TARRANT COUNTY COLLEGE
CORONAL POLISHING CERTIFICATION COURSE – DNTA-2000

COURSE DESCRIPTION

Thank you for registering for the Coronal Polishing Certification Course for dental assistants! This information prepares you to participate in the course. This course is designed to provide in-depth training in Coronal Polishing to meet the Texas State Board of Dental Examiners (TSBDE) requirements for eight (8) hours of didactic and clinical education and professional development for eight (8) CEUs. The course, taught by qualified faculty with no more than five (5) students per faculty member, ensures individualized hands-on instruction as per CODA requirements.

GENERAL COURSE INFORMATION

- Course participants will be provided a course Certificate of Completion at the end of the course if all course objectives have been met and verified by the attending instructor.
- Questions regarding the course can be directed to Health Sciences @ health.sciences@tccd.edu or 817-515-6435.
- In case of emergency, the phone number in the Dental Clinic is 817-515-6324.
- Course participants must make proper childcare arrangements as accommodations are not available.
- ** Refund Policy: Course participants may drop the course for a 100% refund before the start of the course. Contact Business Services @ 817-515-4729 for help if needed. No refunds are issued once the course has started.

GENERAL COURSE REQUIREMENTS

- Course participants must attend eight (8) hours of training per TSBDE requirements.
- Because course participants will be practicing this skill on a live patient in the clinical setting, all course participants must adhere to the Association for Dental Safety (ADS) (formerly known as OSAP) guidelines including:
  - Professional clinical attire such as scrubs
  - Close-toed shoes (preferably wipeable)
  - No jewelry, nail polish, or artificial nails
  - Long hair pulled back and a scrub cap to cover hair
  - All appropriate PPE during clinical procedures
- Course participants must comply with all course requirements and instructor clinical guidance during the course as the safety of all course participants and patients is paramount. Failure to comply may prevent completion of the course training.
- Course participants must serve as both a clinician (performing the procedure) and patient (having the procedure performed on them) for the coronal polishing procedure.

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REQUIRED COURSE DOCUMENTATION/FORMS

The following documents must be printed/completed/signed and brought to class by the course participant. *The patient forms are required as all students in this course will participate in performing and receiving coronal polishing procedures. Course participants will not be able to participate without these forms.

- Signed letter from employer (DDS) on practice letterhead verifying at least one (1) year of clinical experience as a dental assistant, per TSBDE requirements, including date of hire
- Copy of current CPR Card per TSBDE rules https://tsbde.texas.gov/licensing/dental-assistants/dental-assistant-renewal/
- Copy of completed HIPAA/OSHA Compliance Training
- Completed TCC Dental Hygiene Clinic Notice of Privacy Practices form*
- Completed Patient Registration & Medical History form*
- Completed Consent for Treatment form*
- Completed Procedure Risks and Hazards form*
- Completed Policy/Procedure Acknowledgement form*

REQUIRED COURSE SUPPLIES

Each course participant is required to bring the following:

- Protective eyewear
- Scrub cap
- Pen (paper, highlighter if desired)
- All of the required documentation/forms (listed above)

PROVIDED COURSE SUPPLIES

As part of the course fee, each course participant will be provided with the following:

- Disposable gown, exam gloves, and Level 3 face mask
- Sterile pack (mouth mirror, caries-detecting explorer, AW syringe tip) on a covered tray
- Disposable cotton-tipped applicators, 2x2 gauze, patient bib/chain, surface barriers, prophy angle & brush, HVE/saliva ejector tips, floss, disposal lab jacket
- Disclosing agent
- Prophy paste
- Fluoride varnish
- Typodont
- Sterilized low-speed handpiece
- Course handouts and Course Certificate of Completion
- Snack and beverage vending machines are available

TARRANT COUNTY COLLEGE

CORONAL POLISHING CERTIFICATION COURSE – DNTA-2000

HOTEL INFORMATION

Some nearby hotels if lodging is needed before or after the course:

Hampton Inn & Suites Dallas-DFW ARPT W-SH 183 Hurst
1600 Hurst Town Center Dr.
Hurst, TX 76054
817-503-7777

Holiday Inn Express & Suites DFW West - Hurst
820 Thousand Oaks Dr.
Hurst, TX 76054
(817) 427-1818

Hyatt Place Fort Worth/Hurst
1601 Hurst Town Center Dr.
Hurst, TX 76054
(817) 577-3003

Hilton Garden Inn Dallas at Hurst Conference Center
1615 Campus Dr.
Hurst, TX 76054
817-281-5800

TARRANT COUNTY COLLEGE
CORONAL POLISHING CERTIFICATION COURSE – DNTA-2000
COURSE AGENDA

8:00am – 8:30am **Check-In** *NHSC 1112*

8:30am – 10:30am **Lecture** *NHSC 1112*

10:30am - 12:00pm **Lab Practice & Evaluation** *NHSC 1101 (Dental Clinic)*

12:00pm - 12:45pm **LUNCH** *Bring your own, building has an eating area*

12:45pm -1:00pm **Pre-Clinical Meeting** *NHSC 1112*

1:00pm - 1:30pm **Clinic/Patient Setup** *NHSC 1101 (Dental Clinic)*

1:30pm - 5:00pm **Clinical Practice & Evaluation** *NHSC 1101 (Dental Clinic)*

Updated 10/3/25 ac

Effective date of notice: November 21, 2023

NOTICE OF PRIVACY PRACTICES

Tarrant County College Dental Hygiene Clinic

828 W. Harwood Dr., Hurst TX 76054

817-515-6586

Fax: 817-515-6458

Privacy Officer: Amy Cooper, RDH, TCC Interim Dental Programs Director

amy.cooper@tccd.edu

THIS NOTICE DESCRIBES HOW YOUR PERSONAL HEATH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

The Tarrant County College Dental Hygiene Clinic (TCC DHYG Clinic) respects our legal obligation to keep personal health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This Notice describes how we protect your health information and what rights you have regarding it.

TREATMENT AND HEALTH CARE OPERATIONS

The most common reason we use or disclose your health information is for treatment or health care operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for your; examining your teeth and gums, taking x-rays, prescribing medications, referring you to another doctor or clinic for other health care or services; or getting copies of your personal health information from another professional that you may have seen before us. Health care operations mean those administrative and managerial functions we must do to run our clinic. Examples of how we use or disclose your health information for health care operations are: chart audits and internal quality assurance.

We routinely use your health information inside our clinic for these purposes without any special permission. If we need to disclose your personal health information outside of our clinic for these reasons, we will ask you for special written permission.

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your personal health information without your permission. Not all these situations will apply to us; some may never come up at our clinic at all.
Such uses or disclosures are:

- when a state or federal law mandates that certain health information be reported for a specific purpose; for public health purposes, such as contagious disease reporting, investigation, or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or medical devices;
- disclosures to governmental authorities about victims of suspected abuse, neglect, or domestic violence;
- uses and disclosures for health oversight activities, or investigation of violations of health care laws;
- disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our clinic; or to report a crime that happened somewhere else;
- disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- uses or disclosures for health-related research;
- uses and disclosures to prevent a serious threat to health or safety;
- uses or disclosures for specialized government functions, such as for the protection of the president or high-ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service;
- disclosures of de-identified information;
- disclosures relating to worker's compensation programs;
- disclosures of a "limited data set" for research, public health, or health care operations;

* incidental disclosures that are an unavoidable by-product of permitted uses or disclosures;
* disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information;

Unless you object, we will also share relevant information about your care with your family or friends who are helping you with your child's dental hygiene care.

APPOINTMENT REMINDERS

A TCC DHYG Student may call, text or email to remind you of scheduled appointments. The TCC DHYG Clinic Receptionist may call to make an appointment. Unless you tell us otherwise, the student or receptionist will leave you a reminder message on your voicemail device or with someone who answers your phone.

OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your health information unless you sign a written "authorization form." The content of an "authorization form" is determined by federal law. Sometimes, we may initiate the authorization process if the use or disclosure is our idea. Sometimes, you may initiate the process if it is your idea for us to send your information to someplace else. Typically, in this situation you will give us a properly completed authorization form, or you can use one of ours. If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing. Send them to the Privacy Officer named at the beginning of this Notice.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information.
You can:

* Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment) or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to the Privacy Officer at the address, fax or email shown at the beginning of this Notice.
* Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using email to your personal email address. We will accommodate these requests if they are reasonable, if you want to ask for confidential communications, send a written request to the Privacy Officer at the address, fax or email shown at the beginning of this Notice.
* Ask to see or to get photocopies of your child's personal health information. By law, there are a few limited situations in which we can refuse to permit access or copying. However, you will be able to review or have a copy of your child's personal health information within 30 days (about 4 and a half weeks) of asking us (or sixty days if the information is stored off-site). You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one 30-day extension of the time for us to give you access or photocopies if we send you written notice of the extension. If you want to review or get photocopies of your personal health information, send a written request to the Privacy Officer at the address, fax or email shown at the beginning of this Notice.
* Ask us to amend your child's personal health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days (about 2 months) of when you ask us. We will send the corrected information to people who we know got the incorrect information, and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your child's health information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have one 30-day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your child's health information, send a written request, including your reasons for the amendment, to the Privacy Officer at the address, fax or email shown at the beginning of this Notice.
* Get a list of the disclosures that we have made of your child's health information within the past six years (or a shorter period if you want). By law, the list will not include disclosures for purposes of treatment or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days (about 2 months)

of receiving it, but by law we can have one 30-day extension of time if we notify you of the extension in writing. If you want a list, send a written request to the Privacy Officer at the address, fax or email shown at the beginning of this Notice.

* Get additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you got one electronically or in paper form already. If you want additional paper copies, send a written request to the Privacy Officer at the address, fax or email shown at the beginning of this Notice.

OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your personal health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office and have copies available in our office.

COMPLAINTS

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or the Texas Attorney General's Office or the U.S (United States). Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to the Privacy Officer at the address, fax or email shown at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone.

FOR MORE INFORMATION

If you want more information about our privacy practices, call or visit the Privacy Officer at the address or phone number shown at the beginning of this Notice.

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I reviewed and received a copy of the Tarrant County College Dental Hygiene Clinic's Notice of Privacy Practices.

Date:

Patient name:

Signature:

TARRANT COUNTY COLLEGE

CORONAL POLISHING CERTIFICATION COURSE – DNTA-2000

Tarrant County College
Dental Hygiene Clinic

Patient Registration

Chart ID:______

First Name:____________________ Last Name:____________________ Middle Initial___

Preferred Name:______________________

Address:____

City:______________________________________ State & Zip:______________________

Home Phone:________________________ Cell Phone:_____________________________

Sex: ☐ Male ☐ Female Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed

Birth Date:_________________ Age:_________

Email:____

Employment Status: ☐ Full Time ☐ Part Time ☐ Retired ☐ N/A

Student Status: ☐ Full Time ☐ Part Time

Appointment Availability – Please circle ALL that apply. **M T W Th AM PM**

Current Dentist:____________________ City:____________ Phone:________________

Current Medical Doctor:_________________________________ Phone:________________

Emergency Contact:________________________________ Relation:___________________

Emergency Contact #:______________________________

Medical & Dental History Update Every Appointment
Including changes in medications, medical/dental conditions

Date	Comment	Patient Signature	Student Initials	Faculty Initials

TARRANT COUNTY COLLEGE

CORONAL POLISHING CERTIFICATION COURSE – DNTA-2000

Tarrant County College

MEDICAL HISTORY

PATIENT NAME ______________________________ Birth Date ______________________

Although dental personnel primarily treat the area in and around your mouth, your mouth is a part of your entire body. Health problems that you may have, or medication that you may be taking, could have an important interrelationship with the dentistry you will receive. Thank you for answering the following questions.

Are you under a physician's care now? ◯ Yes ◯ No If yes, please explain: ______________________

Have you ever been hospitalized or had a major operation? ◯ Yes ◯ No If yes, please explain: ______________________

Have you ever had a serious head or neck injury? ◯ Yes ◯ No If yes, please explain: ______________________

Are you taking any medications, pills, or drugs? ◯ Yes ◯ No If yes, please explain: ______________________

Do you take, or have you taken, Phen-Fen or Redux? ◯ Yes ◯ No ______________________

Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates? ◯ Yes ◯ No ______________________

Are you on a special diet? ◯ Yes ◯ No

Do you use tobacco? ◯ Yes ◯ No

Do you use controlled substances? ◯ Yes ◯ No

Women: Are you

Pregnant/Trying to get pregnant? ◯ Yes ◯ No Taking oral contraceptives? ◯ Yes ◯ No Nursing? ◯ Yes ◯ No

Are you allergic to any of the following?

☐ Aspirin ☐ Penicillin ☐ Codeine ☐ Local Anesthetics ☐ Acrylic ☐ Metal ☐ Latex ☐ Sulfa drugs

☐ Other If yes, please explain: ______________________

Do you have, or have you had, any of the following?

Condition		Condition		Condition		Condition	
AIDS/HIV Positive	◯ Yes ◯ No	Cortisone Medicine	◯ Yes ◯ No	Hemophilia	◯ Yes ◯ No	Radiation Treatments	◯ Yes ◯ No
Alzheimer's Disease	◯ Yes ◯ No	Diabetes	◯ Yes ◯ No	Hepatitis A	◯ Yes ◯ No	Recent Weight Loss	◯ Yes ◯ No
Anaphylaxis	◯ Yes ◯ No	Drug Addiction	◯ Yes ◯ No	Hepatitis B or C	◯ Yes ◯ No	Renal Dialysis	◯ Yes ◯ No
Anemia	◯ Yes ◯ No	Easily Winded	◯ Yes ◯ No	Herpes	◯ Yes ◯ No	Rheumatic Fever	◯ Yes ◯ No
Angina	◯ Yes ◯ No	Emphysema	◯ Yes ◯ No	High Blood Pressure	◯ Yes ◯ No	Rheumatism	◯ Yes ◯ No
Arthritis/Gout	◯ Yes ◯ No	Epilepsy or Seizures	◯ Yes ◯ No	High Cholesterol	◯ Yes ◯ No	Scarlet Fever	◯ Yes ◯ No
Artificial Heart Valve	◯ Yes ◯ No	Excessive Bleeding	◯ Yes ◯ No	Hives or Rash	◯ Yes ◯ No	Shingles	◯ Yes ◯ No
Artificial Joint	◯ Yes ◯ No	Excessive Thirst	◯ Yes ◯ No	Hypoglycemia	◯ Yes ◯ No	Sickle Cell Disease	◯ Yes ◯ No
Asthma	◯ Yes ◯ No	Fainting Spells/Dizziness	◯ Yes ◯ No	Irregular Heartbeat	◯ Yes ◯ No	Sinus Trouble	◯ Yes ◯ No
Blood Disease	◯ Yes ◯ No	Frequent Cough	◯ Yes ◯ No	Kidney Problems	◯ Yes ◯ No	Spina Bifida	◯ Yes ◯ No
Blood Transfusion	◯ Yes ◯ No	Frequent Diarrhea	◯ Yes ◯ No	Leukemia	◯ Yes ◯ No	Stomach/Intestinal Disease	◯ Yes ◯ No
Breathing Problem	◯ Yes ◯ No	Frequent Headaches	◯ Yes ◯ No	Liver Disease	◯ Yes ◯ No	Stroke	◯ Yes ◯ No
Bruise Easily	◯ Yes ◯ No	Genital Herpes	◯ Yes ◯ No	Low Blood Pressure	◯ Yes ◯ No	Swelling of Limbs	◯ Yes ◯ No
Cancer	◯ Yes ◯ No	Glaucoma	◯ Yes ◯ No	Lung Disease	◯ Yes ◯ No	Thyroid Disease	◯ Yes ◯ No
Chemotherapy	◯ Yes ◯ No	Hay Fever	◯ Yes ◯ No	Mitral Valve Prolapse	◯ Yes ◯ No	Tonsilitis	◯ Yes ◯ No
Chest Pains	◯ Yes ◯ No	Heart Attack/Failure	◯ Yes ◯ No	Osteoporosis	◯ Yes ◯ No	Tuberculosis	◯ Yes ◯ No
Cold Sores/Fever Blisters	◯ Yes ◯ No	Heart Murmur	◯ Yes ◯ No	Pain in Jaw Joints	◯ Yes ◯ No	Tumors or Growths	◯ Yes ◯ No
Congenital Heart Disorder	◯ Yes ◯ No	Heart Pacemaker	◯ Yes ◯ No	Parathyroid Disease	◯ Yes ◯ No	Ulcers	◯ Yes ◯ No
Convulsions	◯ Yes ◯ No	Heart Trouble/Disease	◯ Yes ◯ No	Psychiatric Care	◯ Yes ◯ No	Venereal Disease	◯ Yes ◯ No
						Yellow Jaundice	◯ Yes ◯ No

Have you ever had any serious illness not listed above? ◯ Yes ◯ No ______________________

Comments: ______________________

____

____

____

____

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status.

____

SIGNATURE OF PATIENT, PARENT, or GUARDIAN ______________________ DATE ______________

TARRANT COUNTY COLLEGE
CORONAL POLISHING CERTIFICATION COURSE – DNTA-2000

CONSENT FOR TREATMENT

I agree to be a participant in the Coronal Polishing Course at Tarrant Count College District. As part of that participation, I have received, read, understand, and authorize coronal polishing in the Coronal Polishing Course under the direction of approved instructors certified in Coronal Polishing by the Texas State Board of Dental Examiners.

I understand the treatment I receive during the Coronal Polishing Course performed in the Dental Hygiene Clinic of Tarrant County College District shall be without liability on the part of Tarrant County College District, its Board of Trustees, faculty, staff, and employees. I understand the treatment being performed is for educational purposes and I release Tarrant County College District to include, but not limited to, the Dental Programs, of any liability pertaining to the treatment received during the Coronal Polishing Course. I specifically waive any claim I might otherwise have or assert in regard thereto against them or any of them.

I have had the procedure explained to me and had the opportunity to ask questions about the proposed treatment, and they have been fully answered. I hereby give a knowing and voluntary consent for treatment to be performed.

____	__________________________
Patient Name (Printed)	Date
____	__________________________
Patient Signature	Date
____	__________________________
Instructor Signature	Date

TARRANT COUNTY COLLEGE

CORONAL POLISHING CERTIFICATION COURSE – DNTA-2000

PROCEDURE RISKS AND HAZARDS

1. Due to the possibility of splash/splatter when using polishing materials and disclosing agents, all course participants (clinicians and patients) must wear protective eyewear.
    a. In case of accidental eye contact, the patient and/or course participant will be directed to the eyewash station to flush the area thoroughly and to seek medical treatment.
    b. Selection of the polishing material used is to minimize abrasion on teeth surfaces.
    c. Correct polishing strokes when using the prophy angle will be done to avoid trauma to the gingival margins and soft tissue.
    d. Disclosing agents containing red dye will be used during the polishing procedure.
2. Due to the possibility of splash/splatter when using topical fluoride, patients and course participants will be provided and required to wear protective eyewear. In the event of accidental exposure, the affected area will be thoroughly washed and rinsed with substantial amounts of water. Medical treatment should be done if irritation persists.
3. In case of an incident, the instructor will complete/submit a TCC Incident Report. A copy will be attached to the student paperwork.

I have read and understand the risks and hazards associated with coronal polishing and agree with the proposed treatment plan and procedure to be performed.

Course Participant (Printed)________________________________

Course Participant Signature______________________________ Date_______________________________

Instructor Signature___________________________________ Date________________________________

Updated 10/3/25 ac

TARRANT COUNTY COLLEGE

CORONAL POLISHING CERTIFICATION COURSE – DNTA-2000

POLICY/PROCEDURE ACKNOWLEDGEMENT

This form is to acknowledge that I have reviewed, understand, and agree to the policies and procedures for the Coronal Polishing Certificate Course. Please check each item and sign below. Please submit this form upon course check-in.

☐ **I have reviewed the general course information & requirements including:**

- ☐ Course participants must attend eight (8) hours of training per TSBDE requirements.
- ☐ Because course participants will be practicing this skill on a live patient in the clinical setting, all course participants must adhere to the Association for Dental Safety (ADS) (formerly known as OSAP) guidelines including:
  - Professional clinical attire such as scrubs
  - Close-toed shoes (preferably wipeable)
  - No jewelry, nail polish, or artificial nails
  - Long hair pulled back and a scrub cap to cover hair
  - All appropriate PPE during clinical procedures
- ☐ Course participants must comply with all course requirements and instructor clinical guidance during the course as the safety of all course participants and patients is paramount. Failure to comply may prevent completion of the course training.
- ☐ Course participants must serve as both a clinician (performing the procedure) and patient (having the procedure performed on them) for the coronal polishing procedure.
- ☐ Course participants will be provided a course Certificate of Completion at the end of the course if all course objectives have been met and verified by the attending instructor.
- ☐ **Course participants may drop the course for a 100% refund before the start of the course. Contact Business Services @ 817-515-4729 for help if needed. No refunds are issued once the course has started.**

☐ **I have provided a copy of the required documents and required forms including:**

- ☐ **Signed letter** from employer (DDS) on practice letterhead verifying at least one (1) year of clinical experience as a dental assistant, per TSBDE requirements, including date of hire.

☐ Copy of current **CPR Card in basic life support (BLS) CPR certification.**

- ☐ Copy of completed **HIPAA/OSHA Compliance Training**
- ☐ Completed **TCC Dental Hygiene Clinic Notice of Privacy Practices** form
- ☐ Completed **Patient Registration & Medical History** form
- ☐ Completed **Consent for Treatment** form
- ☐ Completed **Procedure Risks and Hazards** form
- ☐ Completed **Policy and Procedure Acknowledgement** form

☐ **I have reviewed the required course supplies and am prepared with:**

- ☐ Protective eyewear
- ☐ Scrub cap
- ☐ Pen (paper and highlighter (if desired)

Printed Name: ______________________________Signature: _________________________Date: ____________________

Updated 10/3/25 ac

TARRANT COUNTY COLLEGE

CORONAL POLISHING CERTIFICATION COURSE – DNTA-2000

City of N.R.H.
NRHO
N
Boulevard 26/ Grapevine Highway
TCC Road
Water Tower
J1 J2 C5 C4 C3 C2 C1 B1 B2 A1 G1 L1 F1 M1 H1 K1 V1 D1 E1
NDPP NMPC NDPW NDSC NBSA NTAB NACB NHSC NSCE NFAC NBSS NSCW NLIB NIMC NHPE NADM NCAB NFAB NSTU
Tennis Courts
W. Harwood Road
City of Hurst

TCC NORTHEAST CAMPUS

Northeast Campus

Code	Building	Code	Building
NADM	Administration Offices (1)	NHPE	Health/Physical Ed. (10)
NACB	Academic Classrooms (7)	NHSC	Health Sciences (15)
NBSA	Building Services (8)	NIMC	Instructional Media Center (6)
NBSS	Business/Social Sciences (2)	NLIB	Library (3)
NCAB	Communication Arts (16)	NMPC	Multi Purpose Classrooms (20)
NDPP	District Physical Plant (20)	NSCE	Science East (9)
NDPW	District Physical Warehouse (20)	NSCW	Science West (9A)
NDSC	District Service Center (11)	NSTU	Student Center/Bookstore/ Cafeteria (4) - Nurse
NFAB	Fine Arts Building (14)	NTAB	Technology & Arts (17)
NFAC	Faculty Offices (5)		

Updated 10/3/25 ac