



APPLICATION FOR DENTAL ASSISTING



1900 Highway 31 South
Bay Minette, Al 36507
Office 251-580-2110
Fax 251-580-2228
www.michele.barrow@coastalalabama.edu

Date _____

Name _____
Last First Middle

Address _____
PO Box Street Address

City State Zip Code

Student Number _____

Contact Info _____

Coastal Alabama Email address

Work

Cell/Alt

I. DEGREE:

Associate in Applied Science in Dental Assisting

Complete, Copy and return to:

Coastal Alabama Community College
Attn: **Dental Assisting Program**
1900 Highway 31 South
Bay Minette, Al 36507

COMPLETE APPLICATION PACKAGE MUST BE SUBMITTED BY JULY 1 BEFORE 5:00PM CST

***Important: Please make a **copy** of the completed application and retain it for your records

PERSONAL DATA:

1. Present Occupation_____

2. Job Description/ Title_____

3. Reasons for wanting to enter the Dental Assisting Program

4. Favorite subjects in school_____

5. List of Sciences taken in high school or college_____

6. Academic performance in the Sciences_____

7. If changing major from another Allied Health to Dental Assisting, please give reason.

8. Please list any dental specialty, such as, Pediatric Dentistry, Orthodontics, Oral Surgery, Endodontics, etc. in which you have an interest.

9. One requirement of the Dental Assisting Program of study requires you to answer the telephone, make appointments and discuss financial arrangements. Could you perform those functions? Yes____ No____

10. Another requirement of the Dental Assisting Program is that you enter patient information in the computer, file and retrieve patient records, financial records, and insurance forms. Could you perform the listed functions? Yes____ No____

11. Could you read and compare color-coded charts and file charts either alphabetically or numerically? Yes____ No____

12. Many functions in the Dental Assisting Program must be performed in restrictive areas. Could you work in a confined area in a seated elevated area for extended periods of time? Yes____ No____

13. Could you lift a minimum of 50 pounds and/or assist in lifting, transferring, and moving patients? Yes____ No____

14. A great deal of work in the Dental Assisting Program is based upon sound. Could you discern, detect and discriminate sounds? Yes____ No____

15. In a dental office, dental assistants are required to actively and openly communicate with patients, providing them with encouragement during a procedure as well as instructions before and after a procedure. Could you provide a patient with encouragement and give verbal instructions clearly and briefly? Yes____ No____

16. Could you reach high places in order to retrieve and manipulate equipment?
Yes____ No____

17. There are many different types of odors and visible blood in the dental office. Could you withstand odors and visuals during various situations?
Yes____ No____

18. Physically, the Dental Assisting Program of study requires quick thinking followed by quick body movement. Could you move and think quickly using your fingers, wrists, arms, and body from the waist up?
Yes____ No____

19. Professionally, dental assistants are required to adhere to specific guidelines. Could you abide by and maintain professional dress and conduct according to set standards of the dental profession?
Yes____ No____

20. Do you understand the requirements to enter and successfully complete the Dental Assisting Program? Yes____ No____

21. Have you observed a dental assistant in an office or reviewed the American Dental Association website to help you understand what the responsibilities of being a dental assistant encompass?

Yes____ No____ If answered no, it is a mandatory part of the application process. The enclosed observation form must be completed and submitted with this application.

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name of Contact	Telephone	Alternate Telephone
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Name of Contact	Telephone	Alternate Telephone
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DAT PROGRAM REQUIREMENTS

To the office of admissions:

- Current Completed Coastal Alabama Application-submitted before July 1st to the office of Admissions
- Transcripts from all colleges and high school or a GED- submitted by July 1st to the office of Admissions
- ACCUPLACER and/or ACT scores on file before July 1st
- Scores on ACT or high school grades must meet the requirement for English 101 and Math 116, if these courses have not already been completed with a "C" or higher prior to admission to dental assisting.

To the dental assisting department:

- Eligibility to take English 101 and Math 116 with proof of placement scores.
- Current Completed Dental Assisting Program Application- submitted by July 1st @ 5:00 pm CST
- Complete** packet excluding current DAT Physical Exam Form and DAT Immunization Form (These must be completed after acceptance into the program)
- Unofficial transcripts, printed from My CA account, attached to the DAT application showing a minimum, cumulative GPA of 2.3 for the last 24 hours of college credit or a cumulative minimum of 2.5 high school credits without college coursework. The GED equivalent if 2.5
- If over 24 qualified applications are received, in addition to the above, points will be awarded first for, English Composition 101, Mathematical Applications 116, General Psychology 200 and Introduction to Speech 107. Second, points will be awarded for Art Appreciation 100 or Music 101 Appreciation, Microcomputer Applications 146, Introduction to Biology I 103 and Introduction to Sociology 200.
- Visit a dental office that employs a dental assistant and observe the functions and responsibilities of a general dental assistant for a **minimum of 8 hours**. Submit the signed observatory form (included in this packet).

Upon program acceptance you will be required to provide the following:

- Two-year certification in Healthcare Provider CPR or Adult, Infant, and Child AED CPR. CPR can be taken through Complete Safety Works, American Red Cross or your local fire department; however, it must include infant, child, adult, and AED with hands-on testing.
- Consent and payment to undergo random drug testing (consent form to be signed at mandatory DAT orientation).
- Consent and complete online information for certified background check(consent to be signed at mandatory DAT orientation)
- Put aside approximately 180.00 for the above.
- DAT Physical Exam Form and DAT Immunization Form (These must be completed by the DAT orientation if accepted, usually the 3rd week of July) **NO blue cards or other sheets accepted.**

Only completed applications will be accepted after July 1st on a space available basis. No student will be admitted into the Dental Assisting Program without the completion of all entrance requirements prior to registration and/or DAT program orientation.

IMPORTANT*

Accepted students will be notified via Coastal Alabama student email within 10 days of July 1st. Utilizing the student email, an official response of, I accept entry or do not accept entry, must be received within 7 days from the original email to the student. If the accepted applicant does not respond within the 7 days, the student's slot will be forfeited and awarded to the next qualified student applicant.

RECOMMENDED COURSE SEQUENCE FOR PROSPECTIVE DENTAL ASSISTING STUDENTS

Step one: Apply to the college and declare the Health Science Associate Degree major. The Health Science Associate Degree lists many courses. Take those courses required for the Dental Assisting Program as listed in the below curriculum.

The below suggested options are to help students stay on track!

Option #1 This option is for students who have not completed ENG101 or MTH 116 or a higher level Math such as MTH 100 and wish to apply to the start the program fall semester. Scores on placement testing or ACT must meet the requirement for eligibility to take the English and Math classes at the same time as dental assisting courses. It is recommended that students consider completing all general core courses prior to starting dental assisting classes due to the high hourly workload.

CERTIFICATE BY SEMESTER	Hrs./wk.	Lec	Lab	Clinic	Clock	Credit
FALL SEMESTER						
ENG 101 English Composition	3	3	0	0	45	3
DAT 100 Introduction to DA	2	2	0	0	30	2
DAT 101 Pre-Clinical Procedures I	5	2	3	0	75	3
DAT 102 Dental Materials	5	2	3	0	75	3
DAT 103 Anatomy & Physiology	3	0	0	0	45	3
DAT 104 Basic Science	2	2	0	0	30	2
<i>ORI 101 Orientation to College</i>	1	1	0	0	15	1
Total	21	12	6	0	360	17
SPRING SEMESTER						
DAT 111 Clinical Practice I	13	1	0	12	195	5
DAT 112 Dental Radiology	5	2	3	0	75	3
DAT 113 Dental Health Education	2	2	0	0	30	2
DAT 116 Pre-Clinical Procedures II	3	2	2	0	60	3
PSY 200 Gen Psychology	3	3	0	0	45	3
MTH 116 or higher	3	3	0	0	45	3
Total	29	13	5	12	450	19
SUMMER SEMESTER						
DAT 121 Dental Office Procedures	3	3	0	0	45	3
DAT 122 Clinical Practice II	12	0	0	12	180	4
DAT 126 Dental Assisting Seminar	3	3	0	0	45	3
SPH 107 Intro to Speech	3	3	0	0	45	3
Total	18	5	0	12	270	13

Certificate Program

Total Credit Hours 48 (Incl. Eng)
Total Clock Hours 1125 (Incl Eng)
General Education 12

Associate in Applied Science Degree

Total Credit Hours 62
Total Clock Hours 1320
General Education 25

THE COURSES BELOW ARE REQUIRED IN ADDITION TO THE CERTIFICATE PROGRAM TO EARN AN ASSOCIATE IN APPLIED SCIENCE DEGREE IN DENTAL ASSISTING

Bio 103 (4 credit hours)
Art 100 or Music 101(3 credit hours)

Computer CIS 146 (3 credit hours)
Sociology SOC 200 (3 credit hours)

Option #2 It is recommended to take the general core courses required in the dental assisting certificate the first semester of college and take the rest of the core courses required to complete an associate degree in dental assisting the second semester of college and then apply to the program, pending the time of college entrance. This is a particularly good option for working students.

Semester ONE

English 101 (must be taken before program entry)..... 3 cr hrs
Orientation to College.....1 cr hr
Psychology 200.....3cr hrs
Math 116 or higher (MTH 100 and up are higher).....3cr hrs
Speech 107.....3cr hrs

Semester TWO

Biology 103.....4 cr hrs
Art or Music Appreciation.....3 cr hrs
Sociology 200.....3 cr hrs
CIS 146 (Microcomputer Applications).....4 cr hrs

*All DAT courses must be passed with a “C” or better in both the lab and lecture sections of each class.

NOTE:

*If you plan to attend the Dental Hygiene Program at UAB, (ADHP) which is an “Alabama only” hygiene license, completing The Coastal Alabama Dental Assisting Program deducts one year, of chairside assisting, from the two years required to be an eligible applicant.

*If and only if, you are on a Dental Hygiene AAS track, for Wallace or Pensacola State, after completing the above, you may to take:

BIO 201 or BIO 202.....4-8cr hrs
Or CHM 111.....4 cr hrs
BIO 220.....4 cr hrs
PSY(SOC)210.....3 cr hrs

*Please check with the Institution (such as Pensacola College or Wallace State) to confirm program specific requirements.

*Coastal Alabama general studies will transfer to the above dental hygiene programs.

*Please remember both dental assisting and dental hygiene are considered health care professions. They are patient-centered and are not just a job. If you are truly interested in the oral cavity and how it affects the patient’s health, you will find the field of dentistry to be a rewarding career.



STUDENT HEALTH EXAMINATION FORM

NOTE: The use of "white-out" or other correction voids form.

Name _____ Soc Sec # _____ DOB _____ Sex _____

Physical Examination (Comment on each abnormal circled)

Skin Normal /Abnormal

Lungs & Chest Normal/ Abnormal

Spine Normal/ Abnormal

Head & Neck Normal /Abnormal

Heart Normal/ Abnormal

Neurologic Normal /Abnormal

Nose & Sinuses Normal/ Abnormal

Vascular Sys Normal /Abnormal

Vision Normal/ Abnormal

Mouth & Throat Normal/ Abnormal

Endocrine Sys Normal/ Abnormal

Can see fine print with or without glasses or contacts Yes/ No

Hearing Normal/ Abnormal _____

Can hear soft sounds with or without hearing aid Yes/ No

Temp _____ BP _____ Pulse _____ Resp _____

Are there any emotional issues that may affect ability to progress in nursing program or participate in clinical activities?

List any conditions that require regular treatment or an alteration in manner of living _____

Is this person under a physician's care for any condition? Yes No If yes, explain _____

Allergies: _____

Medications:

Signature of Practitioner/Date



DENTAL ASSISTING IMMUNIZATION FORM

Student Name _____

I certify that _____ has had the following:

MMR vaccine #1: date _____

MMR vaccine #2: date _____

Or titer results: _____

Varicella vaccine: date _____

Or titer results: _____

Tetanus vaccine: date _____

2 Step TB skin test

1st test date _____ **results** _____

2nd test date _____ **results** _____

Or Chest X-ray: date _____ results _____

Hepatitis B vaccine: **date 1st dose** _____

date 2nd dose _____

date 3rd dose _____

Flu vaccine: (Fall & Spring Semesters): _____

Printed name of practitioner (MD, NP, or PA) _____

Signature of practitioner _____ **Date** _____



GENERAL/FAMILY OR COMPREHENSIVE DENTAL PRACTICE ONLY
OBSERVATION VERIFICATION*

Name _____
Last First Student ID #

Date _____ from _____ a.m./p.m. to _____ a.m./p.m.

Dental office _____

Address _____

Dentist's signature _____

* As part of the application process for the DAT program, all applicants are required to visit a dental office that employs a dental assistant and observe the functions and responsibilities of a general dental assistant for a **minimum of 8 hours.**

Coastal Alabama Community College DAT Program
Hepatitis B Information Sheet
(Retain this portion for your records)

Type B Hepatitis

Type B hepatitis is an infection of the liver caused by the hepatitis B virus (HBV). Infective blood or body fluids transmit the hepatitis B virus. Infective blood or body fluids can be introduced by contaminated needles, by unapparent or unnoticed contact with infectious secretions from skin lesions or mucosal surfaces, or through sexual contact.

Hepatitis B is the most commonly reported type of hepatitis in the United States. It is an unpredictable disease with a variety of presentations and outcomes. It is estimated that 60-75% of people who are infected do not become ill. In this circumstance prior infection can only be detected by presence of antibody in the blood. Acute symptomatic hepatitis B infection may result in serious liver injury, which may incapacitate a person for weeks to months. Approximately 6-10% of persons with type B hepatitis become a carrier of the virus and death occurs in 1-2% of patients either as a result of acute liver failure or complications. Hepatitis B virus also has a role in the development of cirrhosis and liver cancer. There is no effective treatment for hepatitis B infection or disease.

Hepatitis B Vaccine

The Recombinant hepatitis vaccine is a genetically designed vaccine derived from yeast (not plasma). It is indicated for active immunization against infection caused by all known subtypes of hepatitis B virus. It will not prevent hepatitis caused by other agents, such as hepatitis A virus, non-A, hepatitis viruses, or other viruses known to infect the liver. Full immunization requires 3 intra-muscular doses of vaccine given over a six-month period. In an adult, the vaccine should be administered in the deltoid muscle of the arm. The vaccine has been found to be effective in producing hepatitis B antibodies at protective levels in more than 90% if healthy individuals who received the recommended three doses of the vaccine in the deltoid muscle of the arm. The duration of immunity is unknown at this time. A small percentage of healthy persons do not respond to the vaccine and do not develop immunity to HBV. Antibody status can be determined by blood testing. Hepatitis B has a long incubation period. HBV vaccination may not prevent HBV infection in individuals who have an unrecognized HBV infection at the time of vaccine administration.

Possible Vaccine Side Effects

The observed incidence of side effects is very low. Injection site reactions consist principally of tenderness and redness. The most frequent systemic complaints include, but are not limited to, fatigue/weakness, headache, and fever. It is not possible to contract hepatitis B from the vaccine since the vaccine is produced synthetically and not from human blood.

Who Should Consider the Vaccine

The Alabama Department of Public Health and the Centers recommend vaccination for Disease Control (CDC) for persons of all ages that are or will be at increased risk of infection with HBV.

Health care workers who have direct clinical patient contact or handle potentially infective materials or items are considered to have an increased risk for contracting hepatitis B.

Contraindication

Vaccination is contraindicated for pregnant or nursing women and for anyone with hypersensitivity to yeast or any component of the vaccine. Persons experiencing hypersensitivity reactions after an injection of the vaccine should not receive further injections.

Student Vaccination of Hep B

All students entering the Dental Assisting Program at Coastal Alabama Community College **are required to read the provided information on Hepatitis B and return the signed attached form stating that you have read and understand the information.**

You should contact your physician and arrange for its administration. Students are responsible for the full cost of the vaccine and its administration.

It is your right to refuse the hepatitis B vaccination, however should you choose to do so, you must sign and date the hepatitis B declination form. The same applies if you have not completed the series before program entry. **Both** the immunization form and the declination form will be held in your file until the series is complete. Once you have completed the series **and** the documentation is provided to the director, the declination form will become void.

Coastal Alabama Community College DAT Program

RETURN WITH COMPLETED APPLICATION

**Hepatitis B Vaccination
Information Acknowledgement**

I have read the Hepatitis B virus and vaccination information provided by Coastal Alabama Community College. I understand and accept the responsibility of receiving the vaccination. I agree to receive the complete series of immunization according to the recommended schedule of:

- 1st dose
- 2nd dose one month later
- 3rd dose six months after initial dose

If I do not adhere to the above schedule or choose not to get the vaccine, I agree to sign a declination waiver to refuse consent for the vaccine or to hold a declination waiver in my file until I complete the series.

I agree to hold Coastal Alabama Community College and any and all of its agents, officials, or employees harmless from injury, complication of side effects that may be caused by the administration of the vaccine.

Student's Signature _____ Date _____

Student # _____

OSHA CLASSIFICATION = Category I

I have begun or completed the vaccine and provided the appropriate documentation _____

I choose to decline the vaccine and have provided the appropriate documentation _____

Coastal Alabama Community College DAT Program

DECLINATION OF HEPATITIS-B VACCINATION

I understand that due to my occupational exposure to blood or potentially infectious materials I may be at risk of acquiring Hepatitis-B Virus (HBV) infection. I have been informed that a requirement for entry to the Dental Assisting Program is that I acquire the Hepatitis-B vaccine. However, I decline the Hepatitis-B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis-B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis-B vaccine, I can have this waiver replaced by proof of completion of the vaccine series, from the administering agency, placed in my file.

Witness

Signature of Student

Date

Printed Name

Address

Sponsoring Institution

Coastal Alabama Community College DAT Program

I verify that this application information is true and correct to the best of my knowledge.

Signature of Applicant

Printed Name

COLLEGE MISSION STATEMENT

Coastal Alabama Community College has an open-door admissions policy and is committed to the professional and cultural growth of each student without regard to race, color, disability, gender, religion, creed, national origin, or age. The College attempts to provide an educational environment that promotes development and learning through a wide variety of educational programs, adequate and comfortable facilities, a caring and well qualified staff, flexible scheduling, and convenient locations. This is all based upon the economic and social needs of the College service area.

Coastal Alabama Community College utilizes a particular management structure which insures broad-based involvement in the planning and evaluation process.

Background Check Policy of Alabama College System Health Science Programs

Healthcare educational programs within the Alabama College System are contractually obligated to comply with the requirements set forth by clinical affiliates. Students enrolled in healthcare educational programs must conform to the rules, policies, and procedures of the clinical affiliates in order to participate in clinical learning experiences, which includes background checks. **Failure to participate in clinical learning experiences for courses containing a clinical component results in failure of the course(s). A student denied clinical access by any clinical affiliate will be dismissed from the program.**

Licensure Implications

Students enrolled in healthcare educational programs should be aware that positive findings on background checks can have licensure implications.

II. Guidelines

Background checks will be conducted according to the following guidelines:

- Students shall receive notification of the background check prior to admission and upon admission.
- Students must sign the appropriate consent(s) prior to the background check. A copy of the signed consent(s) will be maintained in the healthcare program's office. The student or the healthcare program's designee(s) will provide applicable consent(s) to the vendor conducting the background check. **The student will be responsible for the cost of the background check. (est. 65.00)** Any student failing to pay the fee in effect at the time of the background check by the published deadline and/or refusing to sign the consent form(s) will not receive a background check and will be prohibited from participating in clinical learning experiences.
- The background checks will be scheduled and conducted by a designated vendor determined by the College. Background checks performed by any other vendor or agency that is not approved by the healthcare program designee will not be accepted. Results of the background check will be sent to the healthcare program designee(s) and/or the applicable clinical affiliate(s). Some clinical affiliates may continue to require an additional background check, which may include fingerprinting.
- The student should contact the healthcare program designee if he/she is unable to submit to the background check at the designated time due to extenuating circumstances. The health care designee will determine if extenuating circumstances exist and whether or not the student will be allowed to proceed with the background check. Background checks must be completed before newly admitted or reinstated students are allowed to register for healthcare courses. If the student fails to submit to the background check as delineated, the student will be prohibited from participating in clinical learning experiences. **Failure to be able to participate in clinical learning experiences will result in a "F" for the course(s) if the student does not officially withdraw from the course(s). A student denied clinical access by any clinical affiliate will be dismissed from the program.**
- If the student has a positive background check and is not allowed by the clinical affiliate(s) to participate in clinical learning experiences, **the student will receive a "F" for the course if the student does not officially withdraw from the course(s).**
- If a student is unable to complete the clinical component of the course(s) that he/she is enrolled in due to a positive background check, the student will be advised regarding options.
- The background check includes, but is not limited to:
 - a. **Positive Identification**
 - b. **Maiden/AKA Name Search**
 - c. **Social Security Number Trace** which is a verification that the number provided by the individual was issued by the Social Security Administration and is not listed in the files of the deceased. The SSN trace is also used to locate additional names and addresses.
 - d. **Residency History**
 - e. **Driving License/Driving History/Motor Vehicle Records** including any traffic citations.
 - f. **Education Verification**
 - g. **Employment Verification** which may include the reason for separation and eligibility for re-employment for each employer. The last seven years may be searched if the student is 21 years of age or older.
 - h. **Healthcare Employment Verification Network Search**
 - i. **Nurse Aide Registry**

- j. **Professional License/Certification Verification**
- k. **Personal Credit History** which is based on reports from any credit bureau.
- l. **Personal References/Interviews**
 - m. **Seven Year Criminal and Civil Record Search** reveals felony and misdemeanor convictions, and pending cases usually including the date, nature of the offense, sentencing date, disposition, and current status. The seven-year criminal background check may occur in current and previous counties of residence and employment through a search of court records. City, state, and/or federal records may also be searched. Federal criminal cases may reveal tax evasion, fraud, drug offenses, etc.
 - n. **Most Wanted List**
 - o. **National Criminal Database Searches**, which includes a compilation of historical data, collected from multiple sources in multiple states by background check companies.
 - p. **Adult and Child Abuse/Neglect Registries**
 - q. **National Sex Offender/Predator Registry Search** which includes a search of the state or county repository for known sexual offenders.
 - r. **Misconduct Registry Search**
 - s. **Office of the Inspector General (OIG) List of Excluded Individuals/Entities** which identifies those individuals who have committed offenses deeming them ineligible to care for patients receiving Medicare, Medicaid and other Federal health care benefits.
 - t. **General Services Administration (GSA) Excluded Parties List Service** identifies the List of Parties Excluded (EPLS) which identifies those excluded throughout the US Government from receiving Federal contracts and certain types of Federal financial/non-financial assistance/benefits.
 - u. **Executive Order 13224 Terrorism Sanctions Regulations**
 - v. **Government Suspect /Watch List**
 - w. **Office of Foreign Assets Control (OFAC) list of Specially Designated Nationals (SDN)** which includes individuals associated with terrorism and Narcotics Trafficking.
 - x. **FACIS Database Searches** includes OIG, GSA, OFAC and other sources.
 - y. **National Healthcare Data Bank Search and Sanction Report** may include Medicare/Medicaid Sanction Search, OIG, GSA, and FDA Debarment Check.
 - z. **Fingerprinting and the National Criminal Information Center** which may reveal National Wants and Warrants information
 - aa. International Criminal
 - bb. **Applicable State Exclusion List**
 - cc. **Any Other Public Record**
- The student with a positive background check will be informed of the results by the healthcare program designee and/or by the background check vendor.
- Positive background checks will be reported to the individual(s) at the respective clinical affiliate(s) that is specifically designated by the clinical affiliate(s), which often is the Director of Human Resources. The individual(s) will be responsible for determining whether or not the student will be allowed to participate in clinical learning experiences with the respective clinical affiliate(s) according to the rules, policies, and procedures of the clinical affiliate(s). Students will sign consent(s) prior to disclosure of a positive background check to clinical affiliate(s).
- The student will be provided a copy of background check results, if positive. Students should contact the vendor for the background checks to see a copy of the report and to dispute information reported. The student will be responsible for clearing any denials to participate in clinical learning experiences with the clinical affiliate(s). Students unable to resolve the denial to participate in clinical learning experiences will be withdrawn from the healthcare program.
- Background checks which could render a student ineligible to participate in clinical learning experiences include, but are not limited to, certain convictions or criminal charges which could jeopardize the health and safety of patients and sanctions or debarment. Felony or repeated misdemeanor activity within the past seven (7) years and Office of the Inspector General violations will normally prohibit participation in clinical learning experiences with clinical affiliate(s), but each positive background check will be reviewed individually by the clinical affiliate(s). **In certain circumstances, for example repeated behaviors, the vendor may conduct a background**

check further back than the past seven years; findings on such a background check can also render an individual ineligible to participate in clinical learning experiences.

IV. Confidentiality

The healthcare program designee(s) will have access to the results of the background check as will the clinical affiliate(s) designee(s). The results will be shared only on a need to know basis.

All students who enroll in the Coastal Alabama DAT program and desire to participate in courses which have a clinical component are required to have an initial preclinical drug screen. Students must abide by the Alabama College System Drug screen policy and the Clinical agency policy for which the students are assigned clinical practice. This includes preclinical drug screening, random drug screenings and reasonable suspicion.

The below Pre-Clinical Screening is to be implemented when Expanded Function Dental Assisting is added to the curriculum. Random Drug II is applicable upon DAT Program entry.

I. PRE-CLINICAL SCREENING

1. All students will receive notice of the drug screening guidelines.
2. The program will maintain on file a signed consent to drug screening from each student. Students have the right to refuse to consent to drug testing under this program; however, students who decline participation in the program will not be permitted to participate in courses with a clinical component. Failure to participate in clinical learning experiences for courses containing a clinical component results in failure of the course.
3. Drug screening will be scheduled and conducted by a drug screening company and laboratory designated by the College where the student is enrolled. The fee for the screening will be paid by the student.
4. Any student failing to report for screening at the designated time and place must complete testing within 24 hours of that date and provide documentation of extenuating circumstances.
5. Failure to complete drug screening with a negative test result required by the College and/or Clinical Agency will prohibit the student from completing the clinical component of required nursing courses. Failure to attend clinicals will result in failure of the course if the student is enrolled and does not officially withdraw from the course.
6. Positive drug screens will be confirmed by the Medical Review Officer.
7. Results will be sent to the Program Director, Chair and/or Dean of the College where the student is enrolled.
8. A student who is unable to complete the clinical component of required courses due to a positive drug screen may apply for readmission to the nursing program. The student will be considered for readmission according to the criteria in Section V of this document.

II. RANDOM DRUG SCREENING

At any point or time during student's enrollment, he/she may be subject to a random drug screen. The Dean and/or Director of the program will establish the number of random screening samples. The selection will be made from all currently enrolled students using a statistically random procedure. After being notified of their selection, students will report to the designated Drug Screen Company or Laboratory at the designated time and place. The same procedural steps outlined in Section IV Student Drug Screen Procedure will be used. The fee for the random screen will be paid by the student.

III. REASONABLE SUSPICION SCREENING

Students may also be required to submit to reasonable suspicion testing as stipulated in the drug screen policy of the Alabama College System, College and/or Clinical Agency while participating in clinical experiences. Reasonable suspicion is defined as, but not limited to, the following behaviors:

1. Observable phenomena, such as direct observation of drug use and/or the physical symptoms or manifestations of being under the influence of a drug, such as, but not limited to: Unusual slurred or rapid speech; noticeable change in appearance and hygiene; impaired physical coordination; inappropriate comments, behaviors or responses; trembling hands; persistent rhinorrhea; flushed face; red eyes; unsteady gait; declining health; irritability; mood swings; isolation; decreased alertness; and/or pupillary changes.
2. Presence of an odor of alcohol.
3. Abnormal conduct or erratic behavior while on the clinical unit, absenteeism, tardiness or deterioration in performance.
4. Suspect of theft of medications while on the clinical unit.
5. Evidence of tampering with a drug test.
6. Information that the individual has caused or contributed to an incident/accident in the clinical agency.
7. Evidence of involvement in the use, possession, sale, theft, solicitation or transfer of drugs while enrolled in the health sciences program.

At any point or time during a student's enrollment, the student may be subject to a reasonable suspicion drug screen. In the event that a student's behavior is noted as suspicious, the student will be immediately dismissed from the clinical agency, classroom or laboratory. The faculty is to contact the Program Director, Chair and/or Dean of the Program. If after consultation with the faculty involved it is determined that there is "reasonable suspicion", the student will be screened. The student will report to the designated laboratory at the designated time and place for the drug screen. If the student fails to consent to the screening, the student will be immediately terminated from the program. The same procedural steps outlined in Section IV Alabama College System Drug Screen Procedure will be used.

IV. STUDENT DRUG SCREEN PROCEDURE

1. Students must pay the designated fee prior to time of specimen collection.
2. Students must submit a photo ID and social security number at the time of specimen collection
3. The collector will be a licensed medical professional or technician who has been trained for collection in accordance with Chain of Custody and Control procedures. The collector will explain the collection procedure and Chain of Custody form to the student and provide a sealed collection container.
4. Students must remove unnecessary outer garments (coats, sweaters, bags, etc.) and remove items from pockets when entering the collection site.
5. The collector may ask the student if he or she is currently taking any medications.
6. The collector will collect monitored urine, blood, saliva and/or other specimen type.
7. In the presence of the student, the collector will seal the urine, blood, saliva and/or other specimen type with a tamper proof security seal and affix an identification label with code number.
8. The student will verify the information on the identification label, initial the security seal, read and sign the Chain of Custody Form.
9. The collector will sign the Chain of Custody Form and give the student the appropriate copy.
10. The collector will forward the sealed urine, blood, saliva and/or other specimen type and Chain of Custody Form to the designated certified testing center/laboratory for testing.
11. Specimens will be screened for but not limited to the following classes of drugs:
 1. Alcohol
 2. Amphetamines
 3. Barbiturates
 4. Benzodiazepines
 5. Cocaine
 6. Cannabinoids (Marijuana)
 7. Methaqualone
 8. Opiates (OxyContin)
 9. Phencyclidine
 10. Propoxyphene
12. Positive screens will be confirmed by the Medical Review Officer of the designated drug screen company. If applicable the Medical Review Officer will contact the student who has a positive screen and request a prescription.

13. Students will be informed of positive screening results by the Program Director, Chair and/or Dean of the Program within seven (7) working days of the notification of results.

Note: Some of the classes of drugs for which screening will be conducted are available by prescription from health care practitioners. Prescription drugs prescribed to a student by an appropriate health care practitioner may nevertheless be subject to abuse and may give rise to reasonable suspicion testing. The fact that a student has a prescription for one or more of the classes of drugs which are legally prescribed by a health care practitioner does not necessarily, in and of itself, excuse the student from the effect of this policy. The Medical Review officer will follow up and report the results. Individual colleges may require students to adhere to additional guidelines.

V. CONFIDENTIALITY

The Dean and/or Director of the Program will receive all test results. Confidentiality of the test results will be maintained in a locked file in the Dean and/or Director's office. Only the Dean and/or Director and the student will have access to the results, the exception being if any legal actions occurs which require access to test results, and results requested by clinical agencies.

VI. APPEALS PROCESS FOR POSITIVE SCREEN

1. If a student drug screen is positive, the student will contact the Program Director and/or Chair.
2. The student will then contact the Medical Review Officer and follow the procedure for split specimen testing as stipulated by the lab.
3. The student is responsible for any costs associated with the split specimen testing procedure.
4. Once the student obtains the results of the split specimen testing, the student should contact the Program Director and/or Chair. If the student remains unsatisfied, the student should explain in writing his or her complaint. The Program Director and or Chair will have seven working days to respond.
5. If the student cannot reach an agreement with the Program Director and/or Chair, the student's next step is to present documentation to the Dean of that Program. The Dean will have seven working days to respond.
6. If the student does not reach a satisfactory conclusion with the Dean, the student should make an appointment with the President of the College.

VII. READMISSION

To be considered for readmission, students who withdraw from the program due to a positive drug screen must:

1. Have the treatment agency mail a letter verifying **completion** of a substance abuse treatment program which is approved by the Health Program and the Regulatory Body of the Program.
2. Submit to an unannounced drug screen at the student's expense prior to readmission. A positive screen will result in ineligibility for readmission.

VIII. ADDITIONAL INFORMATION

Drug screening policies/programs required by the Alabama College System, and the College, and/or various clinical agencies with which the College contracts may vary from time to time in any or all of their aspects.

ESTIMATED
EXPENSES FOR
THE DENTAL ASSISTING PROGRAM
2019-2020

<u>In-State Tuition and Fees</u> * (for three semester certificate including gen ed courses)	\$7840.00
<u>Liability Insurance</u> includes ADAA membership (on-line purchase)	55.00
<u>Clinical Lab Coat, Uniform and Shoes</u> (need generics for class)	265.00
<u>Materials Supply Kit</u> (through designated dental supply co)	400.00
<u>Textbooks and workbooks</u> (for DAT program only)	900.00
<u>Immunizations and Physical</u> (from physician's office)	250.00
<u>CPR Instruction</u> (Must be hands-on Healthcare Provider)	50.00
<u>Background Check</u> (to be paid on-line in the fall)	85.00
<u>Drug Testing x1</u> (more if tests if + results to be paid in fall)	65.00
<u>DALE Foundation Practice Tests</u> (on-line purchase)	120.00
<u>Other (Dental Assisting Nat'l Board Test)</u>	800.00
<u>Graduation Fees</u>	65.00
<u>Total</u>	<u>\$10,895.00</u>

*Tuition does not reflect the 13 additional hours required for the AAS degree or any remedial courses taken prior to program acceptance. In state tuition/fees are 160.00 per credit hour.

***PLEASE NOTE: STUDENTS ARE RESPONSIBLE FOR
ALL EXPENSES DURING CLINICAL INTERNSHIP