

**TARRANT COUNTY COLLEGE
CORONAL POLISHING COURSE
COURSE REQUIREMENTS AND GENERAL INFORMATION**

Course Description

Thank you for registering for the Coronal Polishing Certification Course for dental assistants. This information packet 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.

Required Course Documentation/Forms

The following documents must be completed/signed and brought to class by the course participant. ***Course participants will not be treated without these forms.***

- Letter from your employer on practice letterhead verifying at least two (2) years clinical experience as a dental assistant, per TSBDE requirements, including date of hire. Multiple employer letters may be required to meet the two (2) year minimum requirement
- Copy of current CPR Card
- Patient Registration Form
- Procedure Risks and Hazards Form
- Patient Medical History Form
- Policy/Procedure Acknowledgement Form

General Course Requirements

- Must attend the entire eight (8) hours of training per TSBDE requirements.
- Per OSAP guidelines, must attend the course in professional clinical attire: scrubs and closed-toed shoes w/socks. Please refrain from wearing artificial nails, nail polish, and jewelry
- Course participants and patient safety is important and failure to comply with course requirements may prevent completion of the course training

General Course Information

- Course participants will be mailed a course Certificate of Completion and copies of the Lab/Clinic Evaluations within 5-7 business days if all course objectives have been met and verified by the attending instructor
- Questions regarding the course can be directed to Laurie Semple, RDA Coordinator, @ 817-515-6151 or laurie.semple@tccd.edu or to NE Workforce Programs @ 817-515-6995
- Day of Course/Dental Lab Phone: 817-515-6133 (7:30 am-5:00pm) – Please call Laurie Semple or the CIE office in case of an emergency

**** Refund Policy:** Course participants may drop the course for a 100% refund prior to the start of the course. No refunds issued once the course has started and contact Business Services/817-515-6208 for a paid receipt.

COURSE SUPPLIES – Each course participant is required to bring:

- Protective eyewear, utility gloves in large zip lock bag
- (1) Toothbrushes/toothpaste in separate zip lock bags for yourself
- Pen, paper, highlighter
- ***Completed/signed Medical History Form***
- ***Completed Patient Registration Form***
- ***Completed Procedure Risks and Hazards Form***
- ***Completed Policy/Procedure Acknowledgement Form***

PROVIDED COURSE SUPPLIES - Included in course fee

- PPE (gloves, masks)
- Protective eyewear for patient
- Sterile pack (mouth mirror, caries-detecting explorer, cotton pliers, scaler, articulating paper holder, AW syringe tips on covered exam tray)
- Disposables (dry angles, cotton rolls, cotton-tipped applicators, 2x2 gauze, patient bibs/chain, surface barriers, prophylaxis angle, HVE/saliva ejector, floss, and lab jacket)
- Disclosing agent
- Prophylaxis paste
- Topical fluoride solution/trays
- Typodont
- Low speed handpiece w/prophylaxis angle attachment
- Course handout and TSBDE Coronal Polishing Certificate Application
- Campus map - Park in white spaces in lots F or G
- Room assignment: NHSC 1112 (Classroom); NHSC 1101 (Dental Hygiene Clinic)
- Lunch (***Please contact L. Semple if you prefer a vegetarian option one week prior to the course***)

HOTEL INFORMATION

Hampton Inn & Suites Dallas-DFW ARPT W-SH 183 Hurst

1600 Hurst Town Center Dr.
Hurst, TX 76054-6236
1 855-605-0317

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 Drive
Hurst, Texas, USA, 76054
Tel: +1 817 577 3003
Revised 11/7/18 - lgs

**TARRANT COUNTY COLLEGE
CORONAL POLISHING COURSE
COURSE AGENDA**

8:00 – 8:30am	Check-In	NHSC 1112 (Classroom)
8:30 – 10:30am	Lecture	NHSC 1112 (Classroom)
10:30am-12:00pm	Lab Evaluation	NHSC 1101 (Dental Hygiene Clinic)
12:00-12:45pm	LUNCH (Provided)	NHSC Student Break Area
12:45-1:00pm	Pre-Clinical Meeting	NHSC 1112 (Classroom)
1:00 – 1:30pm	Clinic/Patient Setup	NHSC 1101 (Dental Hygiene Clinic)
1:30 – 5:00pm	Clinic Evaluation	NHSC 1101 (Dental Hygiene Clinic)

****Note:** Please make proper arrangements for babysitting as NO accommodations are available.

****Snack and beverage vending machines are available****

**TARRANT COUNTY COLLEGE
CORONAL POLISHING COURSE
POLICY/PROCEDURE ACKNOWLEDGEMENT FORM**

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

- Bring completed Patient Registration Form
- Bring completed/signed Medical History
- Bring completed/signed Procedure Risks and Hazard Form
- Bring Clinical Experience Verification Letter
- Bring current copy of CPR card
- Must attend in professional clinical attire: scrubs and closed-toed shoes with socks. Avoid wearing artificial nails, nail polish, or jewelry
- Must attend the entire eight (8) hours of the course to be given credit for the course
- Course Certification of Completion will be mailed to the address provided at registration within 5-7 business days
- Course Refund Policy: 100% refund if course dropped prior to start of course. No refunds once course has started
- Paid Course Receipt: Available through NE Business Services, 817-515-6208

Course Participant

Date

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

1. Due to the possibility of splash/splatter when using polishing materials, patients and course participants will be provided and required to wear protective eyewear
 - a. In the event of accidental eye contact, the patient and/or course participant will be directed to the eyewash station to flush the area thoroughly and directed 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 prophylaxis angle will be done to avoid trauma to the gingival margins and soft tissue

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 large amounts of water. Medical treatment should be done if irritation persists

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

Course Participant (Printed)

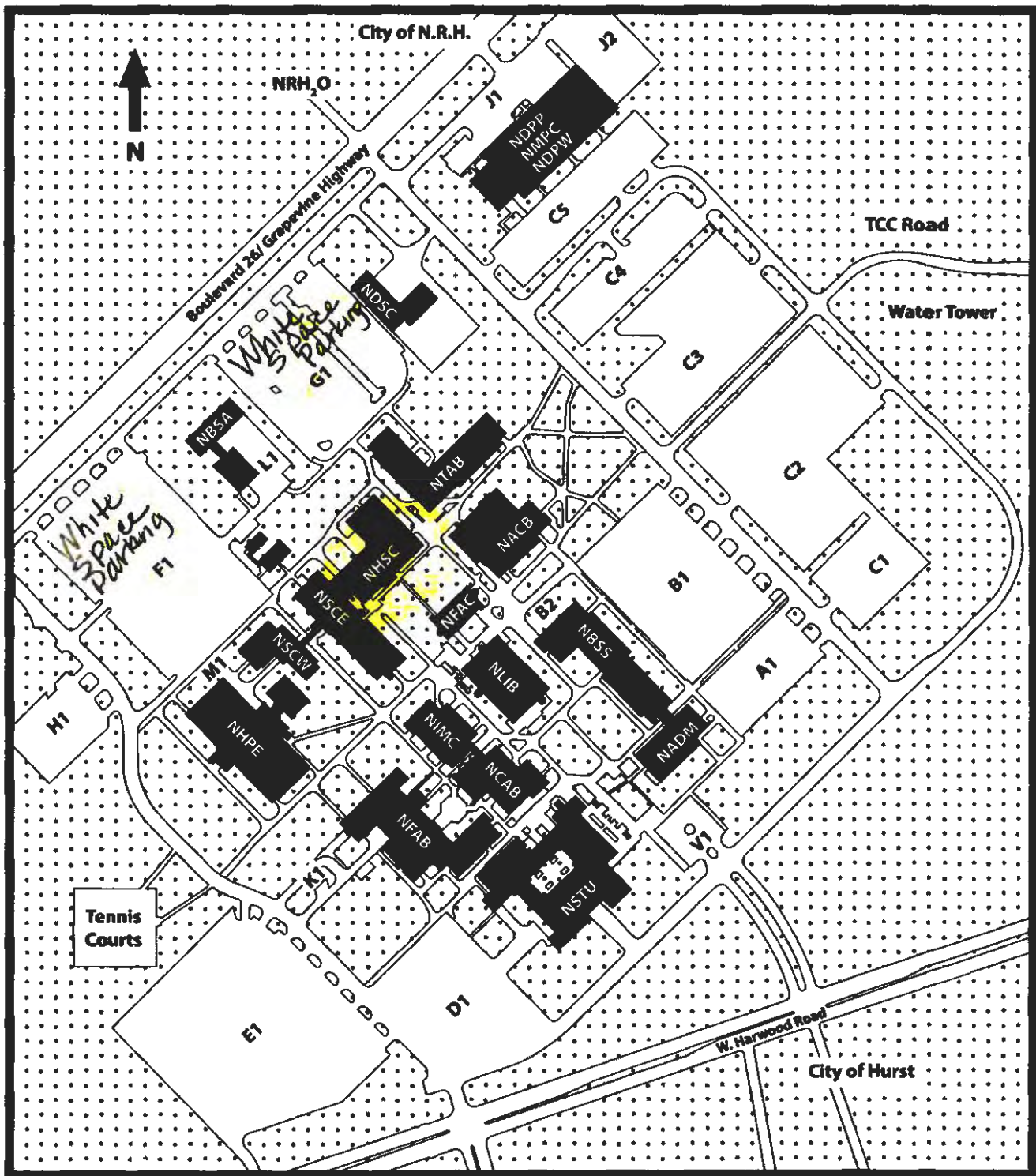
Date

Course Participant Signature

Date

Instructor Signature

Date



Tarrant County College  **Northeast Campus**

828 W. Harwood Road
Hurst, TX 76054
www.tccd.edu

- | | | | |
|------|----------------------------------|------|--|
| 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) | | |