

PALOMAR COLLEGE

Registered Dental Assisting Program Clinical Experience Form

Each student must be allowed to participate in as many of the RDA functions as possible. If you are willing to instruct, supervise and evaluate our students in your practice, please sign and return both pages to the above address.

DENTIST NAME: _____ TELEPHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

TYPE OF PRACTICE: General _____ Specialty: _____ Type: _____

CONTACT PERSON: _____

Each potential clinical-site must be evaluated as mandated by Commission on Dental Accreditation, prior to student placement. The following criteria must be met to determine if your facility is eligible for internship. If you are participating in our education process, please indicate your accepted compliance with the following requirements:

	YES	NO
1. While the dental assisting student is an intern in our office, we understand that all RDA duties as delegated by the Dental Board of California "Table of Permitted Duties" can be performed by the student. (Enclosed)	___	___
2. We practice current concepts of four-handed chairside assisting techniques.	___	___
3. Our facility is in compliance with the current guidelines on asepsis, infection control and hazard management as set by OSHA/CDC and OSAP. I agree to supply the student with exam gloves, masks, protective eyewear and heavy-duty sterilization gloves. I agree to allow the student to change masks and gloves after every patient, or when Visibly wet or soiled.	___	___
4. My office employs a Registered Dental Assistant.	___	___
5. This student will not replace a regular employee and at any time will not be the only dental assistant in my office.	___	___
6. The majority of the students experience in my office will be "hands-on" including chairside assisting with the dentist. They will not spend the majority of their time doing infection control and observation.	___	___
7. The student(s) will have an opportunity to assist chairside with a diversity of procedures to fulfill their course requirements.	___	___
8. I agree to sign daily attendance records for each student, complete evaluation forms on clinical and laboratory procedures. In addition I will complete a final evaluation form for each student.	___	___

YES NO

9. We will allow institutional visitation by Palomar College Faculty to observe and grade students on clinical procedures _____

10. Our office can provide a learning experience for students that is welcoming and supportive. Students in our office will get training in dental assisting and front office duties and will not be required to perform custodial tasks. _____

To achieve "Clinical Competency", each student must be allowed to participate in as many of the following R.D.A. functions as possible (*please refer to Table of Permitted Duties*). If you are willing to instruct, supervise and evaluate our student(s) in your practice, please identify your type of dental practice and the functions you will allow for student participation. Thank you.

Type of practice: _____

FUNCTIONS:	YES	NO	N/A
Chairside assisting	_____	_____	_____
Monitor machines for patient sedation (<i>Session III only</i>)	_____	_____	_____
Pour models	_____	_____	_____
Assist with surgical procedures	_____	_____	_____
Provide oral health instructions	_____	_____	_____
Maintain infection control	_____	_____	_____
Take impressions	_____	_____	_____
Flouride application	_____	_____	_____
Coronal Polish	_____	_____	_____
Suture Removal	_____	_____	_____
Placement & Removal of Periodontic Pack	_____	_____	_____
Application & Removal of Rubber Dam (<i>after Session I</i>)	_____	_____	_____
Application & Removal of Matrices	_____	_____	_____
Diagnostic Aids:* Intra-oral photography (<i>after session II</i>)	_____	_____	_____
Extra-oral photography	_____	_____	_____
Use a cavity detection device	_____	_____	_____
Exposing Radiographs	_____	_____	_____
Preliminary Impressions	_____	_____	_____
Taking & Recording Vital Signs	_____	_____	_____
Soft Tissue Oral Exams	_____	_____	_____
Temporary Crowns: Fabrication	_____	_____	_____
Cementation	_____	_____	_____
Removal	_____	_____	_____

Use of CAD-CAM machine (<i>Session III</i>)	_____	_____	_____
Pit & Fissure Sealants: (<i>After session II</i>)			
Place sealants	_____	_____	_____
Place isolation device (Isolite)	_____	_____	_____
Chemically prepare teeth for bonding	_____	_____	_____
Placement & Removal of Temp. Sedative Dressings	_____	_____	_____
Placement of insulating bases and liners	_____	_____	_____
FUNCTIONS:	YES	NO	N/A
Endodontic Procedures:			
Pulp Testing	_____	_____	_____
P.A. Endo X-Ray	_____	_____	_____
Removal of excess cement	_____	_____	_____
Orthodontic Procedures: after session II			
Pour models	_____	_____	_____
Take impressions	_____	_____	_____
Placement of Ortho Separator	_____	_____	_____
Placement & ligation of arch wires	_____	_____	_____
Clinical Supportive Procedures:			
Preparing & dismissing patient	_____	_____	_____
Sterilizing Instruments	_____	_____	_____
Maintaining Operatories, Equipment, & Instruments	_____	_____	_____
Basic Business Office Procedures:			
Phone procedures and etiquette	_____	_____	_____
Appointments	_____	_____	_____
Filing	_____	_____	_____
Computer entries	_____	_____	_____

By signing this form, I state that I have read and agree to the terms stated and will ensure that my entire staff is made aware of this information.

Dentist's Signature

Date