must have a tetanus or tetanus booster if it has been greater than 10 years since their last booster. As a condition of admission and continuing enrollment in the DA program, all students are required to provide at the beginning of each academic year documentation of a negative tuberculin (TB) skin test or in the event of a positive TB skin test, a negative chest x-ray within the past three years; OR provide evidence of no TB disease per negative result of interferon-gamma release assays (IGRAs) blood tests (T-SPOT or QuantiFERON).

Students entering the Dental Assisting Program must realize the potential for exposure to the Hepatitis B virus. Faculty recommends appropriate documentation of a completed series of Hepatitis B immunizations or consent to and be in the process of receiving the series of the 3 injections prior to any contact with patients. If a student refuses or has reason to believe that the vaccine is contraindicated for him/her, the student must sign a declination form acknowledging the risk of Hepatitis B infection in a healthcare setting. It is highly recommended students receive an annual seasonal influenza vaccine. It is also recommended students who have not had the chicken pox receive the Varicella Vaccine.

COVID-19 Vaccinations

In compliance with AR ACT 1030, The Division of Allied Health at Arkansas Northeastern College does not mandate COVID-19 vaccination as a requirement for enrollment in any of their courses or programs. However, clinical affiliates may mandate and require proof of the vaccine for both faculty and students attending their facilities for clinical experiences.

In order to ensure all students are provided an equitable clinical educational experience necessary to meet required course and program objectives, students must be eligible for placement in any approved clinical site. Students ineligible to meet their clinical assignments will not be successful in meeting their course objectives.

Technical and Functional Abilities Requirement

The technical and functional abilities listed below are based on general occupational qualifications for Dental Assistants commonly recognized by most employers. Typically, you will not be required to have all of the abilities listed to be a successful performer. Recruitment and selection standards for an individual state job must be based on the specific knowledge, skills, and abilities for that job as indicated in the job announcement and job description in the Employee Work Profile.

The Dental Assisting students must have the **Ability** to:

1. Communicate information and ideas in speaking so others will understand.
2. Listen to and understand information and ideas presented through spoken words and sentences.
3. Communicate information and ideas in writing so others will understand.
4. See details at close range (within a few feet of the observer).

5. Arrange things or actions in a certain order or pattern according to a specific rule or set of rules (e.g., patterns of numbers, letters, words, pictures, and mathematical operations).
6. Speak clearly so others can understand you.
7. Keep your hand and arm steady while moving your arm or while holding your arm and hand in one position.
8. Identify and understand the speech of another person.
9. Read and understand information and ideas presented in writing.
10. Tell when something is wrong or is likely to go wrong. It does not involve solving the problem, only recognizing there is a problem.

Bloodborne Pathogens: Notice to Potential Dental Assisting Applicants:

Enrolled students are exposed to a variety of pathogens including bloodborne pathogens. These include but are not limited to pathogenic organisms found in blood that can cause illness such as Hepatitis B virus (HBV), Hepatitis C virus (HCV), human immunodeficiency virus (HIV) and those pathogens found in oral/respiratory secretions that can cause illness such as Tuberculosis and Herpes. The program Bloodborne Pathogens policy is available in the DA Program Director's office.

For more information please visit the Centers for Disease Control website and view the form and power point presentation. Should you have questions after viewing please feel free to contact the program coordinator at the email address listed at the end of this form?

- http://www.cdc.gov/ncidod/dhqp/pdf/bbp/Exp_to_Blood.pdf

Dental X-ray Operating and Safety Procedures

These guidelines were prepared by the Division of Radiation Control and Emergency Management Programs, Arkansas Department of Health and are provided to you as a guide for compliance with Part N, Arkansas Rules and Regulations for Control of Sources of Ionizing Radiation. The intent of these instructions is to minimize radiation exposure of X-ray personnel and patients. They are not intended to limit or restrict more detailed instructions and procedures which may be necessary at each facility.

1. A controlled area is to be maintained by the operator.
2. The operator of the x-ray system should select the appropriate exposure factors for the examination, which will yield the best quality image at the lowest possible patient exposure.
3. If equipped with a manual line voltage compensator, the incoming line voltage should be adjusted to the proper value before each exposure. This is usually done by adjusting the line voltage to mark or a specific voltage range on an x-ray control meter face.
4. Operators should be familiar with quality control; such as determining the best film speed, developer temperature and replenishment frequency, in order to minimize retakes and to produce optimum quality radiographs. The film manufacturer's recommendations should be followed during film processing.
5. Employees shall never hold patients, film or the tube head during x-ray exposures. Alternative measures such as the use of holding devices should be employed to perform this function. The use of relatives or friends of the patient should be considered if the uses of mechanical holding devices are not feasible. In no case should a pregnant female hold films or patients.
6. Personnel should utilize protective shielding barriers, lead gloves and aprons to the fullest extent possible. Personnel should always stand at least six (6) feet from the dental tube head during x-ray exposures. When possible, persons should stand behind a protective barrier (i.e., wall).
7. The user should be aware of all recent statements of position regarding the use of protective devices such as leaded aprons and x-raying fertile females. Protective thyroid shields should be

- used on all patients. Gonadal shields or a lap type apron of at least 0.25 mm lead equivalent should be used on all children and adults of the child bearing age.
8. All x-ray examinations shall be ordered by an individual authorized and licensed to practice dentistry by the state of Arkansas.
 9. Operations of x-ray machines should be familiar with applicable parts of Arkansas Rules and Regulations for Control of Sources of Ionizing Radiation. A copy should be made available to personnel upon request at the website for the Department of Health, Radiation Control, Rules and Regulations.
 10. Only individuals required for the radiographic procedure shall be in the room during exposures.
 11. The primary beam shall only be directed towards a primary barrier.
 12. The x-ray equipment in this facility was installed following the manufacturer's specifications and it's equipped with appropriate collimation; which is used properly will limit the size of the useful beam to the area of clinical interest. In addition, the tube has an aluminum or equivalent filtration which will reduce unnecessary low-energy radiation from the x-ray beam and shall not be removed or altered.
 13. Each occupationally exposed employee who has been provided with a personnel monitoring device shall wear their assigned monitor. These devices should remain in the facility when not in use. Each individual shall be notified at least annually of their exposure and should be made available upon request at any time. When a control badge is supplied it should be kept in an area of "Man-Made" radiation.
 14. The legal occupational radiation exposure limits must not exceed. All personnel should make every effort to keep their radiation exposure as low as reasonably achievable. No adult employee shall be allowed to receive radiation exposure in excess of 1250 millirem per calendar quarter. No employee under the age of 18 shall be allowed to receive radiation exposure in excess of 125 millirem per calendar quarter.

Other Procedures (If Applicable)

For operating room, Cephalometric, Panoramic and/or other special procedures, the registration shall provide additional operating and safety procedures if required.

For Information Call:

Arkansas Department of Health
Division of Radiation Control and Emergency Management Programs
Little Rock, AR
Telephone: 501-661-2301

Bloodborne Pathogen Needlestick Policy

1. Stop procedure immediately.
2. Remove glove and squeeze small amount of blood from wound.
3. Wash hands with antimicrobial soap.
4. Apply antiseptic ointment and bandage.
5. Document incident.
 - a) Route of exposure
 - b) Circumstances in which incident occurred (e.g. needle stick, cut)
 - c) Identify source individual (pt. who is involved in exposure)
6. Request the source individual have their blood tested for HBV and HIV.(can be refused)
7. Have blood samples drawn from the patient and the exposure recipients the same day of the incident.
8. The patient's blood should be tested for HBsAG and anti-HIV.

9. If the exposure recipient received the hepatitis B vaccine and was post tested to prove immunity, the hepatitis testing is not required.
10. If the exposure recipient did not receive hepatitis B vaccine, they are advised to get their blood tested for HBV and HIV.
11. Medical indicated prophylactic treatment will be provided as necessary.
12. Appropriate counseling as needed.
13. A copy of the documented incident will be given to the Instructor of the Dental Assisting Program
14. Hepatitis blood test results and protocol:

Patient	Antigen/ Status	Recipient of exposure
HBsAg	Negative	Hepatitis B vaccine if not already received
HBsAg	Positive	Anti-HB positive recipient-No TX Hepatitis B vaccine recipient with laboratory proven serocon-version: One additional dose of vaccine and HGIG if anti-HBs negative on testing Anti-HB negative recipient: HGIB started within 48 hours and hepatitis B vaccine started within 7 days
Anti –HIV	Negative	Post-test counseling and optional follow up
Diagnosed AIDS,	Anti HIV Positive	Anti-HIV positive> Post-test refuses testing or unknown sources counseling and medical evaluation Anti-HIV negative Post-test counseling and repeat testing every 6, 12, and 24 weeks

Dental Assisting Program Progression

For successful progression in the Dental Assisting Program, Students must develop good study habits, be organized and meet the established program objectives. Students are encouraged to take an active role in learning which includes recognizing their learning needs and seeking necessary guidance and advisement from their instructor. Faculty is readily available for academic counseling and support and along with providing any recommended resources to assist with the student success.

Dental Assisting students are required to maintain a minimum grade of a 2.0 or “C” in each course outlined in the Dental Assisting Curriculum Plan. Failure to complete any course with a minimum of a 2.0 or “C” will prevent the progression to subsequent courses in the program. A student who is terminated from the program for an academic failure will be able to re-apply for the dental assisting program the following fall. Readmission into the program will be based on meeting admission criteria and class size/seat availability.

Dental Assisting Program Considerations and Guidelines

1. Training for the DA Program consists of 38 credit hours divided between classroom study and clinical training in a variety of dental offices.
2. Classroom hours are usually between 8:00 am – 3:00 pm, unless otherwise scheduled.
3. Clinical hours vary depending on the dental office assigned.
4. It can be reasonably assumed that the student will be in class *or* in the dental offices Monday through Friday throughout the program.

5. There is an attendance policy that must be strictly adhered to meet program objectives. Absences are limited in this fast-paced, competency-based program.
6. In addition to regular attendance in the classroom and in clinical, the student's presence at certain outside functions is required. These functions will be announced in time for arrangements to be made.
7. Students are responsible for their own transportation.
8. Students withdrawing from the DA Program must notify the registrar's office so that proper steps can be taken for the interruption of training. A student officially withdrawing from training due to hardship or illness may be considered for re-enrollment at the appropriate time in the curriculum with approval from the DA Program Director, and if there is an opening in the class.
9. A student who is terminated due to academics may apply to re-enter when the failed course is offered again and if space is available in the class. If a course is not re-entered within one year, the entire program will have to be repeated.
10. Students applying for readmission in the fall semester will be subject to the same criteria for admission as new applicants. The maximum number of students accepted into the DA Program will be based on the number of qualified applicants and/or availability of clinical sites. The class will be selected on the Admission Criteria previously indicated.
11. Students terminated from the program for unprofessional conduct may not be considered for re-entry into the Dental Assisting Program.

The following is a statement from the Commission on Dental Accreditation:

The Commission on Dental Accreditation will review complaints that relate to a program's compliance with the accreditation standards. The Commission is interested in the sustained quality of continued improvement of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for treatment received by patients or individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students. A copy of the appropriate accreditation standards and/or the Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, IL 60611-2678 or by calling 1-800-621-8099 extension 4653.

**Dental Assisting Technology Program
Curriculum Plan 2023-2024**

Fall Semester		
Course Number	Course Name	Credit Hours
DA 19003	Chairside Assisting I	3
DA 19021	Infection Control	1
DA 19012	Dental Biomedical Science	2
DA 19033	Dental Materials I	3
DA 19042	Dental Clinical Science	2
DA 19052	Dental Radiology I	2
DA 19061	Preventive Dentistry	1
EN 12003	English Composition I	3
Total Credit Hours		17
Spring Semester		
Course Number	Course Name	Credit Hours
DA 19073	Chairside Assisting II	3
DA 19082	Dental Materials II	1
DA 19093	Practice Management	2
DA 19102	Dental Radiology II	3
DA 19115	Dental Clinical Experience	5
Total Credit Hours		15
Summer Semester		
Course Number	Course Name	Credit Hours
DA 19136	Dental Clinical Experience Advanced	6
Total Credit Hours		6
Total Program Credit Hours		38

Technical Certificate in Dental Assisting Program Cost List 2023-2024			
Tuition Per Credit Hour	Amount		
Mississippi County Residents	\$75.00		
Out of County Residents*	\$85.00		
Bootheel & Tennessee Border	\$85.00		
Out of State Residents	\$135.00		
International Students	\$135.00		
		Totals	
Estimated Tuition: In County Fees		In-County	
General Education Courses (\$75 per credit hour x 3)		\$225.00	
Nursing Courses (\$75 per credit hour x 35)		\$2,625.00	
Technology Fee (\$15.00 per credit hour x 38)		\$570.00	
Registration Fee (\$25.00/semester x 3)		\$75.00	
*ZOOM/INET Classes (\$20/credit hour x 27)		\$540.00	
	In-County Total	\$4,035.00	
	Out-of-County Total	\$4,415.00	
Dental Assisting Fees			
Dental Assisting Course Fees (13 courses @ \$40/course)		\$520.00	
Professional Liability Insurance @ \$25/year		\$25.00	
American Dental Assisting Association Dues		\$45.00	
Continuing Education Course, CPR @\$6 (Fall)		\$6.00	
		\$596.00	
Other Dental Assisting Fees			
Uniforms & Shoes		\$285.00	
General Supplies		\$50.00	
Required Textbooks		\$600.00	
Hepatitis B Immunization /TB Skin Test		\$160.00	
HESI Exit Exam and Practice Course		\$50.00	
Out of Town Conference Expense		\$300.00	
		\$1,445.00	
Other Dental Assisting Program Fees			
DANB Certification Exam		\$425.00	
AR-RDA		\$75.00	
ANC Graduation Fee		\$40.00	
NCLEX-RN Exam		\$540.00	
Total Program Projected Cost:	In-County Total	\$6,616.00	
	Out-of-County Total	\$6,996.00	
<i>*Costs are estimated at time of document completion and are subject to change. Updated 06/2023</i>			

ARKANSAS NORTHEASTERN COLLEGE
Dental Assisting Program
Statement of Responsibility and Understanding of Functional Categories

Please complete and submit/mail with your application to:

Arkansas Northeastern College
Attention: Dental Assisting Department
2501 South Division St. P.O. Box 1109
Blytheville, AR 72316-1109

Statement of Responsibility and Understanding:

The following statements of responsibility indicate your understanding of the requirements necessary for evaluation of your file for possible admission into the Dental Assisting (DA) Program. Please sign and return with your application to the DA Director/Instructor.

- I have received information from a representative of at Arkansas Northeastern College concerning admission requirements for the DA program. I understand that it is my responsibility to ensure that all entrance criteria are met.
- I accept the responsibility to validate that all copies of my transcripts and test scores are received by the DA Director/Instructor (including those on file in other ANC offices). I will inform the DA Director/Instructor of courses in which I am currently enrolled. I also accept the responsibility to have all transcripts from other colleges submitted and evaluated by the ANC Registrar.
- I understand that my Application for Admission in the Dental Assisting Program will not be filed or considered unless my signature is on this form.
- I have read and understand the Technical and Functional Abilities listed based on general occupational qualifications for Dental Assistants commonly recognized by most employers Categories, Descriptions, and Representative Activities and Attributes.
- I understand that dental assisting is a discipline with cognitive, sensory, affective, and psychomotor performance requirements. These functional ability requirements are included in the DA Information Guidelines. I understand that, if necessary and if I meet certain documentation requirements of a disability, that I must contact ANC Student Services at (870) 762-1020 to request accommodations.

Printed Student Name

Signature (legible please)

Date

ARKANSAS NORTHEASTERN COLLEGE
Dental Assisting Technology
Application for Admission

Please complete and return application to:

Dental Assisting Program
Arkansas Northeastern College
Attention: Dental Assisting Department
P.O. Drawer 1109
Blytheville, AR 72316-1109

Date of Application: _____

Received (Office Only): _____

Name: _____
(Last) (First) (Middle) (Maiden)

Mailing Address: _____
(City) (State) (Zip)

Physical Address: _____
(Street Number) (City) (State) (Zip)

Contact Phone Numbers: Home _____ Work _____ Cell _____

Date of Birth: _____ Social Security #: _____ - _____ - _____

Personal e-mail address: _____

Completion of this information is optional for statistical purposes only and does not affect admission status.			
Age: _____	Marital Status: Single _____ Married _____		
Sex: Male _____	Female _____		
Do you consider yourself Hispanic or Latino? Yes ___ No ___ Check all that apply:			
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian/ Pacific Islander	<input type="checkbox"/> Black/African American	
<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other (specify) _____	

High School Attended: _____ Graduation Date: _____
(Name) (City) (State)

Colleges, Universities or other Schools Attended:

<u>Institution</u>	<u>Dates Attended</u>	<u>Hrs. Attended</u>	<u>Degree (Type)</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Print Name

Student Signature

Date

ARKANSAS NORTHEASTERN COLLEGE
Dental Assisting Program
Request for Exception or Waiver

Please complete and mail:

Arkansas Northeastern College
ATTN: Dental Assisting Director
Division of Allied Health
P. O. Box 1109
Blytheville, AR 72316-1109

- _____ Extension of application deadline
- _____ Missing or incomplete immunizations by application deadline
- _____ Other requests/exception; please specify _____

Explanation of Waiver Request (must be completed, attach additional documentation as needed or requested):

This form is provided only for applicants who anticipate that one or more of the minimum requirements for admission into the DA program may not be fulfilled by the application deadline. This form will be reviewed by the DA Director along with your application. **Completion of this form does not guarantee approval of the request.**

Print Name: _____ Signature: _____

Contact Number: _____ Date: _____

Email address: _____

.....

FOR DA OFFICE USE ONLY; DO NOT WRITE BELOW THIS LINE

Review Date: _____ Approved Disapproved

Comments:

DA Program Director: _____ Date: _____

Dean for Allied Health: _____ Date: _____

Student Notified of Determination: _____