Mountain Area Health Education Center
121 Hendersonville Road . Asheville, NC 28803 PHONE: (828)257-4485 FAX: (828)257-4768

Coronal Polishing Clinical Participation Consent Form

Coronal Polishing for the DA II

MAHEC

I, **_____ _____,** participant in the ***Coronal Polishing for the DA II*** Program to be held on November 3, 2018, do hereby consent to participate in the clinical component of the class and agree to be a patient for the clinical student partner.

I understand that my teeth will be polished during the 4 hour clinical component.

I acknowledge, understand and accept the following:

___ My teeth will be polished utilizing a fine grit polishing paste.
___ Exposure to a polishing paste will remove very slight enamel during the coronal polish process yet a fine grit polish paste will be used resulting in minimal removal of enamel layer.
___ Alternative treatment includes using toothpaste during the coronal polish procedure instead of fine grit polishing paste.
___ The polishing procedure will be supervised by a Clinical Instructor.
___ I have completed a personal medical history and have no contraindications to participating in the Coronal Polish clinical component of the Coronal Polish Certification Program.
___ I will contact Ed Coryell, DDS, ed.coryell@mahec.net to address any concerns or questions regarding the coronal polish treatment I have received.

I hold MAHEC harmless for any injury or damage that may occur from the cited procedure/treatment received during the class/course.

_____

Signature Date

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CORONAL POLISHING FOR THE DA II- CLASS PARTICIPANT MEDICAL HISTORY FORM

Name: _____ DOB: _____ Age: _____

Height: _____ Weight: _____ Gender: □Male □Female

Reason for today's visit: Participate in Coronal Polishing class

Primary Care Provider: _____

ALLERGIES

Are you allergic to any medicines (including any tape, iodine or latex)

□No □ Yes (If yes, please complete the allergy information below)

Medications	Type of Reaction you experience

PAST SURGICAL HISTORY

Type of Operation	Date of Operation

CURRENT MEDICATIONS

Medication	Dose	Frequency		Medication	Dose	Frequency

SOCIAL HISTORY

	Yes	No	
Do you smoke?	□	□	If yes, how much per day and how many years? _____
Have you ever smoked?	□	□	If yes, start date/quit date? _____
Do you drink alcohol?	□	□	If yes, how much and how often? _____
Do you do street/non-prescribed drugs?	□	□	If yes, please specify. _____

Date of your last Tetanus Shot? _____

MEDICAL HISTORY (Please check only if a history exists for yourself or a family member)

	Self	Family	Relationship to you		Self	Family	Relationship to you
Arthritis	□	□	_____	Kidney Problems	□	□	_____
Asthma	□	□	_____	Liver Problems/Hepatitis	□	□	_____
Bleeding Disorder	□	□	_____	Lung Problems	□	□	_____
Cancer	□	□	_____	Neuro: Seizures, Epilepsy	□	□	_____
Diabetes	□	□	_____	Psychiatric	□	□	_____
Gastrointestinal	□	□	_____	STD	□	□	_____
Genitourinary/Prostate	□	□	_____	Skin Disorders	□	□	_____
Heart Problems	□	□	_____	Thyroid	□	□	_____
High Blood Pressure	□	□	_____	Other	□	□	_____
High Cholesterol	□	□	_____				

Women	Yes	No	Last Menses:
Pregnant	□	□	_____
Hysterectomy	□	□	

Participant's Signature_____ Today's

Date_____

(The information provided on this form is true and correct to the best of my belief)

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Certification of Dental Assisting Employment and Professional Liability Insurance Coverage

Professional Liability Insurance: Course participants will be both recipients and providers of direct treatment procedures in laboratory portions of the course. MAHEC requires that you maintain professional liability coverage that extends to the training situation, outside of your dentist/employer's office, and under the supervision of an Eastern AHEC instructor. You may have your own professional liability insurance or you may be covered under a blanket policy provided by your dentist/employer. Full membership in the American Dental Assistants Association (ADAA) includes professional liability insurance coverage in a training situation. If you are covered under another policy, verify with the insurance company that coverage extends to the training situation. Some companies will write an endorsement to provide training coverage; other policies automatically provide coverage. Ask the insurance company to provide you with a Certificate of Insurance naming you as the insured or as an insured employee in your dentist/employer's office with coverage for training outside of the office. Any change in insurance status must be reported immediately to MAHEC.

If you would like to become a member of the American Dental Assistants Association (ADAA), contact:
American Dental Assistants Association
203 North LaSalle Street, Suite 1320
Chicago, IL 60601-1210
(312) 541-1550, fax (312) 541-1446

I understand that I must maintain dental assisting professional liability insurance coverage or I must be covered under a blanket professional liability insurance policy provided by my dentist/employer. I certify that I am covered for training purposes under the dental assisting professional liability coverage as indicated below. I understand that this form **or** a copy of my current American Dental Assistants Association full membership card must be provided to MAHEC prior to attending the Coronal Polishing course.

Name of Registered Participant_____

Name of Insured/Policy Holder_____

Professional Liability Carrier Policy Number_____

Period of Coverage: From/To_____

Print Full Name of Dental Assistant_____

Dental Assistant Signature/Date_____

Dentist/Employer Certification

I certify that the above-named Dental Assistant is currently employed in my institution/dental practice and is covered for training situations outside my office under the professional liability insurance policy listed above.

Printed Name of Dentist/Employer_____

Dentist/Employer Signature/Date_____

Complete & return this certification form to MAHEC prior to attending the Coronal Polishing course.
Scan/email to Rosalyn.wasserman@mahec.net or Fax to 828-407-2876
If you have questions contact Rosalyn Wasserman at 828-257-4437

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The North Carolina State Board of Dental Examiners has ruled that coronal polishing is a legal function for trained Dental Assistant II. To be accepted in MAHEC's Coronal Polishing course, the participant must submit documentation of status as a Dental Assistant II.

Please indicate which training you completed to be classified as a Dental Assistant II. Verify successful completion by attaching documentation or having your employer sign below.

Approved Education and Training Programs

To be classified as a Dental Assistant II, an assistant must meet one of the following criteria:

☐ Successful completion of:
1. an ADA-accredited dental assisting program and current certification in CPR; **or**
2. one academic year or longer in an ADA-accredited dental hygiene program, and current certification in CPR; **or**

☐ Successful completion of:
1. full-time employment and experience as a chair side assistant for two years (3,000 hours) of the preceding five, during which period the assistant may be trained in any dental delivery setting and allowed to perform the functions of a Dental Assistant II under the direct control and supervision of a licensed dentist;
2. a 3-hour course in sterilization and infection control;
3. a 3-hour course in dental office emergencies;
4. radiology training consistent with G.S 90-29(c)(12) bi-laws of the North Carolina State Board of Dental Examiners; **and**
5. current certification in CPR; **or**

☐ Successful completion of the certification examination administered by the Dental Assisting National Board, and current certification in CPR

I have **attached documentation supporting the above classification** as a Dental Assistant II.

_____ _____
Participant Signature Date

_____
Participant's Printed Name

AND

I verify that my employee has completed the above requirements and is classified as a Dental Assistant II.

_____ _____
Employer Signature Date

_____
Employer's Printed Name