Dental Assistant Program

HEALTH RECORD REQUIREMENT CHECKLIST

Dental Assistant Program

How to Submit Documentation:

Forms, vaccination records, lab and imaging reports may be submitted to the Health and Wellness Center as follows. See next page for more information:

- **In Person** . . . . . . . Building 19, Room 177 Appointment may be required.
- **Online** . . . . . . . . . . Upload pdf files to Dropbox: https://stccnet.stcc.edu/student_services/healthservices/
- **Fax** . . . . . . . . . . . . . (413) 755-6045
- **Release Request** . . Please visit our office to complete a Health Record Release Form

Due within 10 days of acceptance:

- **Click here for form and instructions:** Criminal Offender Record Information (CORI) Acknowledgement Form. Required annually in order to register for classes.

Due Two Weeks Prior to the Start of Classes:

- **Click here to complete this online form:** Student Health History Form
- **Click here to complete this online form:** Authorization to Release Information to Fieldwork Sites Form
- **Click here to complete this online form:** Policies Acknowledgement Form: Student Background Record Check, Drug Screening for Fieldwork Placement, and Latex
- **Click here to complete this online form:** Technical Standards Acknowledgement — Dental Assistant
- **Tuberculosis Screening:** Results must be dated within 6 months prior to the course start.
  - Option A: T-SPOT or Quantiferon-TB Gold IGRA blood test. Recommended for BCG-vaccinated individuals
  - Option B: Two - One Step Tuberculin Skin Tests
    1. The first PPD is planted and read 48-72 hours later **and**
    2. A 2nd PPD is planted 7-21 days after the 1st and read in 48-72 hours (to rule out a false negative)
   Only a single plant is required annually thereafter.

  Students with a positive screening may submit the positive result, a chest x-ray report completed within 12 months of the program start date and complete a Positive Tuberculosis Screening Questionnaire form.

- **[LINK](#)** Physical Exam: Student Physical Exam Attestation — Dental Assistant Program form is the only acceptable physical exam form. This form must be completed by a clinician and the exam must be dated within 1 year of the program start and every subsequent 1.5 - 2 years.

Immunization/Immunity Records

- **COVID-19** – evidence of primary series
- **COVID-19** – booster dose (according to CDC guidelines) may be required for fieldwork participation
- **tetanus, diphtheria and pertussis** (TDaP) – evidence of vaccination within the past 10 years
- **measles, mumps, rubella** (MMR) – evidence of two vaccinations or immune titer results for each component
- **hepatitis B** – immune titer lab report (surface antiBODY, anti-HBs) **AND** evidence of three vaccinations
- **varicella** (chickenpox) – evidence of two vaccinations or immune titer results
- **meningitis** – For students age 21 and younger taking 12 credits or more, Menveo/Menactra (aka MenACWY/MCV4); or signed meningitis waiver form.
Dental Assistant Program

Due by the First Day of Class:

- **American Heart Association Basic Life Support Provider CPR Certification:** Must remain current throughout the entire program. ([Link] AHA.org Class Connector (LINK) https://cpr.heart.org/en/courses/basic-life-support-course-options)
  Submit AHA ecard [https://ecards.heart.org/student/myecards](https://ecards.heart.org/student/myecards)

- **American Heart Association Heartsaver First Aid Certification:** Must remain current throughout the entire program. Submit AHA ecard [https://ecards.heart.org/student/myecards](https://ecards.heart.org/student/myecards)

Additional Requirements:

- **Verification of Health Insurance:** Fieldwork participants must have insurance. If enrolled in under 9 credits, submit a front and back copy of your health insurance card. Otherwise, students with 9+ credits will be verified through Student Financial Services billing June 1st through August 1st.

- **Influenza** – one vaccine dose is required by October 1st if fieldwork occurs during the flu season (Oct 1-March 31). Documentation must include: Name and DOB, date administered, manufacturer and LOT number, expiration date, Vaccinator's name and title.

- **N-95 Mask Fitting:** Students participating in lab and/or fieldwork may be required to complete annual respirator training, medical evaluation and mask fit-testing. This will be scheduled/coordinated through your program chair. Dates/times will be announced in class or by other communication means through the program.

- **Background Criminal Check and Drug Screening:** If required for fieldwork, students will be provided with ordering instructions from Health Compliance 60-90 days prior to fieldwork start. Drug screening must be completed prior to the assigned deadline. For more information please refer to the [BACKGROUND CHECKING AND DRUG SCREENING POLICY FOR FIELDWORK PLACEMENT](https://www.stcc.edu/healthservices)

For more information: Health and Wellness Center [www.stcc.edu/healthservices](http://www.stcc.edu/healthservices) | Phone: (413) 755-4230 | stcc.edu/chat

- All documentation must include full name, date of birth, date administered or date of exam or date of test.
  - Lab reports must include the date of test, reference range and result.
- Visit the [Health Compliance webpage](https://www.stcc.edu/healthservices) for resources to aid in submitting documentation in good order.
- The [Health Compliance STCCNet portal page](https://www.stcc.edu/healthservices) contains many of the electronic forms listed above.

Understanding your titer results:

- Positive/Reactive means you have immunity.
- Negative/indeterminate/equivocal means you are not immune.
  1. Submit lab report to the Health and Wellness Center
  2. Obtain revaccination and submit documentation
  3. Submit [Health Requirement Deadline Extension Request](https://www.stcc.edu/healthservices) via Eform. Please provide a dated plan for revaccination (series or booster) and forecasted second titer date.

Students are encouraged to obtain and complete the immunity requirements when applying to the program. By doing so, upon acceptance, the student will be in compliance with these deadlines.

The deadlines for record submission are set forth by the Dean of the School of Health and Patient Simulation and must be submitted on time. Failure to meet the requirements set above may result in removal from the program. Extensions to deadlines are granted in only certain situations (i.e. late admission to a program, in the midst of some vaccination series). Deadline requests must be made in writing to the Director of Health Compliance using the Health Requirements Deadline Extension Request Form. All requests will be reviewed on a case by case basis but are not guaranteed. Students may be excluded from fieldwork or clinical affiliations until requirements are met.
Student Physical Exam Attestation – Dental Assistant

(This form is required for students in the Dental Assistant program, within the School of Health & Patient Simulation. Other majors and student athletes need to complete a separate form.)

Name: ___________________________ Date of Birth: ___________ STCC ID#: ___________ Exam Date: ___________

Please review the Programmatic Technical Standards (listed on the reverse side of this form), prior to performing the physical exam. These list the essential functions of practical work on campus and fieldwork off campus. It should be noted that under the Americans with Disabilities Act, “A qualified person with a disability is one who can perform the essential function of a job with or without reasonable accommodation.”

Programmatic Technical Standards – Dental Assistant (see reverse side for Programmatic Technical Standards)

Based on your examination findings and the Programmatic Technical Standards please indicate the disposition of the student:

☐ Cleared for all classroom/lab/fieldwork participation without restriction

I have examined the above-named student and reviewed the Programmatic Technical Standards. The student does not present apparent clinical contraindications to fully participate in the program as outlined on this form.

☐ Cleared for participation with the following restrictions/recommendations  Note: Any listed restrictions/recommendations will be reviewed by the College to determine whether there are accommodations that can be made to assist in meeting the technical standards. Students with a qualifying disability under the Americans with Disabilities Act are encouraged to register with the STCC Office of Disability Services (ODS) to determine their eligibility for reasonable accommodations under the law. ODS is located in Building 19, Room 141 and can be reached at (413) 755-4785:

☐ Not Cleared

Reason

DATE OF EXAM: __/__/______

Clinician:

(print) (signature) (date) (office phone)

Updated July 2021
Technical Standards: Essential Skills for the Dental Assistant Program

The STCC Dental Assistant Student must be able to meet the following safety and technical standards:

**Communication**
- Communicate in written format as well as orally with faculty, patients and fellow students.
- Establish a rapport with the faculty, patients and fellow students.
- Accurately transfer gathered data and record with correct grammar, punctuation, spelling and vocabulary.
- Observe and decipher non-verbal communication.

*Examples: obtain medical history information, document pertinent observations, orally disseminate post-treatment directions, correspond and cooperate with faculty, patients, fellow students and staff from a variety of cultural backgrounds*

**Physical Strength, Endurance and Mobility**
- Possess strength and mobility to work in a confined space for long periods of time when assisting with patient care.
- Stand and sit for long periods of time.
- Walk for a long distance.
- Change positions quickly in the operatory to perform patient care.
- Grasp items and equipment above shoulder height and below waist level to utilize equipment.
- Push/Pull/Lift up to 50lbs., including large boxes and equipment.

**Motor Skills**
- Operate and utilize equipment and instruments.
- Operate and utilize equipment and instruments.
- Utilize hand, eye and foot coordination of dental hand pieces.
- Position and move patients in a safe manner.
- Perform CPR as needed and maintain certification status.
- Engage in simulation oral health skills in a clinic setting assuming the position of the dental assistant, patient and the operator.

*Examples: controlled intraoral hand movements, transfer of patients, response to a medical emergency*

**Visual:**
- Read written instructions
- Read and understand a medical history and patient charts.
- Evaluate a safe treatment and work environment.
- Distinguish between different equipment and its usage.
- Observe a patient’s facial expressions and other nonverbal cues

*Examples: identify the working ends of various dental instruments, function of dental equipment, and materials, determine variations in tissue appearance (pallor & cyanosis), and interpret patient charts, records, and documents*

**Auditory:**
- Ability to monitor vital sign
- Correspond and cooperate with faculty, patients, fellow students and staff from a variety of cultural backgrounds.
- Follow verbal instructions.
- Recognize sounds, alarms and emergency signals.

**Olfaction:**
- Possess the ability to withstand unpleasant scents related to patient's oral hygiene and personal care.
- Possess the ability to know when one’s own body odor and personal hygiene needs addressing

**Dermatological Health**
- Not prone to psoriasis, dermatitis or other chronic skin disorders with open lesions on the hands.
- Non-allergic responses to dental materials and agents.

**Intellectual, Conceptual and Cognitive Skills:**
- Collect, analyze and recall information and knowledge to participate in a clinic setting.
- Interpret, problem solve and demonstrate critical thinking.
- Comprehend and process information to aid in treatment plan creation.
- Possess the ability to self-evaluate.
- Recognize the potential for exposure to bloodborne pathogens (HIV, HBV, HCV), ionizing radiation and other potentially infectious (OPM) and hazardous material.

**Time Management Skills:**
- Ability to meet a variety of deadlines with time critical tasks.

*Examples: Tardiness to course lecture/lab/affiliations will not be tolerated. If you are unable to attend a laboratory session for any reason, it is your responsibility to notify the course professor or clinic faculty prior to the beginning of the scheduled class session.*

**Emotional/Personal Temperament:**
- Ability to withstand physically and mentally demanding workloads and function effectively under stress and respond calmly.
- Maintain composure under demanding course load and patient care.
- Accept constructive criticism and appropriately modify behavior.

*Examples: ability to think rationally during a medical emergency, express empathy towards patients, maintain HIPAA standards*
Dear School of Health & Patient Simulation, Workforce Development, Early Childhood Education and Behavioral Science Students:

Background record checks are required for College programs involving potentially unsupervised contact with children, the disabled, or the elderly, including fieldwork (a clinical affiliation, internship, externship, or field placement) with a private or public healthcare provider or daycare provider. Such checks include data provided by the Massachusetts Department of Criminal Justice Information Services (DCJIS); the Office of Inspector General/General Services Administration (OIG/GSA); the Massachusetts Department of Children and Families (DCF); the Massachusetts Sex Offender Registry Board (SORB); the state and national fingerprint databases; as well as all relevant state and national criminal history, child welfare and sex offender registries, databases and repositories. The purpose of the background check is to ensure a safe and protective environment for all clients, particularly members of vulnerable populations.

Students choosing not to consent to the required background checks will be ineligible to participate in fieldwork involving vulnerable populations. Ineligibility to participate in fieldwork may affect a student’s ability to successfully complete the program.

Based upon the results of the background checks, a student may be deemed ineligible to participate in academic or clinical activities, which may impact a student’s ability to successfully complete program requirements. Background checks are reviewed by the College’s CORI Board. The CORI Board determines eligibility to participate in academic and/or clinical activities. Students have the right to appeal the determination of the CORI Board by filing a written appeal with the Vice President of Student Affairs within 10 business days of receiving the CORI Board’s determination.

Furthermore, please be advised that eligibility to participate in College academic and/or clinical activities following a background check does not guarantee eligibility to sit for a professional credentialing examination(s) or for employment upon program completion. It is the student’s responsibility to contact the certification or licensure board for a particular healthcare or other service profession to determine the standards that must be met for credentialing, licensing and/or employment in that field.

When access to campus is not restricted, you must submit your completed CORI Acknowledgment Form, in person, to the Health and Wellness Center, Building 19, Room 177, within ten (10) business days of receipt, and it must be on record at the College before you are eligible to register for classes. We do not accept faxed, mailed, or electronic copies when students have access to campus. An original signature is required on the forms. Please bring a valid, approved identification (ID) to be recorded by the receiving office. Approved ID includes: a state-issued driver's license, a state-issued identification card with a photograph, a passport, a military identification card, or Native American Tribal documents. ID must be present at the time of CORI submission and available for verification by an appropriate staff member. Underage students must have their parent/guardian also present, in person, a valid, approved ID.

Failure to submit a valid identification will delay the processing of CORI/SORI Request Forms.

When access to campus is restricted due to COVID-19, the CORI Acknowledgment Form may be verified by a Notary Public and submitted by postal mail (Attn: Health and Wellness Center, B19/Room 177) or electronically to the Health and Wellness Center DropBox.

Thank you for your cooperation and attention to this new procedure when campus access is restricted. For more information regarding the College’s CORI/SORI check process, please feel free to contact me at mtbaker2001@stcc.edu.

Sincerely,

Maryellen Baker, RN, CORI/SORI Review Officer
Director of Health Compliance, School of Health and Patient Simulation
Criminal Offender Record Information (CORI)
Acknowledgement Form

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

STCC is registered under the provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to STCC to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

STCC may conduct subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that STCC must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

____________________________  ________________________
Signature of CORI Subject  Date

____________________________  ________________________
Signature of CORI Subject Guardian (if applicable)  Date
### SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting. The fields marked with an asterisk (*) are required fields.

<table>
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<th>Field</th>
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<td><strong>First Name:</strong></td>
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<td><strong>Former Last Name 4:</strong></td>
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<td><strong>Date of Birth (MM/DD/YYYY):</strong></td>
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<td><strong>Place of Birth:</strong></td>
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<td><strong>Last SIX digits of Social Security Number:</strong></td>
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<td><strong>Mother’s Full Name:</strong></td>
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### Current Address

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<tr>
<td><strong>Street Address:</strong></td>
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<td><strong>Apt. # or Suite:</strong></td>
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### Authentication of Signature or Person ONE OR THE OTHER DEPENDING ON CAMPUS STATUS

**THIS OPTION WHEN CAMPUS IS CLOSED**

Authentication of Signature by Notary Public

Please note that ALL fields in this section must be completed by the Notary Public.

On this ______ day of ________, 20____, before me, the undersigned Notary Public, personally appeared ______________________________ (name of CORI requestor) and proved to me through satisfactory evidence of identification, which was ______________________________ (Ex: Driver’s license, passport, etc.), to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he)(she) signed it voluntarily for its stated purpose.

**Signature of Notary Public**

(Notary stamp or seal is also required)

**Date my Commission expires**

**NOTARY STAMP HERE**

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**THIS OPTION WHEN CAMPUS IS OPEN IN PERSON VERIFICATION**

OFFICIAL USE ONLY: To be completed by VERIFYING EMPLOYEE AT STCC

The above information was verified by reviewing the following form(s) of government-issued identification: ______________________________

PRINTED, DATED AND SIGNED NAME OF VERIFYING EMPLOYEE