

University of Alaska Fairbanks
Tanana Valley Campus
Department of Allied Health
604 Barnette Street, 4th Floor
Fairbanks, Alaska 99701

Admission Requirements for Dental Assistant Program

1. Be admitted to University of Alaska Fairbanks and meet the admission requirements for the Dental Assistant Associate Applied Science Degree or Certificate as follows:
 - a. Be at least 18 years old.
 - b. Have a high school diploma or GED.

2. Be admitted to the Dental Assistant Program as follows:
 - a. Complete Dental Assistant Program application form
 - b. Qualify for placement in DEVM 105 and ENG 111 by results of COMPASS exam or similar assessment test. Students will be advised to take appropriate courses that will improve their skills in order to meet this requirement and be "college ready".
 - c. Complete Health Form and provide proof of Immunization to program director by the time classes commence.
 - d. Agree to the Dental Assistant Program Code of Conduct.

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APPLICATION FOR ADMISSION – UAF/TVC DENTAL ASSISTANT PROGRAM

Name: _____
Last First MI Previous Name(s)

Social Security # _____ **Home Phone** _____ **Work Phone** _____

Mailing Address: _____

Person(s) to be notified in case of emergency _____
Name Relationship

Address Phone

Secondary Education:

_____ **Diploma** _____ **GED** _____ **Year** _____
Name of High School City/State

Post Secondary Education:(College, University, VoTech, Military, etc)

_____ Degree year and/or credits
Name of School City/State

_____ Degree year and/or credits
Name of School City/State

_____ Degree year and/or credits
Name of School City/State

COMPASS: _____
Date Taken Math - Pre - Algebra - Algebra Reading Writing

SAT: _____
Date Taken English/Verbal Math

ACT: _____
Date Taken Composite Score English Verbal Math

Have you ever been convicted of a felony? Yes No

References: Please list the two individuals who will be submitting letters of reference. These should be people you have dealt with on a professional basis, i.e., instructor, employer. Forms are enclosed, and may be mailed separately to the Dental Assistant Program Director.

| Name | Position | Telephone Number |
|----------|----------|------------------|
| 1. _____ | | |
| 2. _____ | | |

Work History: Begin with the most recent position, include volunteer work. (A resume may be attached)

| Date of Employment | Employer | Job Title/Responsibilities |
|--------------------|----------|----------------------------|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

| Signature | Date |
|-----------|------|
|-----------|------|

It shall be the policy of this organization and of this education agency to accept and place TVC students without regard to race, color, religion, creed, national origin, or gender. We also do not discriminate based on mental health or physical handicap.

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HEALTH FORM

Name: _____ Phone: _____

_____ Phone: _____

Personal Physician's Name: _____

Date of Last Physical Examination: _____

Are you presently being treated for any medical conditions? Explain.

Are you presently taking medication of any kind? List and explain.

Do you have allergic reactions to any medications, foods, or other substances?

Have you been treated for any major illness or had any major surgeries within the last two years.

Do you have any other physical conditions or problem that you feel we should know about? Explain.

As a Dental Assistant you may be required to stand and walk for long periods of time and need to be able to lift at least 50 pounds. If there is any question regarding your physical ability to participate in this program, we recommend that you check with your personal health care provider.

I certify that I am in good health and have no physical conditions that might cause me to have problems in this program of study.

Signed: _____ Date: _____

PROOF OF IMMUNIZATION ON FILE FOR THE FOLLOWING:

The proof of the following must be submitted

Hepatitis B: Injection 1)_____ 2)_____ 3)_____

MMR:_____

Chickenpox:_____

Tetanus Vaccination:_____

Tetanus vaccination must be current with 10 years

TB Skin Test Results:_____

TB skin Test must be current yearly

Recommended: Hepatitis A:_____

Immunization Record

Immunizations and Health Provider Certification (CPR) (to include adult, youth and infant) is required by the third week of semester. CPR and immunizations must be kept current throughout the program.

Based on the recommendations from the Centers for Disease Control (CDC), the American College Health Association (ACHA), the Advisory Committee on Immunization Practices (ACIP), and the American Academy of Pediatrics, the following have been established as the immunization and immunity requirements for students in the University of Alaska Fairbanks Dental Programs.

Student Name: _____
Please Print

| | Dates | Results |
|--|-----------------|----------------|
| 1. Freedom from Tuberculosis by P.P.D. Or Chest X-ray | _____ _____ | _____ _____ |
| 2. Rubella Immunity Titer. Or vaccine | _____ _____ | _____ _____ |
| 3. Measles (Rubella) Immunity Titer Or vaccine | _____ _____ | _____ _____ |
| 4. Varicella Immunity Titer Or vaccine | _____ _____ | _____ _____ |
| 5. Diphtheria/Tetanus Vaccine (within last 10 years) | _____ | _____ |
| 6. Hepatitis A Immunity Titer | _____ | _____ |
| | Immunization #1 | _____ |
| | Immunization #2 | _____ |
| 7. Hepatitis B Immunity Titer | _____ | _____ |
| | Immunization #1 | _____ |
| | Immunization #2 | _____ |
| | Immunization #3 | _____ |

- Recommend Human Immunodeficiency Virus (HIV) screen
- Recommend Flu Shot annually
- Recommend Meningitis immunization

The Student Health Center provides immunizations and titers at a nominal fee. Other sources for immunizations and titers may be Health Department and private practitioners.

Students admitted to clinic and preclinic that have not completed the Hepatitis B vaccination series, must show proof of completion within 6 months and show proof of immunity by having a post-tier drawn. Students who are non-immune after vaccination series must repeat the series and have another post-tier drawn.

I have received and reviewed the Dental Program Immunization statement and agree to provide proof of all required immunizations.

Signature of Health Care Provider

Code of Conduct for the Dental Assisting Program

The goal of the Dental Assisting Program is to help students gain the knowledge and skills needed to build a successful career as a dental health care provider. As part of that goal, the following "Code of Conduct for the Dental Assisting Program" is designed to help the student develop a professional demeanor. Dental care facilities tend to be conservative in nature. To ensure that all of your patients as well as your coworkers feel comfortable working with you and confident in your abilities, you will need to adopt strict ethical standards, reliability and accountability with regard to your professional behavior, and a relatively conservative style of dress during work hours.

The UAF Campus Policies and Academic Regulations are applicable to the Dental Assistant students. These policies and regulations are published in the UAF semester course schedule books and in the annual UAF catalog.

The Allied Health faculty will mentor each Dental Assisting student during his or her enrollment in the program, with the goal of assisting him or her to become a successful professional Dental Assistant.

Behavior Code:

As a worker in healthcare, you will often have access to privileged information about your patients. This may be a medical or health issue, or information about a patient's financial status. You must maintain high ethical standards, never discussing any confidential information except with the appropriate medical practitioners. Likewise, you must keep your and your classmate's grades confidential, and you must not discuss your personal problems in any public forum, especially the workplace or classroom. All Allied Health class adheres to the UAF Honor Code, as explained in the UAF catalog.

Reliability and accountability are qualities that are absolutely necessary in all healthcare providers. Reliability means that your coworkers can count on you; you will be at work on time each day, you will do what you are assigned to do, and you will do it well. Accountability means that you are responsible in your work habits; you have done what you say you have done. This includes owning up to any mistakes you have made. All Allied Health classes have an attendance policy. You will be expected to be in class on time and stay for the entire class. More than three absences (two in some classes) during a semester will result in a decrease in your grade.

Behavior in classes and in externships is expected to be professional. This means you are respectful of others, you demonstrate compassion and courtesy to others, and have acceptable social manners at all times.

HLTH 110, Professionalism in the Workplace, is a required course that will be helpful for students wishing to improve their professional bearing.

Dress Code:

A relatively conservative style of dress must be adopted in the dental workplace. You may begin practicing that in the classroom. All of the following are expected of all Dental Assisting students:

- Good personal hygiene (cleanliness)
- Professional dress when attending classes, clothing is clean and in good repair, no exposed midriff or short shorts/mini-skirts, no low-cut or halter tops

- When enrolled in the practicum, the student will meet the specific dress code of that practice.
- No eating, drinking, or chewing gum in clinical or lab classes
- All cell phones and pagers must be turned off during class
- No visible tattoos
- No visible piercing other than one per earlobe
- Cosmetics and hairstyles must be conservative. Hair color must be a natural color. Hair must be short or restrained during all clinical/lab classes and during practicum
- Jewelry must be plain and simple. The only jewelry allowed during clinical classes is one plain band ring and small (not dangling) earrings. Fingernails must be natural, with no polish or clear polish only, and short. These requirements are necessary in order to provide safe hygienic care to our patients.
- Scrubs and name tags are recommended to be worn in all health classes; however, they are required to be worn at all times during your clinical classes (HLTH F251, HLTH F252 and HLTH F253.) It is the student's responsibility to keep their uniform clean and neatly pressed

Any student wishing to be placed in the Practicum program must meet the above code of conduct. If the Allied Health Program Director or any faculty member determines that the above code of conduct is not being consistently met, the student will not be placed in an externship.

Your signature confirms your commitment to meeting the Dental Assistant Program Code of Conduct and will become part of your student file.

Student Signature

Date

Dental Assisting Program Director Signature

Date

Please indicate your endorsement of this applicant by checking one of the following:

Highly Recommended _____ Recommended _____ Uncertain _____ Do Not Recommend _____

Rating:

| No Basis | | Below Average | Average | Above Average | Well Above Average | Excellent |
|----------|-----------------------------------|---------------|---------|---------------|--------------------|-----------|
| | Motivation | | | | | |
| | Self- Confidence | | | | | |
| | Independence, Initiative | | | | | |
| | Written Communication | | | | | |
| | Verbal Communication | | | | | |
| | Accountability | | | | | |
| | Reliability | | | | | |
| | Honesty | | | | | |
| | Potential for Professional Growth | | | | | |

Signature _____ Date _____

Printed Name _____ Position/Title _____

Address _____ Telephone Number _____

Please return this letter of Reference to the address on the letterhead.

Thank You.