Thank you for your interest in the Workforce Dental Assistant II program. This program provides students with credentials to build their competency as dental professionals. Several courses are available in the DA II program, offered consecutively, that students may choose from to meet their specific professional goals.

Please take note of some important aspects of your application to the Dental Assistant II programs:

~ Students must be aged 18 or older to participate in the program.

~ These programs are currently not eligible for financial aid through the college’s financial aid office. You may consider setting up a tuition payment plan through Germanna E-cashier, accessed through the college website at www.germanna.edu.

~ The application and admission process for Workforce dental care programs is competitive. We may receive more applications than we have space for. **You are strongly encouraged to apply early and to submit a full application packet containing all completed forms listed on this page. The more complete your overall application packet, the stronger and more competitive your application will be, and the quicker your application will be processed.**

**~Steps required in the application process:**

(1) Completion and submission of all forms and documents listed below:

- Dental programs application pages (3-4, 5, 6, 7, 8, 9-10, 11-12, 13, 14)
- Current Criminal Background Check completed on-line (a current background check must be submitted with your application and dated within six months from the last day of class)
  
  To complete your criminal background check: go to www.CertifiedBackground.com and click on “Students” then enter package code: Dental Assistant II

  Note: Package code TBA
- Acknowledgement of Cost and Credentials Verification form, signed page 11
- Complete Physical Examination forms I and II (with Hepatitis B declination form and all vaccinations completed)
- 12 panel drug screen results (dated 30 days prior to first day of class)
- Essential Functional Abilities form, signed, pages 12-13
- A copy of your high school transcript or diploma, GED certificate and/or college transcripts
- Copy of Professional Malpractice Insurance documentation
- Current American Heart Association CPR certification for health care providers (current through completion of program)

*If your application is missing any of the above completed documentation, there may be a delay in the processing of your application.*
Due to state regulations, requirements by most clinical facilities, and hiring processes used by dental offices, you will not be admitted to the Dental Assistant II program if: you have a felony conviction on your criminal background check (regardless of how long ago it was), or you have a conviction for any of the crimes listed in the “barrier crimes” form (page 14 of this packet), or you have multiple misdemeanor convictions.

We realize that applicants go to considerable time, expense, and planning, to apply to our programs. We suggest you review all of the application forms very carefully to ensure you understand the requirements, and to evaluate whether you are able to meet minimum admission criteria. For example, applicants having more than one minor misdemeanor, or having one felony conviction, would not be employable in most dental care settings. Please also note that if you do not hold a high school diploma or GED, you likewise may not be employable in most health care settings.

Upon receipt of your completed application packet, the Center for Workforce and Community Education will date-stamp it and forward it to our Dental Coordinator for review.

Please visit our website at www.germanna.edu/workforce and click on Health Care Programs to access all current forms, upcoming class dates, and information. From time to time, application requirements change to meet educational, legal, and medical requirements of the college and clinical facilities.

Thank you again for your interest. We look forward to helping you on your path to success in the dental profession.
Dental Assistant II Application

Five individual classes are available in the Dental Assistant II (DA II) program. The first course, Dental Anatomy and Operative Dentistry is a prerequisite, and required prior to taking any of the other four DA II courses. Some students may qualify for exemption from this course (see details below). The four laboratory/clinical courses are each “stand alone,” and students may apply for /attend any of their choosing, based on their career goals and the needs of their dental practices.

Based on industry requirements, the ratio of students-to-instructor is a maximum of 5:1

Indicate below the courses you wish to apply for:

REQUIRED:

___ Dental Anatomy and Operative Dentistry, a 50-hour hybrid course (Tuition: $1490)

___ Apply for exemption from Dental Anatomy and Operative Dentistry (you may request exemption if: your CDA was issued within 2 years of the class start date and you complete the final exam with a score of 75% or better.)

SELECT THOSE YOU WISH TO COMPLETE:

___ Amalgams (includes 40 laboratory skill hours and 80 clinical hours) (Tuition: $1790)

___ Composites (includes 60 laboratory skill hours and 120 clinical hours) (Tuition: $2520)

___ Impressions (includes 20 hours of laboratory skills development and 40 hours of clinical experience)

___ Final Cementation (includes 30 hours of laboratory skills development and 60 hours of clinical experience)

Your Name: ____________________________________________________________ Date __________________________

Mailing Address: ______________________________________________________________________________________
____________________________________________________________________________________

List all of your phone numbers, including area codes:

Home: __________________________ Work: __________________________ Cell: __________________________

Phone number we should call, to reach you during daytime hours: _________________________________________
Email Address: ________________________________________________________________

Your Sponsoring dentist: __________________________________________________________

Dental practice name and location: ______________________________________________

**Your education level and experience:**

Please list your educational accomplishments, including all that apply.

**GED:** Date attained (include a copy of your GED certificate)

**High school:** school name, location, and date you graduated (include a copy of your high school diploma or transcript)

___________________________________________________________________________

___________________________________________________________________________

**College:** college names, locations, degree(s), and dates you attended/graduated (include a copy of your transcripts)

___________________________________________________________________________

___________________________________________________________________________

**Other training and educational experience:**

___________________________________________________________________________

___________________________________________________________________________

**Your work experience:** Please list below your work experience since high school. For each paying job you have held, include each business name, your job title, and how long you worked for each business. You may include pertinent volunteer experience and/or related work experience in the health care field. You may also attach additional pages, if necessary.

___________________________________________________________________________

___________________________________________________________________________

Students who are accepted into the Dental Assistant II program must make full tuition payment not less than five business days prior to the start of each class, to confirm their enrollment. Tuition costs are determined by the number of students enrolled; the higher number enrolled the lower the tuition. Please keep in mind: Industry requirements limit the ratio of student-to-instructor to a maximum of 5:1.

Additional fees may be required for student books, supplies, and other program needs; these additional costs are borne by the student and are generally between $100-$300. **Refund policy:** Students may request course transfers or withdrawals seven or more calendar days prior to the start of class. No course transfers or refunds will be made fewer than seven days prior to the start of class.

I hereby certify the above information is true and correct.

___________________________________________________________            ______________________________
Signature of Applicant           Date
Germanna Community College
Center for Workforce & Community Education
Physical Examination Forms I and II
For Dental Assistant II Applicants

Name

(Last)      (First)    (Middle Initial)

Address

(Street, P.O. Box and/or Apt. #)

(City/Town)    (State)    (Zip)

Phone

(Home Phone)    (Work Phone)             (Cell Phone)

Email address

Note: Physical Examinations remain valid for admission purposes for ONE YEAR. Parts I and II must be submitted together to the Health Care Coordinator.

PART I: Medical History
(To be completed by the student and revised by health care examiner, if needed)

1. List any health problem(s) you have received medical treatment for the past (2) years:

________________________________________________________________________________________

Height _______________    Weight _______________

2. List childhood diseases:

________________________________________________________________________________________

3. Operations:

________________________________________________________________________________________
4. **Injuries:**

5. **Other Diseases:**

6. Describe your medical history and make reference to chronic illnesses, mental or nervous disorders, and/or alcohol and/or drug abuse:

7. Are you now taking or have you taken any drugs other than common remedies, e.g. aspirin, laxatives, etc.? Yes_______ No_______

   Are you taking any prescribed medication? Yes ____ No____

   If Yes, please list:______________________________________________________________________________

8. How many times have you been ill in the past year and what was the cause or symptoms of each illness?

9. Please describe any major, chronic, or genetic diseases or conditions in your immediate family:

10. Are you on a special diet? Yes _______ No_________

    If yes, what kind? ___________________________________________________________________

11. Do you have/ had any problems with the following activities?

    Lifting _______ Stooping _______ Climbing stairs _________________

12. Have you had: Fainting spells ____  Seizures ____  Loss of consciousness ____ Loss of movement ______

13. Do you have: hoarseness, cough, or shortness of breath on moderate exertion? Yes _____ No_____

14. Have you had Tuberculosis? Yes _________ No __________ Type __________________

15. Epilepsy, any mental disorder, emotional instability, or chronic headache?

    Yes _______________ No ________________

16. Rheumatism:  Yes ____ No ____    Rheumatic Fever:  Yes ____ No _____

17. Heart Disease? __________________________________________________________


    Allergic reaction including drug reactions? _____________________________

    Treatment for reaction? _____________________________________________

19. Other information pertinent to your medical history?

____________________________________________________________________________________________
Part II

To be completed by a Physician or designated health care provider, i.e., nurse practitioner, physician assistant.

TO THE PHYSICIAN:

The below named individual has applied for admission into the Dental Assistant II Program(s) at Germanna Community College Center for Workforce & Community Education.

It is important that a complete and accurate account of the applicant’s health record be received to insure that unforeseen problems do not develop during the course of study in this rigorous program.

The college recommends completion of all immunizations and tests listed in Part II, Item #9. If these immunizations are not available at your facility, please direct the applicant to the nearest facility for completion requirements. Your cooperation in this matter is greatly appreciated.

Name of Applicant:

<table>
<thead>
<tr>
<th>(Last)</th>
<th>(First)</th>
<th>(Middle)</th>
</tr>
</thead>
</table>
1. **Condition of:**
   - Ears ________ Skin ___________ Nose ___________ Eyes ___________
   - Sinuses ___________ Thyroid ___________ Throat (Adenoids & Tonsils) ___________
2. **Chest** measurements in full expiration ___________ after full expiration ___________
   - Lungs abnormal signs ___________
3. **Heart:**
   - Size ___________ Sound ___________ Murmurs ___________ Rhythm ___________
   - Rate and rhythms of pulse ___________ Blood Pressure ___________
4. **Abdomen:**
   - Scars ___________ Tenderness ___________ Palpable masses ___________
5. **Urine:**
   - Quantity ___________ Sp. Gr. M ________ Protein ___________ Sugar ___________
6. **Posture:**
7. **Muscular/Skeletal alterations:**
8. **Neurological alterations:**
9. **Immunizations and Tests:**
   - **REQUIRED:**
     - Tuberculin Test Date ___________ Reaction ___________ Date ___________
     - Diphtheria Toxoid Date ___________ Dosage ___________
     - Tetanus Toxoid Date ___________ Poliomyelitis Date ___________
     - Vaccome ___________
(Physical Examination Form, Part II, con’t)

Hepatitis B Vaccines and titer or waiver form completed (attached)

Date (1)  __________     Date (2) ___________     Date (3) __________ or Date (Titer) _______

#1 MMR Date ______________
#2 MMR Date ______________

OR

Rubella Titer (German Measles) Date ______________
Rubeola Titer (Red Measles) Date ______________

Varicella (Chickenpox) OR Varicella Zoster IgG Antibody Titer Date ______

10. Drug Screen, 12-panel Results: ___________________________ Date: ___________________________

11. Recommendation:

   I have this day given Mr. / Ms. __________________________ a careful physical examination and found
   him/her to be in __________________ health.

REMARKS:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Signature of Health Care Examiner ____________________________________________________________________
Title ___________________________________________________________________________________

Name of Health Care Provider: ________________________________
Address of Health Care Provider: ________________________________
__________________________________________________________________________________________

Phone: ___________________________ Date ___________________________

If you need further information, you may call:

Coordinator of Workforce Dental Programs
Germanna Community College
10000 Germanna Point Dr.
Fredericksburg, VA 22408
(540) 423-9823
Germanna Community College

Center for Workforce & Community Education

Dental Assistant II
Signed Acknowledgement of Costs, Credentials, and Responsibilities Verification

Dental Assistant II Purpose: To provide skills training in expanded dental assistant functions, enabling dental assistants to perform new and advanced duties under the supervision of a licensed dentist.

Tuition is not due until you are notified of acceptance into the Dental Assistant II program. Once accepted, full tuition payment to Germanna Community College is required to secure your space in the DA II program. Course tuition includes classroom/didactic instruction, laboratory instruction, and review of clinical competencies/experience in a work setting.

Students must provide their own clinical location. Once the dental practice agrees to provide clinicals experiences, Germanna will assist the practice with documentation needed to outline roles and responsibilities.

Additional Costs for Dental Assistant II: All additional costs are approximate and are the responsibility of the student. The additional costs generally range from $100 - $300.

- Criminal Background Check completed (prior to admission, with your application packet)- $35
- Text(s)- $150-200 average
- Physical Exam- (prior to admission, with your application packet)- fees vary
- 12 Panel Drug Screen- fees vary
- Malpractice Liability Insurance- varies (prior to admission, with your application packet)

Uniform requirements- students are to attend laboratory and clinical experiences dressed in professional dental practice attire, such as scrubs and closed-toe-shoes.
Dental Assistant II Program

Signed Acknowledgement of Costs, Credentials, and Responsibilities Verification Document

Checklist

Applicant participation requirements:  | Check below if included | For GCC Office Use Only |
---|---|---|
1. a. Application-pages 3-4  
b. Medical Documentation-pages 5,6,7,8  
c. Cost and Credentials Form-page 9-10  
d. Essential Functional Abilities-pages 11-12  
e. Excerpt from Code of Virginia page 13  
f. Hepatitis B Vaccine Declination Form-page 14  
2. Current Background Check (a current background check must be submitted with your application and dated within six months from the last day of class)  
3. CPR Documentation (American Heart Association only) “For Health Care Providers” current through completion of program  
4. Professional Malpractice Liability Insurance- current through completion of program  
5. Copy of high school diploma, GED, or college transcripts  
6. Physical Exam Forms Part I (completed by student)  
7. Part II (to be completed by health care provider)  
   a. (-)PPD Documentation, Chest X-Ray if PPD is (+), Test Results within 1 year of start of clinicals  
   b. Tetanus-(generally)good for 10 years; current through completion of program  
   c. Hepatitis B Documentation or titer or vaccine- start series, ok (only 1st or 2nd signed Declination Form)  
   d. MMR vaccination #1 and #2 OR Rubella and Rubeola Documentation or Titer  
   e. Chicken Pox Documentation or Varicella Zoster Documentation or IgG Titer  
   f. 12 Panel drug screen lab report (dated 30 days prior to first day of class)  

I certify that I understand the various costs and fees involved in participating in the Dental Assistant II programs. The areas marked on this check-off sheet are completed and enclosed with my application packet. I understand that Germanna Community College Center for Workforce and Community Education is required by policy and contracts with the dental and healthcare facilities to have complete and full documentation prior to entering the program. I further understand that failure to provide all documentation will result in my receiving an Administrative Withdrawal from the program, without tuition refund.

I further understand the Germanna Community College Workforce Center refund policy: Tuition refund requests must be made at least 7 days prior to the class start date. No refund requests will be honored fewer than seven days prior to the start of class.

| Signature of Applicant | Date |
Essential Functional Abilities

The following categories are lists of functional abilities that are considered essential for licensure and job performance of workers in the health care field. They provide guidance to all individuals providing direct patient care. A brief description and examples of representative activities/attributes are included for your reference. Successful students should possess all listed essential functions. Your signature is required on the following page.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Motor Skills</td>
<td>Gross motor skill sufficient to provide the full range of safe and effective health care activities, such as moving within confined spaces, reaching above shoulders, reaching below waist, standing and maintain balance.</td>
</tr>
<tr>
<td>Fine Motor Skills</td>
<td>Fine motor skills sufficient to perform psychomotor skills, such as grasping small objects with hands, keying/typing, pinching, picking, twisting and squeezing with fingers.</td>
</tr>
<tr>
<td>Physical Endurance</td>
<td>Physical stamina sufficient to perform client care activities for entire length of work role, such as standing during health care procedures or performing CPR.</td>
</tr>
<tr>
<td>Mobility</td>
<td>Physical abilities sufficient to move from place to place in a quick manner and to maneuver by twisting, squatting, climbing and walking.</td>
</tr>
<tr>
<td>Hearing</td>
<td>Auditory ability sufficient for physical monitoring and assessment of client health care needs, which includes hearing faint body sounds, faint voices, hearing in situations when not able to see lips, and hearing auditory alarms.</td>
</tr>
<tr>
<td>Visual</td>
<td>Visual ability sufficient for accurate observation and performance of patient care, which includes seeing objects up to 20 inches away and 20 feet away, depth perception, peripheral vision, and ability to distinguish color and color intensity.</td>
</tr>
<tr>
<td>Tactile</td>
<td>Tactile ability sufficient for physical monitoring and assessment of health care needs, which includes feeling differences in surface characteristics, sizes, and shapes.</td>
</tr>
<tr>
<td>Smell</td>
<td>Olfactory ability sufficient to detect significant environmental and client odors.</td>
</tr>
</tbody>
</table>
Reading
Reading ability sufficient to comprehend the written word at a minimum of a tenth grade level.

Arithmetic
Arithmetic ability sufficient to do computations at a minimum of an eighth grade level which includes reading and understanding columns of writing, reading graphic printouts and digital displays, calibrating equipment, converting numbers to and/or from the Metric System, measuring time, counting rates, using measuring tools, reading measurement marks, computing fractions, and using a calculator.

Emotional Stability
Emotional stability sufficient to assume responsibility/accountability for actions, which includes establishing therapeutic boundaries, dealing with the unexpected, adapting to a changing environment/stress, focusing attention on a task, performing multiple responsibilities concurrently, and handling strong emotion.

Analytical Thinking
Reasoning skills sufficient to perform deductive and inductive thinking for health care decisions, which includes transferring knowledge from one situation to another, processing information, problem solving, evaluating outcomes, prioritizing tasks, and using short term and long term memory.

Critical Thinking
Critical thinking skill sufficient to exercise sound judgment, which includes identifying cause-effect relationships, planning/controlling activities for others, synthesizing knowledge and skills, and sequencing information.

Interpersonal Skills
Interpersonal abilities sufficient to interact with individuals, families and groups respecting social, cultural, and spiritual diversity.

Communication Skills
Communication abilities sufficient for interaction with others in written and oral form, which includes teaching, explaining procedures, giving oral reports, and conveying information through writing.

Acknowledgement:
I have read and acknowledged the above list of essential functions for health care service providers.

_________________________________________  ______________________________
Signature of Applicant       Date
Excerpt from Code of Virginia

Below is a list of convictions that will prevent an individual from obtaining employment in nursing homes.

§ 32.1-126.01. Employment for compensation of persons convicted of certain offenses prohibited; criminal records check required; suspension or revocation of license. A licensed nursing home shall not hire for compensated employment, persons who have been convicted of murder or manslaughter as set out in Article 1 (§ 18.2-30 et seq.) of Chapter 4 of Title 18.2, malicious wounding by mob as set out in § 18.2-41, abduction as set out in subsection A of § 18.2-47, abduction for immoral purposes as set out in § 18.2-48, assaults and bodily wounding as set out in Article 4 (§ 18.2-51 et seq.) of Chapter 4 of Title 18.2, robbery as set out in § 18.2-58, carjacking as set out in § 18.2-58.1, threats of death or bodily injury as set out in § 18.2-60, felony stalking as set out in § 18.2-60.3, sexual assault as set out in Article 7 (§ 18.2-61 et seq.) of Chapter 4 of Title 18.2, arson as set out in Article 1 (§ 18.2-77 et seq.) of Chapter 5 of Title 18.2, drive by shooting as set out in § 18.2-286.1, use of a machine gun in a crime of violence as set out in § 18.2-289, use of a sawed-off shotgun in a crime of violence as set out in subsection A of § 18.2-300, pandering as set out in § 18.2-355, crimes against nature involving children as set out in § 18.2-361, incest as set out in § 18.2-366, taking indecent liberties with children as set out in § 18.2-370 or § 18.2-370.1, abuse and neglect of children as set out in § 18.2-371.1, failure to secure medical attention for an injured child as set out in § 18.2-314, obscenity offenses as set out in § 18.2-374.1, possession of child pornography as set out in § 18.2-374.1:1, electronic facilitation of pornography as set out in § 18.2-374.3, abuse and neglect of incapacitated adults as set out in § 18.2-369, employing or permitting a minor to assist in an act constituting an offense under Article 5 (§ 18.2-372 et seq.) of Chapter 8 of Title 18.2 as set out in § 18.2-379, delivery of drugs to prisoners as set out in § 18.2-474.1, escape from jail as set out in § 18.2-477, felonies by prisoners as set out in § 53.1-203, or an equivalent offense in another state. However, a licensed nursing home may hire an applicant who has been convicted of one misdemeanor specified in this section not involving abuse or neglect, if five years have elapsed following the conviction.

Any person desiring to work at a licensed nursing home shall provide the hiring facility with a sworn statement or affirmation disclosing any criminal convictions or any pending criminal charges, whether within or without the Commonwealth. Any person making a materially false statement when providing such sworn statement or affirmation regarding any such offense shall be guilty upon conviction of a Class 1 misdemeanor. Further dissemination of the information provided pursuant to this section is prohibited other than to a federal or state authority or court as may be required to comply with an express requirement of law for such further dissemination.

A nursing home shall, within 30 days of employment, obtain for any compensated employees an original criminal record clearance with respect to convictions for offenses specified in this section or an original criminal history record from the Central Criminal Records Exchange. The provisions of this section shall be enforced by the Commissioner. If an applicant is denied employment because of convictions appearing on his criminal history record, the nursing home shall provide a copy of the information obtained from the Central Criminal Records Exchange to the applicant.

The provisions of this section shall not apply to volunteers who work with the permission or under the supervision of a person who has received a clearance pursuant to this section.

Similar language is found in other sections of the Code of Virginia relating to employment in home care organizations (§ 32.1-162.9:1), licensed homes for adults (§ 63.1-173.2), licensed district home for adults (§ 63.1-189.1) and licensed adult day care centers (§ 63.1-194.1).
Hepatitis B Vaccine Declination Form
(This form is invalid if shots have been started)

I understand that during my educational experience in the Dental Assistant II programs through Germanna’s Center for Workforce & Community Education I may have exposure to blood or other potentially infectious materials and may be at risk of acquiring Hepatitis B (HBV) infection. 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 which a serious disease.

I acknowledge that I have read this information by signing below.

__________________________________________  ______________________
Printed Name of Applicant                     Date

__________________________________________  ______________________
Signature of Applicant                        Date
Criminal Background Check Required Prior to Enrolling in
Dental Assistant II programs

A criminal history record must be completed through CertifiedBackground.com, prior to entering the Dental Assistant II programs. The clinical facility may deny entry into clinical settings based on criminal convictions; if denied, the student may withdraw from the Dental Assistant II programs. Please see the information below for acquiring your background check.

Instructions for accessing CertifiedBackground.com

Background Check Required
The facilities where you have clinicals require that each student purchase a background check through CertifiedBackground.com.

About CertifiedBackground.com
CertifiedBackGround.com is a background check service that allows students to purchase their own background check. The results of a background check are posted to the CertifiedBackground.com web site in a secure, tamper-proof environment, where the student, as well as organizations can view the background check.

To order your background check from CertifiedBackground.com, please follow the instructions below.

1. Go to www.CertifiedBackground.com and click on “Applicants.”
2. In the Package Code box: (1) “Code TBA”

Once your order is submitted, you will receive a password to view the results of your background check. The results will be available in approximately 48-72 hours. Once your background check is complete, please make a copy for your records and bring it to the Workforce Office for review. You will retain your original record.

These background check packages are a Virginia Statewide Criminal Search; cost is approximately $35.

www.CertifiedBackground.com      1-888-666-7788
Resource Information for Health Care Students

Below are some suggested resources, and applicants may choose their own resources for Malpractice/Liability Insurance, health insurance and CPR. However, your criminal background check must be done by certifiedbackground.com

Student Medical Malpractice Liability Insurance:
HPSO 1-800-982-9491 or www.hpso.com

CPR Certificate: we only accept American Heart Association: (health care provider)
Mary Washington Hospital 540-741-1585 Training Center
Germanna Community College 540-891-3095 Center for Workforce and Community Education

Financial Assistance:
E-cashier (loan) 1-800-609-8056

Certified Background Check: we only accept
www.certifiedbackground.com