

Informational Packet for Admissions Applicants

Dental Hygiene A.A.S. Degree Program



DENTAL HYGIENE Associate in Applied Science Degree Program 76 Semester Credits, HEGIS Code 5203

The intent of this rigorous curriculum is designed to prepare students for entry-level dental hygiene practice under the guidance of licensed dental hygiene faculty and the supervision of a dentist. The curriculum is based in the fundamental knowledge necessary to practice in a variety of settings with the overall goal of supporting patients in the pursuit of optimal oral health.

The Plaza College Dental Hygiene curriculum includes two years of full-time instruction at the post-secondary college level, delivered in a linear model over five (5) traditional 15-week semesters. Students must achieve a minimum score of 75 percent in all dental hygiene core courses to successfully complete curriculum requirements.

Students are prepared, in a state-of-the-art clinical setting, to perform preventive dental hygiene procedures including dental prophylaxis, dental radiographs, topical fluorides, anxiety and pain control procedures, oral health education, infection control procedures and dental office procedures. The Plaza College dental hygiene graduate will be instilled with a deep sense of community involvement and social responsibility, culminating in a capstone dental public health project prior to graduation.

The Plaza College Dental Hygiene program graduate, given successful curriculum and competency completion will be qualified to take the Dental Hygiene National Board Examination and the Commission on Dental Assessments Examination.

Admission of students into the Dental Hygiene program is based on specific written criteria, procedures and policies. The following are requirements for application:

- Complete an application for admission
- Provide documentation of a high school diploma or other official proof of graduation from an institution providing secondary education, or the equivalent of such graduation, as recognized by the State of New York
- Provide college transcripts for any courses for which the student is requesting transfer credit
- Complete financial aid forms
- Complete a criminal background check
- Take the Wonderlic SLE exam
- Take the Accuplacer entrance exam

To ensure that the College is selecting students who have the potential for successfully completing the program, the following process is followed:

- An applicant must achieve a minimum score of 18 on the Wonderlic SLE exam.
- An applicant must achieve a minimum score of 150 on the Accuplacer entrance exam, with a minimum score of 35 in math, 55 in reading comprehension, and 60 in sentence skills.
- All applicants who meet minimum scores will be required to submit a writing assignment,

- a personal statement detailing why they want to enter the dental hygiene profession. A standardized rubric will be utilized to score candidates on the writing assignment.
- All applicants that meet minimum scores will be offered an interview time with the Dental Hygiene Admissions Committee. The Committee will be composed of the Dean of Admissions, Director of Enrollment Management, the Dental Hygiene Program Director, and a Dental Hygiene faculty member. Other members may include a General Education/Liberal Arts and Sciences faculty member or a member of the administration. A standardized rubric will be utilized to score candidates on the interview.
- The applicant must submit a copy of his or her current (American Heart Association BLS
 Healthcare Provider Course) CPR card. This current CPR card must not expire prior to the
 last day of the program. CPR certification and renewal will be at the applicant's expense.

BACKGROUND CHECK AND URINE DRUG SCREENING

Students that have met minimum placement examination scores and successfully completed the admissions essay and interview must submit to a criminal background check and a urine drug screening. Acceptance into the Plaza College Dental Hygiene program is contingent on the candidate submitting to this process resulting in a negative drug screening and clear background check.

Background Check

Applicants must submit to and pass a background check prior to starting the program. Results must be in the applicant's admission file before starting the program. The applicant should note that a history of criminal convictions may prevent the student from attending or completing the clinical and experiential requirements of the program or may prevent his or her credentialing in the profession. If there are any questions regarding the results of the criminal background check, the applicant must make an appointment with the program director to discuss the consequences of the results.

Plaza College has partnered with CastleBranch, a background check and compliance management company to complete this process. Please see attached "Order Instructions for Plaza College – Allied Health – Dental Hygiene" form for detailed instructions on ordering the background check and urine screen.

Urine Toxicology Screening

Applicants must submit to and pass a drug-screening test prior to starting the program. Results must be in the applicant's admission file before starting the program. Inconclusive test results (such as dilute sample and/or an insufficient sample) will require the applicant to be retested at the applicant's expense.

The student is advised that any adverse results on either evaluation may hinder acceptance to the Plaza College Dental Hygiene program.

PROGRAM MISSION

The Dental Hygiene Program at Plaza College was created to advance the education of students in the field of dental hygiene through a rigorous combination of liberal arts and dental sciences courses. With a focus on promoting the oral and overall health status of the New York City community, students will be challenged to think critically, collaborate with peers and faculty, and commit themselves to excellence in patient care and life-long learning.

PROGRAM PURPOSE

Through the dedicated commitments of its faculty and staff, the purpose of the Dental Hygiene program leading to the A.A.S. degree, is to prepare its students to enter the field of dental hygiene as community health leaders. To do so, the program not only prepares students to meet the academic requirements of licensure, but teaches them to be compassionate and caring practitioners with a sincere sense of responsibility to the health of individual patients and communities.

PROGRAM PHILOSOPHY

In alignment with the mission of Plaza College, it is the philosophy of the Dental Hygiene A.A.S. degree program to teach the processes of critical thinking, collaboration, and lifelong learning so students are prepared to participate and compete in today's society and global economy.

With an emphasis on the theory, practice, and clinical aspects of Dental Hygiene, the College is committed to socially responsible education and patient care with highly visible and active service to the public. Through promoting their own academic and professional achievements, the Dental Hygiene program faculty are dedicated to training competent hygienists interested in supporting the health and hygiene of the community through the ever-changing demands of the profession.

The curriculum is designed to integrate the social and basic liberal arts with the dental sciences, pre-clinical coursework, and clinical patient care experiences. Program facilities are designed to educate students on the use of equipment used in today's practice and provide ample space for group, peer, and individualized instruction. Students actively participate in improving the oral health status of the surrounding communities by providing high-quality care in a cost-efficient manner through the college's on-site community-based Dental Hygiene Clinic.

Upon completion of this 76-credit academic program, students will be eligible to sit for the National Board Dental Hygiene and clinical board examinations and subsequently apply for clinical licensure.

Upon receipt of licensure, the dental hygienist will be qualified to promote and educate patients on the importance of oral healthcare and hygiene, as well as provide the highest quality of care in a variety of health care settings.

PROGRAM GOALS

In accordance with the American Dental Education Association (ADEA) 2011 Competencies for Entry into the Allied Dental Professions Five Domains, the programmatic goals for the Plaza College Dental Hygiene Program are as follows:

- **I. Core Goal (C) --** The dental hygienist will possess the ethics, values, skills and knowledge integral to all aspects of the profession.
- **II. Health Promotion and Disease Prevention Goal (HP) --** The dental hygienist will be able to emphasize both the prevention of disease and effective health care delivery.
- **III. Community Involvement Goal (CM) --** Dental hygienists will appreciate their role as health professionals providing a service at the local, state, and national levels. Through teaching, research, and service to the community, the dental hygienist will be prepared to influence others to facilitate access to care and services.
- **IV. Patient Care Goal (PC) --** Central to the maintenance of health, the dental hygienists' role in patient care is ever-changing, and dental hygiene graduates will use their skills to assess, diagnose, plan, implement and evaluate treatment for patients of diverse backgrounds and conditions.
- V. Professional Growth and Development Goal (PGD) -- The dental hygienist will be aware of a variety of opportunities for professional growth and development. Critical to ongoing growth are skills in teaching, communication, problem solving, critical thinking, and research.

PLAZA COLLEGE DENTAL HYGIENE PROGRAM SEQUENCE OF CONTENT

First Semester

LS194	Microbiology
LS195	Anatomy & Physiology I
LL61	Writing & Fundamentals of Research
DH100	Introduction to Dental Hygiene
DH101	Dental Anatomy, Histology, & Embryology

Second Semester

LS6000	Anatomy & Physiology II
LM63	Mathematical Applications
DH102	Medical Emergencies in the Dental Office
DH105	Pre Clinic & Infection Control
DH110	Radiology

Third Semester

DH215	Clinic I & Seminar
DH210	General & Oral Pathology
DH200	Dental Materials
DH212	Nutrition
LS197	Chemistry & Biochemistry

Fourth Semester

DH225	Clinic II & Periodontology
DH250	Pharmacology
DH240	Oral Health Promotion
LP184	Developmental Psychology
DH230	Law, Ethics and Jurisprudence

Fifth Semester

DH235	Clinic III & Advanced Periodontology
DH255	Dental Anesthesia & Pain Control
DH245	Community Dental Health
LL52	Interpersonal Communication for the Healthcare
	Professional
LP183	Sociology

COURSE TRANSFER POLICY

Advanced standing may be granted on the basis of transfer. For the Dental Hygiene program, transfer credits will be considered for all general education and liberal arts and science coursework. Core dental hygiene courses will need to be pursued at Plaza College.

Only courses corresponding to those listed on the student's program, and received on an official transcript by the Plaza College registrar, will be considered for credit. Only courses, which contribute to the student's graduation, as required, or elective courses within the limits of the student's program, will be accepted for transfer credit. In order to receive transfer credit, an official transcript must be sent by the student's prior institution(s) to the Office of the Registrar.

The College reserves the right to program a student for courses that are required of the student's program of study. If transfer credits for a course or courses are received after a student's program requirements have been met, the College will not count the transfer credits toward meeting program requirements. It is recommended that the student transfer all credits from other institutions prior to beginning the program of study at Plaza. It is the responsibility of the student to request a transcript for consideration of transfer credit by the College. If transfer credit is not received prior to the student's start of the program, the College is not responsible for any possible duplication and, therefore, transfer of credits for a (course or courses) will not be accepted.

Courses may be considered for transfer credit with a grade of C or better. Evaluation on courses five or more years old will be on an individual basis. Transfer credit will be awarded if appropriate to the program of study. Courses which transfer will not carry forward an actual letter grade nor will they be counted as part of the student's cumulative grade point average.

TRANSFER UPON GRADUATION

Graduates are encouraged to continue their education. Each college or university has its own admissions procedures, transfer credit requirements, and method of evaluating transfer credit. The amount of credit granted varies with each institution and is based on academic performance as well as the intended course of study.

It is the intent of the College to pursue relationships with colleges with baccalaureate completion programs to provide our A.A.S. graduates with an opportunity to complete their bachelor's degree.

SCOPE OF PRACTICE AND EMPLOYMENT OPPORTUNITIES

SCOPE OF PRACTICE

Dental Hygiene scope of practice in the United States of America is specific to the governance of the applicable state dental board. The New York State Education Department Dental Professions Education Law details the scope of practice for the dental hygienist and can be accessed at http://www.op.nysed.gov/prof/dent/article133.htm

EMPLOYMENT OPPORTUNITIES

The 2010 Health Care Employment Projections, issued by the Center for Health Workforce Studies School of Public Health, University at Albany¹ indicated that between 2008 and 2018, over half of the 30 occupations in the U.S. that are projected to grow the fastest are health occupations: Dental hygienists (36%).

The 2010 and 2014 Health Care Workforce in New York - Trends in the Supply and Demand for Health Workers² illustrated the employment projections health care growth occupations:

Employment Projections for Selected Health Occupations in New York, including New York City, 2010-2020¹⁸

	2010	2020	Change between		Average Annual
Occupations			Number	Percent	Openings
Dental Hygienists	9,660	12,260	2,600	26.9%	450

EMPLOYMENT BACKGROUND CHECKS

Potential employers may conduct a criminal and/or personal background check. Institutions that accept our students for potential employment may conduct a criminal and/or personal background check. Students with criminal records that include felonies or misdemeanors (including those that are drug-related) or personal background issues such as bankruptcy might not be accepted by employers following completion of the program. Some employers may require candidates to submit to a drug test. Employment decisions are outside the control of Plaza College.

BLOODBORNE PATHOGENS AND INFECTIOUS DISEASES

INFECTION CONTROL

Due to the nature of the clinical experiences in the dental hygiene program, students will be participating in a work environment that has the potential of exposure to bloodborne pathogens. All students accepted into the dental hygiene program are provided with written policy and instruction on infection control protocol to reduce the risk of disease transmission.

POLICY ON BLOODBORNE AND INFECTIOUS DISEASES

Due to the nature of the activities performed in the Dental Hygiene Clinic, students, faculty, staff and patients are subject to a work environment that has the potential of exposure to bloodborne

¹ The Center for Health Workforce Studies School of Public Health, University at Albany; "Health Care Employment Projections: An Analysis of Bureau of Labor Statistics Occupational Projections, 2008-2018"; March 2010

² The Center for Health Workforce Studies, School of Public Health, University at Albany; "The Health Care Workforce in New York, 2008 Trends in the Supply and Demand for Health Workers"; April 2010

pathogens. Plaza College has established policies and procedures to ensure an environment that is safe and has provided specific bloodborne pathogen training for all Plaza College students, faculty and staff.

If a dental hygiene student, faculty/ staff member or patient is exposed to body fluids in a manner that may transmit bloodborne or infectious disease, both the health care provider and the patient will be tested for the disease.

For additional information on bloodborne and infectious diseases, the Center for Disease Control has established guidelines for infection control in dental health-care settings. These guidelines can be retrieved from

http://www.ada.org/~/media/ADA/Member%20Center/FIles/guidelines_cdc_infection.ashx

Risk Management

Plaza College Dental Hygiene Clinic adopts policies which are designed to protect the health of the students, faculty, staff and patients. It has been well established that a medical history is not reliable for the detection of infectious diseases. To maintain maximum levels of protection, the following guidelines emphasize adherence to universal precautions that require that blood, saliva from dental procedures and other specified body fluids of ALL patients be handled as if they contained blood-borne pathogens. The clinic expects that appropriate professional judgment shall be used by the faculty in all matters related to infection control procedures in preclinical and clinical settings.

The following policy was designed based on the following references from the Centers for Disease Control and Prevention (CDC) and OSHA guidelines for infection control practices and risk management.

"Occupational Exposure to Bloodborne Pathogens Rule", Federal Register, December 6, 1991

Kohn, WG, Harte JA, Malvitz, DM, et al: Guidelines for infection control in health-care settings, 2003, J Am Dent Assoc 135:33, 2004

Cleveland, JL, Cardo, DM: Occupational exposures to human immunodeficiency virus, hepatitis B virus, and hepatitis C virus: risk prevention and management, Dent Clin North am 37;681, 2004

Seigel JD, Rhinehart E, Jackson M, el al: 2007 Guidelines for isolation precautions: preventing transmission of infectious agents in health care settings, June, 2007. Available at: www.cdc.gov/ncidod/dhqp/pdf/isolation2007.pdf

Centers of Disease Control and Prevention: *Exposure to blood: what healthcare personnel need to know*, Washington DC, U.S. Department of Health and Human Services, July 2003

Centers of Disease Control and Prevention: <u>Updated U.S. Public Health Service Guidelines for the management of occupational exposures to HBV, HCV, and HIV and recommendations for the management of occupations.</u>

postexposure prophylaxis. Available at www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm#box2.

Patient Management

- All patients shall be managed in a manner, which preserves their dignity and provides for confidentiality.
- By law, patients may not be denied treatment for reasons of infectivity. Furthermore, it is
 illegal to conduct screening serologic tests for HIV status indiscriminately nor can patients
 be screened for HIV antibody solely predicated upon high risk status (i.e. homosexuals,
 bisexuals, injection drug users, transfusion/blood product recipients, sexual partners of the
 former groups). It is unlawful to require any person to submit to an HIV-related test as a
 condition of treatment.
- Patients with urgent dental care needs diagnosed with active infectious/contagious diseases, such as but not limited to; chicken pox or measles, should be managed by appropriate (immune) faculty. Non-emergency patients with transitory infection should be rescheduled subsequent to resolution of symptoms. Patients infected with HIV, or chronic carriers of Hepatitis B or Hepatitis C, may be treated in the clinic after appropriate medical consultation. Patients with advanced HIV disease, acute hepatitis or other medically compromised conditions requiring additional expertise are to be referred to medical specialists, pending complexity of medical and dental needs. Patients with confirmed signs and symptoms of active tuberculosis, shall be managed according to the Clinic TB Infection Control Protocol. Elective care shall be deferred pending medical evaluation and treatment. All dental records will be maintained in such a manner as to preserve patient confidentiality.
- Patients with known infectious disease will be accepted for treatment in the clinic under the same guidelines as non-infectious patients, except for any limitations, which may be listed above. Following the consultation appointment, every effort will be made to provide routine care. The provision of routine dental care for all patients is, however, dependent on space and faculty or student time limitations.

Hepatitis B Immunization Requirements

Student:

• Clinic policy requires all students to have the hepatitis B immunization or show proof of protection (HBsAb titer) prior to entering any clinic phase of their program. Completion of this immunization is a student responsibility.

Clinic Faculty and Staff:

• The College strongly encourages all clinic faculty and staff to be immunized against Hepatitis B. Within 10 working days after clinic assignment, they are required to either have the hepatitis B immunization, show proof of antibody protection (HBsAb titer) or have initiated the series, or sign a letter of declination. Special exemptions will require a letter from the employee's physician.

PERSONAL PROTECTIVE EQUIPMENT

Clinic Attire for Faculty, Students and Staff

The purpose of the personal protective equipment listed below is to protect skin, eyes, nose, and mouth from any possible splashes, spray, splatter, or droplets of blood or saliva produced during patient contact or treatment. Protective equipment and barriers must be appropriate for the procedure.

Disposable Protective Cover Gowns:

- Before beginning any procedure, which may produce aerosols, or involve any patient contact which could result in exposure to patient blood or saliva, you shall change from general College attire to clinic attire as described below.
- Obtain a disposable protective cover gown. This gown will cover from the neck to below the knees, provide full arm coverage, and provide tight closure at the neck and wrists.
- Remove your lab coat or jacket and don the disposable protective gown. This gown will be worn for the entire clinic procedure for this clinic period unless fluid leakage through the gown occurs, at which time the gown shall be changed. Cover gowns may be changed at any time when in the opinion of the person wearing the gown, or the faculty, that change is necessary. Neckties or high neck sweaters/shirts may need to be removed so that they are not exposed to contaminants and to allow for a tight closure of the cover gown at the neck.
- Disposable protective gowns must be removed and properly disposed of prior to leaving the clinic. The gowns must not be worn in hallways or other public areas. When leaving the clinic, if the cover gown is visibly soiled, place the disposable protective cover gown in a red bag for disposal, otherwise dispose of properly. Similarly, the standard issue lab coat, if worn in clinic may not be worn outside clinic to collect patients or otherwise retrieve materials from the student locker.

Gloves:

- A clean pair of disposable vinyl gloves shall be worn for each patient contact or procedure, which could result in exposure to patient blood or saliva. Gloves will be pulled over the wrist so as to cover the cuffs of the disposable protective cover gown.
- Hands shall be washed with soap and water prior to donning gloves and immediately after removing gloves.
- Gloves shall be changed if torn or contaminated.
- Gloves are to be removed when leaving the clinic, or when leaving the dental cubicle to use equipment (telephone, laboratory equipment, etc.). New gloves are donned when returning to patient care.

Eyewear:

- Students, faculty, staff and patients for any patient contact or procedure, which could result in exposure to patient blood or saliva, shall wear protective eyewear.
- Eyewear in the form of glasses or goggles must have solid side shields.
- Prescription eyeglasses are acceptable only if they include solid side shields.
- Chin length face shields may be substituted for glasses or goggles as long as they provide adequate protection.

• Eyewear shall be disinfected between patients following designated guidelines.

Masks:

- Disposable masks must be used with the above eyewear even if chin length face shields are used.
- Masks must be changed if they become torn, saturated with operator saliva, or otherwise contaminated.
- Masks are not to be worn outside of the clinic. They are to be disposed of in an appropriate red bag.

Nametags. Students, faculty, and staff are required to wear their school issued nametags at all times.

APPEARANCE AND DENTAL HYGIENE DRESS CODE

General guidelines are based on accepted principles of safety and appropriateness Clinic faculty reserve the right to confer with students about their appearance, attire, and personal oral hygiene. Violations in dress code are subject to clinical evaluation grading and may result in student dismissal until compliance is demonstrated.

- 1. Plaza College picture ID's must be worn in classroom and clinic settings at all times. In addition, dosimeters must be worn in the radiology lab and clinic. Nametags and dosimeters should be surface disinfected at the end of the clinic session.
- 2. Designated clinic attire (scrubs, lab coats etc.) must be worn during clinic activities. Scrubs and lab coats should be clean, well pressed, and wrinkle free. They should fit comfortably and not be tight or form-fitting. *No skin at the waistline should be exposed* at any time while in clinic. Scrubs must not have holes, bleach marks, stains, tears, or drag on the floor. Students are encouraged to keep an extra set of clean clinic attire in case a change of clothes is necessary. If a student is not appropriately attired, the student will be asked to leave the clinic/lab until correct attire is worn. Attendance grades will be adjusted accordingly for missed time.
- 3. Contaminated clinic attire (mask, gloves, safety glasses, laboratory coats, etc.) must not be worn outside the clinical area, including when the student retrieves their patient from the reception area. Contaminated clothing that needs laundering should be transported out of the clinic area in a plastic bag.
- 4. Socks must be worn in the clinic and must be neat and cover any exposed skin on the legs. (No bare leg should be observed when operator sits in the chair). Socks must be white and mid-calf or knee length. No ankle socks will be permitted.
- 5. Soiled clinic clothes should be removed from the college in a closed plastic bag and laundered separately from other clothing. Clinic attire should be laundered using bleach to help disinfect the garments.

- 6. Shoes must be all white and must be clean, closed-toe, low-heeled, quiet, and comfortable and offer good support.
 - a. Non-marking soles are required.
 - b. Shoelaces must be clean and tied securely.
 - c. All-white nursing or athletic shoes must be worn.
 - d. Students must have a single pair of shoes designated for clinical use. These shoes should be stored in a bag or in the student locker and carried to and from the clinic area.
- 7. Strong perfume/body lotions, aftershave, cologne, cigarette smoke odor, and hair spray may trigger asthma and allergies in some patients, or may be unpleasant to others in close proximity, and are not allowed in clinic.
- 8. No chewing gum, eating, or drinking is allowed while in clinic attire (lab coats) or in the clinical or dental lab setting.
- 9. Students will avoid entering the clinic areas smelling of cigarette smoke. <u>Students are not</u> permitted to smoke while in clinic attire.
- 10. All visible tattoos must be covered in clinical settings.
- 11. Hair must be clean, neat, and styled daily. For clinical lab classes, long hair must be pulled off the collar and not fall into the field of operation nor interfere with the student's or faculty observer's field of vision. If hair retainers are necessary, they should be clean, secure, and conservative.
 - a. All hair should be pulled or pinned back in a neat fashion, including any bangs that naturally extend below the eyebrows.
 - b. Unscented hairspray is recommended.
 - c. Students are not allowed to dye their hair unnatural colors such as blue, pink, purple, green, etc.
- 12. For any and all wardrobe necessities, student must meet with the Program Director for and Clinic Coordinator to discuss proper personal protective equipment for student and patient safety.
- 13. Fingernails must be well manicured and in a shortened length which will not interfere with instrumentation, penetration of gloves, or injure the client's tissues. Nail tips should not be seen over the tips of fingers. No artificial, acrylic tips or gel overlays allowed. Fingernail polish will not be worn.
- 14. Only complementary conservative makeup should be worn and should be carefully applied *prior* to entering the clinic setting. False eyelashes or hairpieces are not permitted.
- 15. Moustaches and beards are discouraged. If required, facial hair must be clean at all times and trimmed to an appropriate length so as to not interfere with proper personal protective

- equipment (PPE) placement and/or pose any infection control concerns. Please see Clinic Coordinator for instructions on proper PPE for facial hair.
- 16. Hands should be clean at all times and free from nicks, scratches, or other open abraded, or weeping lesions. Cuticles should be healthy and well-manicured. Students are encouraged to consult with the faculty if unhealthy conditions are present.
- 17. Jewelry should be kept to a minimum:
 - a. No facial or oral jewelry is to be worn in the clinic (nose, lip, eyebrow, tongue, chin, etc.)
 - b. Only one pair of post earrings worn on the earlobe is allowed. Dangling, off-the-lobe earrings, earrings in cartilage, or ear-gauges should not be worn.
 - c. No other jewelry is permitted when a student is in clinic attire; this includes rings, necklaces, bracelets, and ankle bracelets.
 - d. A watch constructed of plastic or synthetic non-porous material may be worn.

CPR REQUIREMENT

Basic Life Support (BLS) for Healthcare Providers certification by the American Heart Association must remain current while the student is enrolled in the Plaza College Dental Hygiene program. The College must maintain a current signed copy of the student's CPR card within the student file. Students are required to have their CPR card on them at all times during class, laboratory, and clinical activities. If the CPR card expires during the program, the student may not participate in any clinical activities and may be dropped from the program. Missed clinical experiences will be considered an unexcused absence.

MEDICAL INSURANCE WAIVER

Students will be working in a clinical environment and may be exposed to infectious and communicable diseases. Students will also be handling sharp instruments and be exposed to biohazardous materials. Students are strongly encouraged to carry their own Health Insurance coverage in the event of needing medical care during their clinical practice. Students must sign a Medical Insurance waiver, stating that in the event of becoming ill or contracting an infectious disease including, but not limited to Tuberculosis, Hepatitis B, and HIV (AIDS), the student is responsible for all medical costs associated with treatment and recovery from the condition. Please see waiver attached.

Medical Insurance Waiver

As a student performing in the Plaz	a College Dental Hygiene program and Community Denta				
Clinic, I, understand that I may become exposed to environmenta					
hazards and infectious diseases inclu	ding, but not limited to, Tuberculosis, Hepatitis B, and HIV				
(AIDS).					
	olled in any Plaza College program that involves				
	ences are recommended to have their own personal health				
insurance. While the College does n	ot require health insurance as a requirement for entrance,				
understand that if this situation arises	, I will be responsible to submit documentation of my health				
insurance coverage in order to contin	ue in my clinical practice.				
well as the inherent risks involved in	by for the policies, competencies, and course requirements, as the educational process for the Plaza College Dental Hygiene				
program.					
Student's Signature	Date				
Print Name					
Witness Signature	Date				
Print Name					

Original signature copy will be retained in the student's program file.

Acknowledgement of Receipt and Understanding

By signing below, I acknowledge receipt of a copy of the current *Informational Packet for Admissions Applicants* for the Plaza College Dental Hygiene A.A.S. degree program.

This packet describes the admissions procedures including background check and urine drug screening; program mission, purpose, philosophy, and goals; program sequence of content; course transfer policy; scope of practice and employment opportunities; information on bloodborne pathogens and infectious diseases; appearance and dress code; CPR requirement; and medical insurance.

By signing below, I also acknowledge that I understand and accept all of the information provide in the document.				
Student Signature	_			
Print Name	_			

Original signature copy will be retained in the student's program file.

Date



DENTAL HYGIENE DEPARTMENT CERTIFICATE OF MEDICAL EXAMINATION

Please have your healthcare provider complete and sign this form. Dates should be written using the MM/DD/YYYY format, and <u>required* items must be current data</u>. Incomplete forms will not be accepted. Keep a copy of this form for your records.

Last Name		First Name		Middle Initial
Age		Sex		
PHYSICAL EXA	AMINATION			
Vital Signs	Temp	Pulse	BP	
	Ht	Wt	-	
Vision	OS	OD		
Routine Chest X	-Ray			
EENT		Heart and Lungs		UA
Abdomen		Genito-Urinary		CBC
Skin		Neuromuscular		VDRL
ADDITIONAL 1	POSITIVE FINDI	NGS:		
CURRENT MEI		ESCRIPTION AND NON-P	RESCRIPTION	():
TII				
Illnesses:				
A				
Injuries:		e findings only):		



DENTAL HYGIENE DEPARTMENT CERTIFICATE OF MEDICAL EXAMINATION

IMMUNIZATIONS

D.E.	Data Adustriation de	1	,	
Polio	Date Administered:	/	/	
DPT	Date Administered:	/	/	_
Tetanus*	Date Administered:	/	/	(Required in last 10 years)
MMR*	Please complete attac	hed form as indicat	ed	
Hepatitis B**	Please complete attac	hed form as indicat	ed	
TB Test*	Date Administered:	/	/	(Required in current year)
	Results:		 	
Is there any reason vextracurricular activities		ld not participate ac YES NO	-	ental Hygiene Program and its related
RECOMMENDATIO	NS:			
	with Healthcare Provide	er Signature <u>AND</u> O <u>f</u> Provider Phone Nu		
Provider Signature AN	Official Stamp	Provider Phone Nu	imber	Date of Completion



Dear Parent:

This letter is to inform you about meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis. New York State Public Health Law (NYS PHL) §2167 requires institutions, including colleges and universities, to distribute information about meningococcal disease and vaccine to all students meeting the enrollment criteria, whether they live on or off campus.

Plaza College is required to maintain a record of the following for each student:

• A response to receipt of meningococcal disease and vaccine information signed by the student or student's parent or guardian

AND EITHER

- A record of meningococcal immunization within the past 5 years; OR
- An acknowledgement of meningococcal disease risks and refusal of meningococcal immunization signed by the student or student's parent or guardian.

Meningococcal disease is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. Meningococcal disease can cause serious illnesses such as infection of the lining of the brain and spinal column (meningitis) or blood infections (sepsis). The disease strikes quickly and can lead to severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even lead to death.

Meningococcal disease can be easily spread from person-to-person by coughing, sharing beverages or eating utensils, kissing, or spending time in close contact with someone who is sick or who carries the bacteria. People can spread the bacteria that causes meningococcal disease even before they know they are sick. There have been several outbreaks of meningococcal disease at college campuses across the United States.

The single best way to prevent meningococcal disease is to be vaccinated. The meningococcal ACWY (MenACWY) vaccine protects against four major strains of bacteria which cause about two-thirds of meningococcal disease in the United States (U.S.). The MenACWY vaccine is recommended for all U.S. teenagers and young adults up to age 21 years. Protection from the MenACWY vaccine is estimated to last about 3 to 5 years, so young adults who received the MenACWY vaccine before their 16th birthday should get a booster dose before entering college. The meningococcal B (MenB) vaccine protects against a fifth type of meningococcal disease, which accounts for about one-third of cases in the U.S. Young adults aged 16 through 23 years may choose to receive the MenB vaccine series. They should discuss the MenB vaccine with a healthcare provider.

All private insurance plans not grandfathered under the Affordable Care Act are required to cover the cost of MenACWY and MenB vaccines. Contact your health insurance plan to determine whether it covers MenACWY and MenB vaccines. The federal Vaccines for Children (VFC) and NYS Vaccines for Adults (VFA) programs will cover both MenACWY and MenB vaccines for children and adults who have no health insurance or whose health insurance does not cover these vaccines, as well as for children less than 19 years of age who are American Indian or Alaska Native or eligible for Medicaid or Child Health Plus.

The meningococcal vaccine can be provided by your regular healthcare provider or at a local clinic found by entering your address at http://www1.nyc.gov/apps/311utils/providerInformation.htm?serviceId=2015.

Please carefully review the attached Meningococcal Disease Fact Sheet. It is also available on the New York State Department of Health website at www.health.ny.gov/publications/2168.pdf. Please complete the Meningococcal Vaccination Response Form and return it to:

Plaza College ATTN: Admissions Department 118-33 Queens Boulevard Forest Hills, NY 11375

To learn more about meningococcal disease and the vaccine, please feel free to contact us and/or consult your child's physician. You can also find information about the disease at https://www.health.ny.gov/diseases/communicable/meningococcal/ and on the Centers for Disease Control and Prevention website at www.cdc.gov/meningococcal/.

Sincerely,

Plaza College



Meningococcal Disease

What is meningococcal disease?

Meningococcal disease is caused by bacteria called Neisseria meningitidis. It can lead to serious blood infections. When the linings of the brain and spinal cord become inflamed, it is called meningitis. The disease strikes quickly and can have serious complications, including death.

Anyone can get meningococcal disease. Some people are at higher risk. This disease occurs more often in people who are:

- · Teenagers or young adults
- Infants younger than one year of age
- · Living in crowded settings, such as college dormitories or military barracks
- Traveling to areas outside of the United States, such as the "meningitis belt" in Africa
- · Living with a damaged spleen or no spleen
- · Being treated with Soliris® or, who have complement component deficiency (an inherited immune disorder)
- · Exposed during an outbreak
- · Working with meningococcal bacteria in a laboratory

What are the symptoms?

Symptoms appear suddenly – usually 3 to 4 days after a person is infected. It can take up to 10 days to develop symptoms. Symptoms may include:

- · A sudden high fever
- Headache
- Stiff neck (meningitis)
- · Nausea and vomiting
- · Red-purple skin rash
- · Weakness and feeling very ill
- · Eyes sensitive to light

How is meningococcal disease spread?

It spreads from person-to-person by coughing or coming into close or lengthy contact with someone who is sick or who carries the bacteria. Contact includes kissing, sharing drinks, or living together. Up to one in 10 people carry meningococcal bacteria in their nose or throat without getting sick.

Is there treatment?

Early diagnosis of meningococcal disease is very important. If it is caught early, meningococcal disease can be treated with antibiotics. But, sometimes the infection has caused too much damage for antibiotics to prevent death or serious long-term problems. Most people need to be cared for in a hospital due to serious, life-threatening infections.

What are the complications?

Ten to 15 percent of those who get meningococcal disease die. Among survivors, as many as one in five will have permanent disabilities. Complications include:

- · Hearing loss
- · Brain damage
- Kidney damage
- · Limb amputations

What should I do if I or someone I love is exposed?

If you are in close contact with a person with meningococcal disease, talk with your health care provider about the risk to you and your family. They can prescribe an antibiotic to prevent the disease.

What is the best way to prevent meningococcal disease?

The single best way to prevent this disease is to be vaccinated. Vaccines are available for people 6 weeks of age and older.

- Various vaccines offer protection against the five major strains of bacteria that cause meningococcal disease:
- All teenagers should receive two doses of vaccine against strains A, C, W and Y. The first dose is given at 11 to 12 years of age, and the second dose (booster) at age 16.
 - It is very important that teens receive the booster dose at age 16 in order to protect them through the years when they are at greatest risk of meningococcal disease.
 - Talk to your health care provider today if your teen has not received two doses of vaccine against meningococcal strains A, C, W and Y.
- Teens and young adults can also be vaccinated against the "B" strain. Talk to your health care provider about whether they recommend vaccine against the "B" strain.

Others who should receive the vaccine include:

- Infants, children and adults with certain medical conditions
- · People exposed during an outbreak
- · Travelers to the "meningitis belt" of sub-Saharan Africa
- · Military recruits

Please speak with your health care provider if you may be at increased risk.

What are the meningococcal vaccine requirements for school attendance?

As of September 1, 2016, children entering grades 7 and 12 must be immunized against meningococcal disease strains A, C, W and Y according to the recommendations listed above.

Is there an increased risk for meningococcal disease if I travel?

- Meningococcal disease and outbreaks occur in the United States and around the world. The disease is more common in the "meningitis belt" of sub-Saharan Africa. The risk is highest in people who visit these countries and who have prolonged contact with local populations during an epidemic.
- To reduce your risk of illness, wash your hands often, maintain healthy habits such as getting plenty of rest and try not to come into contact with people who are sick.

Travel and meningococcal disease:

wwwnc.cdc.gov/travel/diseases/meningococcal-disease

Learn more about meningococcal disease:

www.cdc.gov/meningococcal/

For more information about vaccine-preventable diseases: www.health.ny.gov/prevention/immunization/

Bureau of Immunization



Student Email Address

MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

Student Phone Number

New York State Public Health Law requires that all college and university students enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter, complete and return the following form to Plaza College.

Check ONE box and sign below:	
I have (for students under the age of 18, "My child has"):	
had meningococcal immunization within the past 5 years. The vaccin	ne record is attached.
[Note: The Advisory Committee on Immunization Practices recommends that all first-year should have at least 1 dose of Meningococcal ACWY vaccine not more than 5 years before e 16th birthday, and that young adults aged 16 through 23 years may choose to receive the Men and university students should discuss the Meningococcal B vaccine with a healthcare provided to the committee of the provided that the provided the provided that the provided	enrollment, preferably on or after their ningococcal B vaccine series. College
read, or have had explained to me, the information regarding mening will obtain immunization against meningococcal disease within 30 days from or Plaza College.	• •
read, or have had explained to me, the information regarding mening the risks of not receiving the vaccine. I have decided that I (my child) will n meningococcal disease.	
Signed (Parent/Guardian if student is a minor)	Date
Print Student's Name	Date of Birth (MM/DD/YYYY)
Mailing Address City, State	Zip Code



MMR VACCINATION RECORD

New York State Public Health Law 2165 now requires post-secondary students to show protection against measles, mumps, and rubella. Persons born prior to January 1, 1957 are exempt from this requirement.

Print Student's Name	DOB (MM	[/DD/YYYY)	Social Security Number	
Did you attend an accredited High Sch	ool in the U.S.?	Yes	No	
If YES, indicate name and address of s	school:			
Please have your healthcare provide MM/DD/YYYY format. Incomplete form				
Measles #1/_	/	_ After 1967	7 AND on or after	12 months of age
Measles #2/_	/	_ After 1967	7 <u>AND</u> on or after	12 months of age
OR you must attach lab repo	ort showing positive	immunity		
OR History of disease		([Date and Age)	
		(S	Signature of Physic	cian)
Rubella #1/_	/	On or afte	er 12 months of ag	e
Rubella #2 (if given)/_	/	On or afte	er 12 months of ago	e
OR you must attach lab repo	ort showing positive	immunity		
OR History of disease		(D	Date and Age)	
		(S	Signature of Physic	cian)
Mumps #1/_	/	On or afte	er 12 months of ag	e
Mumps #2 (if given)/_	/	On or after	er 12 months of ago	e
OR you must attach lab repo	ort showing positive	immunity		
OR History of disease		([Date and Age)	
		(S	Signature of Physic	cian)
This form is valid only with Healthcan	a Provider Signature	AND Official St	tamp halow	
This form is valid only with Healthcare	e Froviaer Signature .	<u>AND</u> OJJICIAI SI	итр веюж.	



HEPATITIS B VACCINATION DECLARATION FORM

I understand that as a student in a health professions program, I have an increased risk of contracting Hepatitis B and that it can be prevented by receiving the Hepatitis B vaccine.

Additionally, I understand that by not pursuing immunization for Hepatitis B, I may be affecting my opportunities in laboratory exercises and clinical patient experiences.

Check <u>ONE</u> box and sign below:				
a copy of my verification when I	on through my private doctor or by a heat have completed the three inoculations. Togram start in order to complete the ino	The first in the series of three shots		
I am already immunized.				
Inoculation #1	Date Administered:/	/		
Inoculation #2	Date Administered:/	/		
Inoculation #3	Date Administered:/	/		
This form is valid only with Healthco	are Provider Signature <u>AND</u> Official Stamp	below.		
Provider Signature AND Official St	amp Provider Phone Number	Date of Completion		
<u>-</u>	ue immunization for Hepatitis B even the Therefore, by signing this waiver I a Hepatitis B.	_		
Signed (Parent/Guardian if student is	a minor)	Date		
Print Student's Name	DOB (MM/DD/YYYY)	Social Security Number		



CONSENT FOR DRUG TESTING AND BACKGROUND CHECK

As a condition of your admission/enrollment in the Plaza College Dental Hygiene Program you will be required to submit to both a urine test for toxicology and a background check.

I, have bee	en fully informed of the reason for a toxicology urine test
and background check. I understand what I am being consent. In addition, I understand that the results of	tested for, the procedure involved, and I freely give my this test will be forwarded to the Plaza College Dental
Hygiene Admissions Committee and these documents v	vill become a part of my official student record.
If the toxicology test is positive, I will be given the opposition on my background check and ex	ortunity to explain the results of the test. I am also able to plain the results of any adverse findings.
I understand that the results of these screenings may him Program.	nder my acceptance to the Plaza College Dental Hygiene
Please provide current medications (prescription and no	on-prescription):
Signature of Patient	Date
Print Name	Social Security Number
Witness	Date



STUDENT NAME:						
LAST 4 DIGITS O	F SOCIAL SEC	JRITY NUMBE	R:			
All scrub wear is a size. These scr a full cut in the drawstring wais	rubs are unisex chest, waist, t	and are esp high, and ler nal sizes are	pecially room ngth. The shir	ny because t ts are "pull-c	hey mirror me	n's sizing, with
Size	XXS	XS	S	M	L	XL
Street Size	00/0	2/4	6/8	10/12	14/16	18/20
Bust	31-32	33-34	35-36	37-39	40-43	44-47
Hips	33-34	35-36	37-38	39-41	42-45	46-49
Waist	23-24	25-26	27-28	29-31	32-35	36-39
SCRUB SIZE:	XXS	XS	S	М	L	XL
Regular pant inse						
LAB COAT SIZE:	XXS	XS	S	М	L	XL
Name as you'd I	ike it to appear	on lab coat o	and instrumer	nt set:		
Your signature I above and ack All sizes are not final and may r	knowledge the guaranteed t	at exchange o be availab	s will only be	authorized	on an "as-avo	ailable" basis.
Student Signature			Date			