



**DENTAL ASSISTING
PROGRAM**

New Student Application Packet



www.vernoncollege.edu

Vernon Campus
4400 College Drive
Vernon, TX 76384
940.552.6291

Century City Center
4105 Maplewood Ave.
Wichita Falls, TX 76308
940.696.8752

Skills Training Center
2813 Central Expressway E
Wichita Falls, TX 76302
940.766.3369

Sheppard Learning Center
426 5th Avenue, Suite 8
Sheppard AFB, TX 76311
940.855.2203

Seymour Learning Center
200 Stadium Drive
Seymour, TX 76380
940.889.3133

Dear Student,

Thank you for your interest in the Vernon College Dental Assisting Program. This program is an intensive nine month program that will prepare you to become a Registered Dental Assistant. Upon successful completion of the program, you will take the Texas State Board of Dental Examiners test. This test is required to become a Registered Dental Assistant in the state of Texas.

Applicants must apply and be accepted by Vernon College before being considered for admission into the Dental Assisting Program. The Dental Assisting Program is a selective admissions program. Upon application submission, applicants will be interviewed by the Program Instructor. All applicants will be given equal consideration for admission based upon the number of applicants and the applicant's completion of the application process.

You will need to follow the program requirements in order to be considered for the Dental Assisting Program. Please read all the information contained in this application packet and complete all required forms. There is a checklist provided to assure that you have completed all necessary forms and steps. This packet contains information that will be discussed during the interview with the Program Instructor.

If you have any questions about this packet or the application process, please contact Shani Page, Program Instructor at 940.696.8752 extension 3228 or by email at spage@vernoncollege.edu. You may also contact Karen McClure, Allied Health Faculty Assistant at extension 3377.

I am excited about your interest in the program and I look forward to meeting you!

Shani Page

Shani Page, BS, RDH
Dental Assisting Program Instructor



Dental Assisting Program Checklist for Application Submission

Deadline to return packets is July 31st of every year

Completed Application packets must be submitted in person to:
Vernon College – Century City Center Allied Health Department, Room 2304
4105 Maplewood Ave Wichita Falls, TX 76308

CHECK LIST: (Please check each item as it is completed)

- 1. Apply to Vernon College (www.applytexas.org) _____
- 2. Apply for Financial Aid (<https://fsaid.ed.gov/npas/index.htm>) _____
- 3. Complete the Dental Assisting Questionnaire _____
- 4. Attach a copy of your driver’s license or state-issued picture ID _____
- 5. Shot records with all current vaccinations (attach to application):
 - Tetanus (Td) within last 10 years _____
 - 2 doses MMR _____
 - Hepatitis B Series (series of 3 shots must be completed by September 4, 2020). _____
 - Varicella (proof of 2 vaccinations or note indicating had chicken pox as a child). _____
 - TB test (within 6 months prior to start of the program) _____
- 6. Take **reading, writing, arithmetic portion** of “Accuplacer NextGen” and attach scores. _____
- 7. TSI Assessment Scores are not required but will be accepted
Call Testing Center (940) 696-8752, ext. 3278, if need to schedule. _____
- 8. Dental exam/x-rays within past 12 months (Complete Dental History form)
No Copies of x-rays needed. _____
- 9. Physical Exam (Dr. to complete Dental Assisting Student Physical Examination form) _____
- 10. Complete a criminal background check and drug screen through CastleBranch _____
- 11. Complete Policies and Liability form _____
- 12. Complete Confidentiality Agreement _____
- 13. Complete Financial Aid and Consumer Information. _____
- 14. Complete Statement of Student Responsibility _____

Incomplete applications, applications returned after the assigned deadline, or applicants not meeting program entry requirements, will not be considered for admission into the program.

Name: _____ Phone: _____

Email Address: _____ Date Returned: _____

Dental Assisting Questionnaire

Applicant Name: _____ Date: _____

Is this your first time to apply for the Dental Assisting program? Yes No
If No, when did you apply before? _____

Previous College or Technical Training? Yes No
If Yes, what kind of training/college and did you complete the training?

Are you currently working? Yes No
If yes, Current Employer: _____

Do you have any previous Dental Assisting Training/Experience: Yes No
If yes, what kind: _____

Why have you chosen the Dental Assisting Program?

In addition to hands on training, there will be many hours devoted to reading and studying. Do you think this is an area that you can excel in? Yes No
If not, how would you work around this? _____

Many dental offices are digital (their scheduling, patient files, charting). This requires that you have computer skills. Can you navigate a computer and quickly learn a dental office management software system? Yes No

This program will give you the training necessary to enter the dental assisting profession. We do not guarantee employment. What do you hope to get out of this program? _____

Clinicals are a vital part of your education and training. It is very important that you have the ability to follow instructions and to communicate effectively during your clinical training/observation. You will be required to complete 64 hours of clinicals during an eight (8) week semester with little or no make-up time available if you miss your hours. You will be interacting with dentists, dental assistants, dental hygienists, and business/front desk assistants. Describe the qualities that you have that will help you complete your clinical hours. _____

Please describe your support network. Who is your biggest champion? What arrangements have you already made to make it possible for you to go to school? (daycare, work, tuition, etc.)

Important!

VERNON COLLEGE
DENTAL ASSISTING PROGRAM

A COMPLETE SHOT RECORD MUST BE PROVIDED UPON ENROLLMENT

If you don't have your shot records, or shots need updating, see the Wichita Co. Health Department, 1700 Third Street, 761-7841. Please call Health Department for exact costs.

Students enrolled in health-related courses must have **all** the following vaccinations before they enroll in health-related higher education courses which will involve direct patient contact with potential exposure to blood or bodily fluids in educational, medical, or dental care facilities.

- (1) **Tetanus-diphtheria.** One dose of a tetanus-diphtheria toxoid (Td) is required within the last ten years. The booster dose may be in the form of a tetanus-diphtheria-pertussis containing vaccine (Tdap).
- (2) **Measles, Mumps, and Rubella Vaccines.**
 - (A) Students born on or after January 1, 1957, must show, prior to patient contact, acceptable evidence of vaccination of two doses of a measles-containing vaccine administered since January 1, 1968 (preferably MMR vaccine).
 - (B) Students born on or after January 1, 1957, must show, prior to patient contact, acceptable evidence of vaccination of one dose of a mumps vaccine.
 - (C) Students must show, prior to patient contact, acceptable evidence of one dose of rubella vaccine.
- (3) **Hepatitis B Vaccine.** Students are required to receive a complete series of hepatitis B vaccine or show serologic confirmation of immunity to hepatitis B virus prior to registration.
- (4) **Varicella Vaccine.** Students are required to have received one dose of varicella (chickenpox) vaccine on or after the student's first birthday or, if the first dose was administered on or after the student's thirteenth birthday, two doses of varicella (chickenpox) vaccine are required.
- (5) **TB,** within six (6) months, prior to the start of program.

Students, who claim to have had the complete series of a required vaccination, but have not properly documented them, cannot participate in coursework activities involving the contact described in subsections (a) and/or (d) of this section until such time as proper documentation has been submitted and accepted.

The immunization requirements in subsections (b) and (d) of this section are not applicable to individuals who can properly demonstrate proof of serological confirmation of immunity. Vaccines for which this may be potentially demonstrated, and acceptable methods for demonstration, are found in §97.65 of this title (relating to Exceptions to Immunization Requirements (Verification of Immunity/History of Illness)). Such a student cannot participate in coursework activities involving the contact described in subsection (a) of this section until such time as proper documentation has been submitted and accepted.

Exclusions – Medical, Religious, Military: Persons submitting a signed affidavit from a licensed physician stating immunizations would be injurious to person's health (exclusion valid for one year); or from parents or legal guardians (if person is a minor) stating immunizations would conflict with the tenets of a recognized church or religious denomination of which the person is a member (exclusion not valid during times of emergency or outbreak); or persons who document to Vernon College they are currently serving on active duty with the armed forces of the United States are exempt from this requirement.

Waiver – Pregnancy: The following immunizations are required by law according to Section 2.09 of the Texas Education Code Revised effective May 16, 1999 for all students enrolled in higher education courses involved in direct patient care contact. Requirements for varicella, measles, rubella, and mumps vaccines are waived during pregnancy. Pregnancy is not a medical contraindication for administration of Tetanus/diphtheria toxoid, but it is best to delay until the second trimester. A student is required to provide a written note from physician stating they are not able to receive these vaccinations due to pregnancy. The student should also provide written documentation from their physician of any physical limitation they have for the duration of their enrollment in the course.

**Copies are your responsibility -
keep your originals**



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Notice for Students with a Previous Criminal Conviction or Probation

The TSBDE (Texas State Board of Dental Examiners) has determined that criminal behavior is highly relevant to an individual's fitness to practice dentistry, dental hygiene and dental assisting. Therefore, all criminal convictions or deferred orders, prosecution, or adjudication (a determination by a court that is withheld or delayed for a specific time period) must be reported to the TSBDE. This includes offenses under the law of another state, federal law, or the Uniform Code of Military Justice that contains elements of criminal conduct.

A person enrolled or planning to enroll in an educational program that prepares the person for licensure as a dental assistant who has reason to believe that he or she may be ineligible for licensure due to a conviction or deferred adjudication for a felony or a misdemeanor offense may apply for a criminal history evaluation with the TSBDE. A criminal history evaluation application, a non-refundable application fee of \$25, a letter prepared by the applicant indicating the reason(s) and basis of potential ineligibility, along with other requested supporting documents must be mailed to the TSBDE. You may request this information through the Texas State Board of Dental Examiners at www.tsbde.texas.gov or call 512-305-7298.

An investigation of the applicant's eligibility may be conducted by the TSBDE. If the TSBDE determines the applicant is ineligible for a license, the applicant will receive a letter from the TSBDE setting out each reason for potential ineligibility and the TSBDE's determination as to eligibility. In the absence of new evidence known to but not disclosed by the applicant or not reasonable available to the TSBDE at the time the letter is issued, the TSBDE's ruling on the request determines the applicant's eligibility with respect to the ground for potential ineligibility set out in the letter. Texas law allows the agency 90 days to evaluate your materials, however, you will receive a response as quickly as possible.

Upon your notification from the TSBDE, if they report you are eligible for licensure, you may apply for admission into the Dental Assisting Program. You must submit a copy of your eligibility for licensure letter from the TSBDE to be considered eligible for admission.

Signed

Date

Vernon College Dental Assisting
Student Physical Examination

1. Name _____ Date: _____
2. Address _____ Telephone: _____
3. Age _____ Height _____ Weight _____ Temperature _____ B/P _____ Allergies _____
4. Past History: Illnesses, operations and injuries (complete with dates)

5. Indicate medications presently being taken that are prescribed by a physician:

6. Indicate medications presently being taken that are not prescribed by a physician:

7. Eyes: Vision: R _____ L _____ With Glasses: R _____ L _____
8. Ears: Condition: R _____ L _____ Hearing: R _____ L _____
9. Nose: _____ Sinuses: _____
10. Teeth: _____ Tonsils: _____
11. Thyroid: _____ Skin: _____
12. Abdomen: _____ Hernia _____
13. Heart: _____ Lungs: _____
14. Feet: R _____ L _____ Varicose Veins: _____
15. Posture: _____ Spinal Curvature _____ Reflexes _____
16. Defects found: _____
17. Corrections made or recommended: _____
18. In your opinion, is this individual psychologically and physically capable of performing the direct client care required in dental assisting education? () NO () YES If not, why?

In your opinion, is this individual free of any communicable disease that would be detrimental to the patient while performing direct patient care? _____ If no, explain _____

Please Print Name: _____
Licensed Health Care Provider's Signature _____ Address: _____
Phone Number: _____

Vernon College Dental Assisting
Student Dental Examination

Patient Name: _____

Patient Address: _____

City: _____ State: _____ Zip: _____

Date of last dental visit? ____/____/____

Date of last dental x-rays? ____/____/____

Reason for last visit? _____

Do your gums bleed? (circle) Yes No

Are your teeth loose? (circle) Yes No

Have you ever been told you have gum disease? (circle) Yes No

Have you ever been told you have bad breath? (circle) Yes No

Are your teeth sensitive to: (circle all that apply) Sweets Cold Heat Pressure

Have you ever had any pain in your jaw joints? (circle) Yes No

Are you happy with your smile? (circle) Yes No

If no, please explain: _____

What would you change about the present condition of your mouth?

I understand the need for these questions to be answered truthfully. To the best of my knowledge, the answers I have given are accurate.

Patient Signature: _____ Date: _____ Patient

Printed Name: _____

Dentist Signature: _____ Date: _____

Dentist Printed Name: _____

Background Check and Drug Screen

Background checks and drug screens are required for all students entering into a health careers program with a clinical component involving patients. Vernon College Allied Health Programs have contracted with CastleBranch, one of the top ten background check and compliance management companies in the nation, to provide these secure services.



Background checks and drug screens from other sources are NOT accepted. Results of these tests are only released to the Vernon College Dental Assisting Program instructor and administrative staff. The results will not be released to students. The information obtained from the background check and drug screen will be utilized by Vernon College and the Vernon College Dental Assisting Program. This information is not used for certification or licensing purposes by the State of Texas or any other entity.



The cost of the CastleBranch Vernon College Dental Assisting Program package is about \$60.00. It usually takes about a week to receive your results. Be sure to plan ahead! Your background check and drug screen results need to be completed and final results uploaded to your myCBaccount by the packet due date of June 30, 2022 at 5:00pm. Any item that is not completed or uploaded to your myCB account before the due date will not be accepted and may result in your denial into the program.

When you place your initial order, you will be prompted to create your secure myCB account. Be sure to enter correct and comprehensive information. This will help with the speed in which your order is completed. To place an order, go to <https://portal.castlebranch.com/VE93> . Click on the red Place Order box at the bottom of the screen. On the next page press Please Select > Dental Assisting > Background Check – Drug Test. Once you have placed your order, you will receive an email from CastleBranch with a form and where you need to go for your drug screen. It will be important for you to have the chain of custody release form with you when you go for your drug screen, so don't forget it!

If you have any questions or issues with CastleBranch, their contact information is on the website. They are available to assist you by phone, chat and email.



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Confidentiality Agreement

As a Dental Assisting student, I understand that during training I will come into contact with patients, and may have access to personal information regarding their names, health conditions, diagnoses and treatments, and information regarding the staff and policies of the clinical facility.

I hereby agree and affirm, by my signature below, that:

1. I will respect the confidential nature of all records, information regarding patients, and the rules and policies of clinical site(s); and
2. I will keep all such information STRICTLY CONFIDENTIAL; and
3. I will not discuss nor reveal any information in any way to any person; and
4. I will not violate the state and federal Right to Privacy Act(s); and
5. I will conform to all Policies, Rules, and Regulations of Vernon College, the Dental Assisting program, and the clinical site(s).

I understand that any violation of this Confidentiality Agreement may subject me to prosecution and can result in immediate dismissal from the course, with no refund.

I, _____, swear and affirm
(Print Full Name of Student) that I have read the above and, by my signature below,
do hereby agree to abide by all terms stated.

Date

Signature of Applicant



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Policies Agreement and Waiver of Release from Liability

I, _____, hereby affirm, by my signature below, that I attest to the following:

1. I have received a copy of, have read, and do understand the Dental Assisting course requirements, rules and policies. I agree to abide by all the provision therein. I understand that failure to comply will be grounds for dismissal.
2. I fully understand that due to the nature of the training that I shall receive, there exists the possibility of injury or infectious exposure to me, or injury or infectious exposure to others. I acknowledge and accept the fact.
3. I have been provided information from the Texas Department of State Health Services regarding Tuberculosis, have read and do understand it, and agree to follow the Tuberculosis procedures.
4. I have been provided information from the Texas Department of State Health Services regarding Universal Blood and Body Fluid Precautions for the prevention of HIV transmission in health care settings, have read and do understand it, and agree to follow the procedures.
5. I hereby release and agree to hold harmless Vernon College, and the provider sites facilities including but not limited to their trustees, administrators, coordinators, instructors, faculty, staff, and clients/patients/fellow students from any and all liability regarding aspects of dental assisting training.
6. This release shall extend to all locations considered part of the training.
7. I certify that I am 18 years of age or greater, and that I am legally competent or have a legal guardian that will verify my understanding.

Date

Student/Legal Guardian signature



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VERNON COLLEGE DENTAL ASSISTING STUDENT POLICY DRUG/ALCOHOL POLICY

IF THE STUDENT IS OBSERVED TO BE DISPLAYING BEHAVIORS* WHICH NORMALLY ARE DECIDEDLY DIFFERENT FROM THOSE BEHAVIORS NORMALLY DISPLAYED BY THAT STUDENT, OR OBSERVED TO BE DISPLAYING BEHAVIORS NOT CONSIDERED TO BE NORMAL BY USUAL STANDARDS, THAT STUDENT MAY BE REQUIRED TO SUBMIT THE APPROPRIATE SPECIMEN (URINE OR BLOOD) FOR LABORATORY TESTING.

*Behaviors may include such things as: (list is not all inclusive)
slurred speech-impaired gait-repeated poor judgment-alcohol on breath-negligent patient care

If a test for drug or alcohol in the body reflects any level of drugs or alcohol, disciplinary actions will be taken.

**I HAVE READ, UNDERSTAND AND AGREE TO COMPLY WITH THE
DRUG/ALCOHOL POLICY STATED ABOVE.**

Signature

Date



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VERNON COLLEGE FINANCIAL AID AND CONSUMER INFORMATION

Vernon College prepares students for licensure/certification in the State of Texas (unless otherwise noted). It is the student's responsibility to ensure that they can take the licensure/certification exam in the career field of the state in which the student plans to work or live.

I HAVE READ AND UNDERSTAND THE STATEMENT ABOVE.

Signature

Date



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Statement of Student Responsibility

Review and initial each section as verification that you have read and understand this information.

_____ I accept full responsibility for submitting a complete application packet and understand that incomplete or missing forms and documents will disqualify my application. I also accept responsibility of informing the Vernon College Dental Assisting Program of any change in my status, address, telephone number, or other information that would affect my application status.

_____ I understand that all forms, immunization records, etc. submitted with my application packet or uploaded to CastleBranch will become the property of Vernon College and will not be returned nor photocopied for me. Therefore, I am responsible for keeping my own photocopies of these documents before I submit them.

_____ I authorize the release of these records to any of my clinical sites which may request them.

_____ I acknowledge that a criminal background check and mandatory drug screen are required prior to beginning the Dental Assisting Program. I understand that the results of these screenings become the property of the Vernon College Dental Assisting Program and will not be released to me or any other third party. I also understand that a positive drug screen will result in my immediate dismissal from the Vernon College Dental Assisting Program.

_____ I acknowledge that I must comply with classroom and clinical rotations requirements. If I am absent from classroom instruction or clinical rotations for physical or mental illness, surgery or pregnancy reasons for two or more consecutive days, I must present a written physician's release prior to returning to the Vernon College Dental Assisting Program.

Applicant Signature

Date

Program Instructor Signature

Date