



CORONAL TOOTH POLISHING

Date of Class: _____

9:00 am – 5:00 pm (7 Hours)

Lecture Session: Dental Assistant Academy at Carolinas Family Dental Care-6800 Democracy Drive, Charlotte

This course is designed to instruct the dental assistant II to polish the coronal surfaces of teeth as provided by the Dental Laws of North Carolina. The didactic session will include the following:

- *Coronal Polishing State Board Criteria*
 - *Abrasive Agents*
 - *Abrasive Action*
- *Indications for Coronal Polishing*
 - *Prophylaxis Pastes*
- *Effects of/Indications for Polishing*
 - *Grasp and Fulcrum Techniques*
- *Interproximal Surface Polishing (dental floss)*
 - *Contraindications of Polishing*
 - *Sterilization of Equipment*
 - *Special Patient Needs*
 - *Assessing Polishing Success*

Clinical Session:

This session is designed to instruct the Dental Assistant II to accurately polish coronal surfaces of teeth. The students will participate in a clinical environment which will include the use of teeth models. In addition, course participants will be both recipients and providers of direct treatment procedures in laboratory portions of the course. The following instruction will be given:

- *Proper Operator and Patient Positioning*
 - *Proper Polishing Technique*
- *Development of Initial Skills to Perform Selective Polishing*

Office Trained DAll's must verify 3,000 hours of dental office employment. All supplies will be provided. **PARTICIPANT MUST BRING TO CLASS: a sterilized hygiene hand-piece OR a nose cone slow speed hand-piece, as well as protective eyewear and a scrub jacket.**

REGISTRATION INFORMATION

Program Fee \$225

FAX REGISTRATION TO: 888-494-8114

** Please use one form per registrant (make copies)

Name _____
First Middle Initial Last

Employer Name Employer Address

Preferred Mailing Address (if different from Employer's) Employer Contact/Manager

Office # _____ Office FAX _____ Student's # _____

E-mail _____

PAYMENT INFO MUST BE INCLUDED FOR A VALID REGISTRATION

Amount to be charged- **\$225**

Please circle one option: Personal Check/Money Order DISCOVER MASTERCARD VISA AMEX

Card # _____ Expires ____/____ 3 digit security code _____

Billing Address: _____ Zip _____

Signature of card holder _____ Printed name _____



Dental Assistant Academy
Corporate Office
1904 S. Main St. Suite 116 Wake Forest, NC 27587
PHONE: 877-432-3554 FAX : 888-494-8114

Verification of Dental Assistant II Status

The North Carolina State Board of Dental Examiners has ruled that coronal polishing is a legal function for trained Dental Assistant IIs. To be accepted in The Dental Assistant Academy’s Coronal Polishing course, the participant must submit documentation of status as a Dental Assistant II.

Please indicate which training you completed to be classified as a Dental Assistant II. Verify successful completion by attaching documentation or having your employer sign below.

Approved Education and Training Programs

To be classified as a Dental Assistant II, an assistant must meet one of the following criteria:
Successful completion of:

- 1. An ADA-accredited dental assisting program and current certification in CPR; **or**
- 2. One academic year or longer in an ADA-accredited dental hygiene program, and current certification in CPR; **or**

Successful completion of:

- 1. Full-time employment and experience as a chair side assistant for two years (3,000 hours) of the preceding five, during which period the assistant may be trained in any dental delivery setting and allowed to perform the functions of a Dental Assistant II under the direct control and supervision of a licensed dentist;
- 2. A 3-hour course in sterilization and infection control;
- 3. A 3-hour course in dental office emergencies;
- 4. Radiology training consistent with G.S 90-29(c)(12) bi-laws of the North Carolina State Board of Dental Examiners; **and**
- 5. Current certification in CPR; **or**

Successful completion of the certification examination administered by the Dental Assisting National Board (DANB), and a current certification in CPR. (We can provide a CPR certification if needed)

I have attached documentation supporting the above classification as a Dental Assistant II.

Participant signature _____
Date

Participant’s printed name

AND/OR

I verify that my employee has completed the above requirements and is classified as a Dental Assistant II.

Employer signature _____
Date

Employer’s printed name _____
Employer Phone Number