

**Alternative Dental Assisting Program (ADAP)
Employer (Dentist/Preceptor) and Employee (Dental Assistant/Student)
Agreement**

To be completed by the Preceptor and Student participating in the ADAP course.

This alternate course of study for Dental Assisting is accepted by the New York State Education Department. Students who successfully complete this program will be eligible for licensure as a Registered Dental Assistant (RDA) in New York State. In New York State a dental assistant must be licensed in order to perform supportive services under the direct supervision of a New York State licensed dentist.

Individuals enrolled in ADAP must have a dentist/preceptor who has agreed to mentor and evaluate them as a student. Students employed by a specialist such as an Endodontic, Oral & Maxillofacial, Orthodontic, Periodontics, etc. are required to have a second general practitioner/preceptor. The second practitioner/preceptor will provide clinical time to complete required Skill Competency Evaluation Forms (SCEF). When the student completes the requirements for this program these forms will be maintained at the college as required by New State Education.

ADAP requirements include submitting all SCEF, receiving a **75 grade** or better, completing additional **1000 clinical hours** of relevant work experience starting on the first day of class. These hours must be completed within 5 years of the start of the program. Upon receiving Hudson Valley Community College's Dental Assistant Certificate of Completion, the graduate may apply for either the National Certification (CDA) or the New York Professional Dental Assisting exam. Both exams are administered by the Dental Assisting National Board (DANB). Upon passing the DANB exam(s) the graduate should then apply for licensure from the New York State Education Department.

The course material is presented in weekly modules. Modules include the following: announcements, reading assignments, lectures, case study questions called Discussion Board, and evaluation forms called Skill Competency Evaluation Forms (SCEF). These forms are used to evaluate clinical procedures at the office. Modules also consist of dental terminology, internet assignments, and quizzes. The final module will consist of a final exam.

The dentist office must have the following to meet ADAP Requirements. Please check "YES" or "NO" to each item. If "NO" is answered to any question a second general practitioner/preceptor will be required upon submission of the ADAP application.

Yes No Sterilization equipment is available.

Yes No Treatment area is equipment for 4 handed dentistry.

Yes No Instruments are provided to accommodate students' needs in learning to identify and exchange instruments.

Yes No Adequate space is available for: preparing, sterilizing and storing instruments, preparing procedural trays, storing clinical materials and supplies, appropriate waste disposal.

Yes No Materials are available for instruction in the management for dental office emergencies.

RADIOGRAPHY

Yes No Radiology machines are inspected according to state mandates.

Yes No The practice has documented its compliance with state and federal standards for radiation hygiene.

Yes No Appropriate and operable automatic equipment or digital exposure process is available.

Yes No ALARA concept is practiced.

Yes No Lead aprons and thyroid collars are available and utilized to protect patients.

Yes No All radiographic examinations are prescribed by the dentist.

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LABORATORY

Yes No The facility provides for instruction in the manipulation of dental materials and performances of laboratory procedures associated with chairside assisting.

Yes No Safety devices and equipment are installed and functional, ex. Eyewash station.

INFECTION CONTROL

Students are required to follow standard precautions. Policies and procedures comply with guidelines issued by the U.S. Public Health Service, Centers of Disease Control and Prevention, (CDC), Environmental Protection Agency (EPA), Food and Drug Administration (FDA), the American Dental Association (ADA), and Occupational Safety and Health Administration (OSHA).

Yes No Written clinical and laboratory protocols are established and enforced to ensure adequate.

Yes No Personal Protective Equipment (PPE) is provided.

Yes No Examination Gloves are used for intraoral treatment.

Yes No Utility Gloves are used for cleaning/disinfecting and use to prevent cross contamination.

Yes No Face Mask are worn whenever there is a risk of spraying or splashing of body fluids or chemicals.

Yes No Protective Eyewear with side shields (or face shields) are be worn whenever there may be contamination of the eyes with aerosols, sprays, or splashes of body fluids or chemicals.

Yes No Protective Barriers are used. An EPA hospital level cleaner/disinfectant is used on surfaces after contamination.

As a Preceptor for the Alternative Dental Assisting Program (ADAP) for Hudson Valley Community College I will attest to personally mentor and evaluate my employee/student to provide their required educational clinical component as required by the New York State Education Department (as long as she/he is employed in my office). A second preceptor will be required for any student employed in a specialty practice, in order to fulfill the educational component as stated in the Office of the Professions, New York State Education Department.

I hereby attest that the employee/student candidate named below has completed the minimum required 3,500.

(Check one):

Full-time employment 3,500 or more hours with relevant work experience earned within the past 24 months

Part-time employment 3,500 or more hours of a combination of full/part time or only part-time relevant work experience earned within the past 48 months

We acknowledge that we have read and understand this ADAP Agreement. We also agree that a second preceptor is required to assist the student if employed by a specialty office. Please note: ADAP Students that do not pass online Alternative Dental Assisting Program, are no longer allowed by law to perform dental supportive services listed in Section 6608 of New York State Education Law, as they are no longer enrolled in an education program.

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Employee (Dental Assistant/Student) Please Print

Student/Employee Full Name: _____

Home Address: _____

Home Phone: _____

Student/Employee

Signature: _____ **Date:** _____

Employer (Dentist/Preceptor) Please Print

Dentist/Preceptor Full Name: _____

Address: _____

Office Phone: _____ State License _____

Dentist/Preceptor Signature: _____

Date: _____

This office is a (circle one) General Practitioner or if this office is an Oral Maxillofacial Surgeon, Endodontic, Orthodontics, Pediatric, Periodontics, or other _____.

Please continue and complete the following Second Doctor/Preceptor section.

Second Doctor/Preceptor Please Print (if needed)

Dentist/Preceptor Full Name: _____

Address: _____

Office Phone: _____ State License _____

Dentist/Preceptor Signature: _____

Date: _____

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