



## **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.**

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. Students enrolled in dental assisting programs registered by the New York State Education Department as meeting the educational requirement for licensure are exempt from the requirement of licensure while performing the duties of a New York State licensed certified dental assistant as part of their course of study.

The practice of registered dental assisting shall be that practice defined in section 6608 of the Education Law. In accordance with section 6608 of the Education Law, the practice of registered dental assisting must be supportive services to a licensed dentist in the dentist's performance of dental services and must be performed under the direct personal supervision of a licensed dentist. <http://www.op.nysed.gov/prof/dent/part61.htm>

Scope of Practice of registered dental assisting supportive services to a licensed dentist while under the direct personal supervision of the licensed dentist may be found at §61.13 Practice of registered dental assisting. <http://www.op.nysed.gov/prof/dent/part61.htm>

Common question: In addition to New York State licensed registered dental assistants, may any other dental personnel perform the supportive services within the scope of practice of a licensed registered dental assistant? Yes. A student in a dental assisting program registered by the New York State Education Department as meeting the educational requirement for licensure may also perform these supportive services as part of that course of study. Additionally, a dental assistant who has been issued a limited permit to practice and individuals licensed or otherwise authorized to practice dentistry or dental hygiene in New York State may perform these supportive services. No other dental personnel may do so unless otherwise authorized. <http://www.op.nysed.gov/prof/dent/dentasst.htm>

**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 York 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 combination 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. **Students who fail the online part of ADAP, are no longer considered enrolled in the course. These students will be required to re-take the complete course. It is the student's responsibility to immediately inform the preceptor(s) of this failure. These students cannot perform duties per the New York State Office of Profession laws rules and regulations.**

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). The dentist office must have the following to meet ADAP Requirements

CLINICAL	RADIOGRAPHY	LABORATORY	INFECTION CONTROL
Sterilization equipment is available.	Radiology machines are inspected according to state mandates.	Facility provides for instruction in the manipulation of dental materials and performances of laboratory Procedures associated with chairside assisting.	Written clinical and laboratory protocols are established and enforced to ensure adequate.
Treatment area is equipment for 4 handed dentistry.	The practice has documented its compliance with state and federal standards for radiation hygiene.	Safety devices and equipment are installed and functional, ex. Eyewash station.	Personal Protective Equipment (PPE) is provided.
Instruments are provided to accommodate students' needs in learning to identify and exchange instruments.	ALARA concept is practiced.		Examination Gloves are used for intraoral treatment.
Adequate space is available for: preparing, sterilizing and storing instruments, preparing procedural trays, storing clinical materials and supplies, appropriate waste disposal.	Lead aprons and thyroid collars are available and utilized to protect patients.		Utility Gloves are used for cleaning/disinfecting and use to prevent cross contamination.
Materials are available for instruction in the management for dental office emergencies.	All radiographic examinations are prescribed by the dentist.		Face Mask are worn whenever there is a risk of spraying or splashing of body fluids or chemicals.
			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.
			Protective Barriers are used. An EPA hospital level cleaner/disinfectant is used on surfaces after contamination.
Comments:	Comments:	Comments:	Comments:

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. 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.

I hereby attest that the student candidate named below has **completed the minimum required 3,500 hours**. (Check one) No refund will be given if a student registers for the course and does not have the minimum required hours.

- 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
- Dental Assistant Student (Employee)** Please Print

Student (Employee) Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Student (Employee) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I hereby attest that the employee/student candidate named below has **completed the minimum required 3,500 hours**. (Check one) No refund will be given if a student registers for the course and does not have the minimum required hours.

- 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
- Primary Preceptor/Dentist (Employer)** Please Print

Preceptor/Dentist (Employer) Full Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Email (required): \_\_\_\_\_

Office Phone: \_\_\_\_\_ Dentist New York State License \_\_\_\_\_

**Dentist (Preceptor) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This office is a **(MUST circle one)** General Practitioner, Oral Maxillofacial Surgeon, Endodontic, Orthodontics, Pediatric, Periodontics, or other \_\_\_\_\_. If other complete the following Second Doctor/Preceptor section.

**Second Preceptor (if required)** Please Print

Dentist (Preceptor) Full Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Email (required): \_\_\_\_\_

Office Phone: \_\_\_\_\_ Dentist New York State License \_\_\_\_\_

**Dentist (Preceptor) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This office is a **(MUST circle one)** General Practitioner or other \_\_\_\_\_.