

GDA Coronal Polishing Enrollment Packet

GDA Coronal Polishing

Saturday, March 30, 2019

8 am to 5 pm

8200 Roberts Drive

Atlanta, GA 30328

Thank you for requesting information on the Georgia Dental Association's Coronal Polishing program. It is IMPORTANT you READ through this packet in its entirety. **INCOMPLETE PACKETS WILL NOT BE PROCESSED UNTIL ALL REQUIRED COMPONENTS HAVE BEEN RECEIVED.** Spots will not be held for any course date or location for incomplete packets. **Questions?** Call the GDA office at (404) 636-7553.

The GDA reserves the right to cancel any class that does not meet minimum participation requirements.

ELIGIBILITY REQUIREMENTS

To be eligible to attend the GDA Coronal Polishing Course the dental assistant must meet one of the following criteria:

- 1) Be a graduate of a one (1) year accredited dental assisting program or a dental assisting program approved by the Board, or
- 2) Have been employed as a chair side assistant by a licensed dentist for a continuous twelve (12) month period within the previous three (3) years.

In Addition, the candidate must have a high school diploma, or the equivalent thereof and proof of current CPR certification.

HOW TO REGISTER FOR THE COURSE:

1. Print, complete and sign the **Registration Form for EACH assistant.**
2. Print, complete and sign the **Affidavit of Eligibility for EACH assistant.**
3. Print, complete and sign the **Policy of Successful Completion of Coronal Polishing.**
4. Print, complete and sign the **Policy on Academic Dishonesty.**
5. Mail **check payment, money order or credit card payment form** for courses selected along with completed packet. Make checks out to "Georgia Dental Association."
6. Mail **proof of current CPR certification** along with the registration form. Current CPR certification for **EACH assistant** is mandatory for enrollment!

Courses are offered on a FIRST COME, FIRST SERVED basis! Registration closes when a course reaches capacity OR one week to course date – whichever comes first. You will receive a confirmation when your registration has been processed.

COURSE PAYMENT DETAILS:

GDA Members or Staff of GDA Members - \$169.00
Non-members - \$269.00

Prices above are PER ASSISTANT registration fees.

Registration fees may be transferred to another course date IF notification is received at least 30 days prior to the scheduled course date. Cancellations and/or transfers after this time will not be permitted. **THERE ARE NO REFUNDS.**

NOTICE

To successfully complete the Coronal Polishing course and receive the certificate that allows you to legally perform these expanded functions within the State of Georgia, you must PASS both the WRITTEN test and the CLINICAL portion of the course or courses for which you have registered.

To PASS the written test, you need to have reviewed all of the written material and discussed it with your doctor BEFORE attending any course (the doctor must sign an affidavit stating that he or she will help you in preparation for this course BEFORE you may register).

To PASS the clinical portion of this course, you must have practiced the clinical procedures PRIOR to attending the course so that you have a feel for working with the materials of your choice. (Once again, your doctor has agreed to help you). And you MUST have all of the materials you require to perform the clinical tasks with you on the day of the course.

Failure of either portion (written test or clinical) will result in the applicant having to repeat the entire course at a later date and with an additional fee.

Georgia Board of Dentistry Policy on Coronal Polishing (“rubber cup prophy”)

PLEASE read this policy before completing the Registration Form and the Affidavit of Eligibility.

Definition of Prophylaxis – Child (D1120)

Removal of plaque, calculus and stains from the tooth structures in the primary and transitional dentition. It is intended to control local irrational factors.

Requirements for calculus removal

Calculus, if present during a “rubber cup prophy”, must be identified and removed by a Georgia-licensed DMD/DDS or RDH only.

Age of primary dentition

The American Dental Association (ADA) lists the presence of primary teeth from approximately one year to about age twelve. The Georgia Board of Dentistry recognizes and accepts these basic parameters as the ages when primary teeth are present in a child.

Billing as a Prophylaxis

The prophylaxis, D1120, includes the combined processes of examination (DMD/DDS), calculus removal if present (DMD/DDS/RDH) and coronal polishing, “rubber cup prophy” (Trained DA).

Training in Coronal Polishing (“Rubber Cup Prophy”) for Dental Assistants

A dental assistant with at least one year of prior chairside experience or a graduate of an approved dental assisting program is eligible to attend an 8 hour pre-approved course of study that includes didactic and clinical applications necessary for coronal polishing (“rubber cup prophy”) and shall include:

- Ethics and Georgia jurisprudence related to coronal polishing
- Identify the potential risks, indications and contraindications for coronal polishing
- Understand the definition of plaque, types of stain, calculus, and related terminology
- Dental anatomy and morphology for the proper identification of adult and child dentition
- Principles of coronal polishing including, but not limited to –
 - armamentarium;
 - proper positioning used/ergonomics;
 - preferred polishing technique using a stable fulcrum;
 - abrasive polishing agents commonly used in coronal polishing;
 - polishing coronal surfaces of teeth on a typodont using a slow speed hand piece
- Indications for professionally applied topical fluoride agents for caries prevention
- Fluoride Delivery Methods

CORONAL POLISHING REGISTRATION FORM

(MUST be completed and signed)

DENTAL ASSISTANT FULL NAME: _____

NAME OF DENTIST EMPLOYER: _____ GA LICENSE #: _____
(REQUIRED) **(REQUIRED)**

IS THE DENTIST A GEORGIA DENTAL ASSOCIATION MEMBER? _____ YES _____ NO

DENTIST OFFICE ADDRESS: _____
(REQUIRED)

CITY _____ STATE _____ ZIP _____

DENTIST PHONE: _____ DENTIST FAX _____

ASSISTANT'S EMAIL _____

DENTAL ASSISTANT STATUS:

- Assisting School Graduate*
- 12-Month Employee of Dentist Named Above

* Name of Dental Assisting School: _____

AFFIDAVIT OF ELIGIBILITY (To be completed by dentist AND assistant)

I (the dentist) have read the enclosed requirements as set forth by the Georgia Board of Dentistry and certify that

(Assistant Name) _____

Meets the enclosed Georgia Board of Dentistry requirements. I further recommend her or him as experienced and qualified to take the course and will spend the time necessary prior to the course in instruction and review to adequately prepare her/him for satisfactory completion of the course. I understand that if she or he is inadequately prepared for either the written or practical portion of the course, that she or he will not receive a certificate and course fees will be forfeited.

SIGNED: _____ DATE: _____
(Dentist Signature)

I (the assistant) have read the enclosed Georgia Board of Dentistry requirements and am eligible to take this course. I consider myself qualified and experienced. I will review the information provided and understand a certificate may not be issued if I do not show satisfactory skills in the duties to be covered.

SIGNED: _____ DATE: _____
(Assistant Candidate Signature)

The Georgia Board of Dentistry requires each assistant to have current CPR certification prior to taking A Coronal Polishing course. A copy of the CPR card (front and back) MUST be attached to this affidavit upon submission.

GDA Policy on Successful Completion of Coronal Polishing Courses

(Must be signed and returned with packet!)

The dentist must sign an affidavit stating that he or she will help the applicant to prepare for this course BEFORE the applicant may register. Any applicant who presents for a course and is unprepared for either the written or clinical portion will be denied participation in the course, will forfeit the course fee, and will not receive a certificate.

To successfully complete ANY Coronal Polishing Course and receive the certificate that allows a student to legally perform these expanded functions within the State of Georgia, the student must PASS both the WRITTEN test and the CLINICAL portion of the course or courses for which the applicant has registered.

To PASS the written test, an applicant must receive a score of 75% or greater. An applicant who fails the written exam will be allowed a second opportunity to take the exam at no charge. Should the applicant fail the written exam a second time, the applicant may retake the exam for a fee of \$20.00. Any applicant who fails the written exam a third time will be allowed a final attempt after a six-month interval but must pay the FULL course fee. An applicant must pass the written exam before attempting the clinical portion of the course.

To PASS the clinical portion of the course, an applicant must have practiced the clinical procedures prior to attending the course so that the applicant has a feel for working with the materials of their choice. Applicant must have all of the materials necessary to perform the clinical tasks on the day of the course.

The clinical procedures will be graded based on the criteria sheets in the course notebooks. Should an applicant fail the clinical portion of the course, the applicant will be required to retake the entire course at a later date and must pay the FULL course fee. Instructors are not permitted to make any exceptions to this policy.

By signing my name below, I acknowledge that I have read and understand, and agree to the GDA Policy on Successful Completion of the Coronal Polishing Course.

Print Name (ASSISTANT)

Print Name (DENTIST)

Signature

Signature

Date

Date

GDA POLICY ON ACADEMIC DISHONESTY

(must be signed and returned with packet!)

Academic dishonesty, to include cheating in any form, plagiarism, bribery, collusion, disorderly conduct, and falsification of information, is considered a serious offense and will be dealt with severely. The Georgia Dental Association dentist / instructor has been designated as the primary administrator for the initial implementation of actions necessitated by a violation of the standards of conduct or behavior. In general, disciplinary actions result from complaints by faculty, staff, or fellow students caused by some specific student action or activity.

Students are expected to uphold a standard of conduct relating to academic honesty. Each student assumes full responsibility for the content and integrity of the academic work he or she submits. The guiding principle of academic integrity shall be that a student's submitted work, examinations, and clinical projects must be the student's own work. A student shall be guilty of academic dishonesty if he/she:

1. Represents the work of others as his/her own.

Examples: If someone else completes an assignment and you write your name on the work and/or turn it in as your own, that's cheating.

2. Uses or obtains unauthorized assistance in any academic work.

Examples: If you ask another person for assistance on work you have been asked to complete independently, that's cheating. If you take information from another person without his/her permission and/or knowledge, that's cheating.

3. Gives unauthorized assistance to other students.

Examples: If you give someone a copy of the work you have completed so he/she can turn in the work as his/her own, that's cheating. If you give another person assistance on work that should be completed independently, that's cheating.

4. Engages in disorderly conduct during any course.

Examples: If any person pushes, strikes, physically assaults (including acquaintance rape), harasses (verbally, physically, or sexually), hazes or threatens any member of the faculty, staff, participant, or student of any GDA program or course, that amounts to disorderly conduct.

It is permissible to assist classmates in general discussions of clinical techniques. General advice and interaction are encouraged. Each person, however, must develop his or her own solutions to the assigned projects, assignments, and tasks. In other words, students may not "work together" on graded assignments. Such collaboration constitutes cheating. A student may not use or copy (by any means) another's work (or portions of it) and represent it as his/her own. If you need help on an assignment, contact your instructor—not other classmates.

The penalty for violating these guidelines on academic dishonesty is severe. Any student violating these guidelines is subject to receive a failing grade for the course and will be dismissed immediately from the Georgia Dental Association's Coronal Polishing course with no certificate being awarded. Furthermore, the student will be banned from any future Georgia Dental Association courses. If a student is unclear about whether a particular situation may constitute an instance of academic dishonesty, the student should meet with the instructor to discuss the situation. By signing this document, the dental assistant or dental assisting student agrees that he or she has read the above guidelines on academic dishonesty and agrees to abide by its terms.

Assistant Name (please print): _____

Assistant Signature

Course Location

Date

Georgia Dental Association Credit Card Authorization Form - Coronal Polishing
Once Completed: Return via fax to (404) 633-3943 or email admin@gadental.org

CARDHOLDER NAME: _____

CARDHOLDER NAME (as shown on card) _____

BILLING ADDRESS _____

City and State

Zip Code

DAY TELEPHONE # _____

SELECT CARD TYPE: AMEX VISA MASTERCARD DISCOVER

CREDIT CARD NUMBER

_____	_____	_____	_____
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EXPIRATION DATE

_____	_____	_____	_____
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MM/YY

SECURITY CODE ON BACK OF CARD

3 or 4 digit code required

AMOUNT AUTHORIZED

\$ _____

CARD HOLDERS APPROVAL _____

PRINT YOUR NAME

SIGNATURE

DATE

PAYMENT PROCESSING USE ONLY

APPROVAL CODE _____

DATE _____

PROCESSOR'S INITIALS _____

BATCH ID# _____

DEPARTMENT _____

REASON FOR PAYMENT _____