

ADAPT

Advanced Dental Assisting Program Track Application Date: _____

STUDENT NAME: _____ HOME PHONE: _____

HOME ADDRESS: _____ CITY, STATE, ZIP: _____

HIGH SCHOOL: _____ YEAR OF GRADUATION: _____

EMAIL: _____ DATE OF BIRTH: _____

DANB CERT #: _____ * Attach copy of current certificate

DRIVERS LICENSE #: _____ * Attach copy of driver's license

Tuition: _____ \$995.00 paid in full prior to beginning program (Mods 1-13)
(Enclose check payable to UB Foundation or complete credit information below)
Payment plan: _____ \$525 with registration _____ \$525 Prior to beginning Modules 7-13
_____ \$325 Individual Module # _____
_____ \$325 Reinstatement Fee (After one year in program)

Credit card # _____ Exp. Date: _____ Sec. Code: _____

Name on card & billing address (Please print):

DENTIST PRECEPTOR AGREEMENT: *Please type or print*

NAME: _____ E-MAIL: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

NY State Dental License/ Registration # _____ *Attach copy of dental license

Registrants will have the opportunity to complete homework assignments and in-office clinical exercises and procedures, including use of necessary equipment and materials. If a specific clinical activity is not routinely offered in my practice, (ie. Orthodontics) that requirement can be fulfilled at another site.

Dentist/Preceptor Signature: _____ Date: _____

Participating Student Signature _____ Date: _____

Notary Signature _____ Date: _____

ADAPT: Advanced Dental Assisting Program Track

Information for the Preceptor

ADAPT is an independent learning program that gives the already experienced and the certified dental assistant an opportunity to demonstrate basic competency in those tasks outlined in the NYS Education Law for “Certified Dental Assistants.”

As the precepting dentist, you agree to monitor student progress through 13 modules. This will include: monitoring homework assignments, student progress** and evaluating clinical assignments by completing clinical evaluation forms. All clinical work must be done under your direct supervision after sufficient practice has been completed to insure that the student is capable of performing the procedure without difficulty. Students are to complete each procedure to minimal competence. The preceptor’s signature is required on each completed evaluation form.

Clinical Evaluation Forms are required for the following modules:

Module 3	Oral Pathology
Module 5	Prevention, Nutrition and Patient Education
Module 7	Dental Dam and Matrix Band and Wedge
Module 8	Dental Radiology
Module 9	Vital Signs, Therapeutics and Study Models
Module 10	Temporary coverage
Module 11	Orthodontics
Module 12	Removal of sutures and periodontal dressing;
Module 13	Expanded functions

Upon completion of all 13 modules, the preceptor must sign and submit these completed forms

- Clinical Activities Log
- Verification of 200 Clinical Hours
- Notarized Completion Form

Testing

Tests are administered online and graded online. A passing score of 75% is required. Otherwise, students are required to review the material and retake the test.

Student Progress**

Some students finish all 13 modules in as little as 12-15 weeks. Students are expected to complete all 13 modules in 30 weeks, unless documentation of extenuating circumstances is provided to ADAPT

Contact Information

Susan Camizzi, Program Coordinator

Phone 716-645-1940

Fax 716-842-0451

E-mail camizzi@buffalo.edu

Educational Opportunity Center and School of Dental Medicine, Continuing Dental Education

ADAPT EDUCATIONAL AGREEMENT

The State University of New York at Buffalo, Continuing Dental Education, The Educational Opportunity Center, ADAPT and the Participating Dental Office, recognizing their joint mission to provide the dental assisting student with an educational pathway leading to licensure as a New York State “certified dental assistant”, enter into this educational agreement.

UB/CDE, EOC, ADAPT and the Participating Dental Office will assign a member of its staff the responsibility for monitoring the progress of this educational agreement.

All parties agree that the purpose of ADAPT is to offer an educational pathway for the dental assistant to meet the educational requirement set forth by the New York State Educational Department as described in Section 6608 of the State Education Laws.

All parties agree that the purpose of the Participating Dental Office is to monitor and evaluate student progress, provide the dental assisting student with the equipment and procedures necessary to meet clinical modular requirements and to gain 200 hours of relevant clinical experience in a dental office setting, as described in Section 6608 of the State Education Laws.

ADAPT Responsibilities

- Confirm student acceptance in ADAPT and dentist/preceptor participation before beginning program
- Prepare students in didactic and clinical areas required for licensure.
- Provide information to the student and Participating Dental Office regarding program requirements, performance standards, evaluation methods, testing and other completion requirements.
- Provide academic progress reports for the student and the dentist/preceptor when requested.
- Maintain responsibility for coordination, supervision and evaluation of the student’s educational assignments through its instructors.
- When applicable, notify students that they will be expected to comply at all times with the rules, regulations and standards of SUNY/Buffalo, School of Dental Medicine and ADAPT and the program may refuse the use of its facilities by anyone not complying.
- Provide advisement to the student while he/she is enrolled in ADAPT.

Participating Dental Office Responsibilities

- Provide the opportunity for students to actively participate in the clinical areas listed in Education Law 6608. *Students must be directly supervised by a licensed dentist.*
- Identify a contact person to coordinate and monitor the activities of the student during the course of the program
- Evaluate student clinical performance during the ADAPT experience, maintain clinical documentation and return required documentation before program completion
- Verify in writing, completion of 200 hours of dental assisting experience
- Provide advisement for the student while he/she is enrolled in ADAPT

General Standards

- This agreement may be terminated by either party upon written notice to the other. The student shall be allowed to complete the experience at another site, upon agreement with the new Participating Dental Office Staff.
- No person, in whatever relationship with SUNY/Buffalo, shall be subject to discrimination based on age, creed, color, handicap, nation origin, race, religion, sex, marital or veteran status.
- ADAPT and the Participating Dental Office will maintain “adherence to accepted standards of infection control and occupational safety as it applies to clinical, radiographic and laboratory procedures.”
- Program completion is One Year (365 days)

Expected Outcomes of the Advanced Dental Assisting Program Track

- Provide participants with the skills and the knowledge required by New York State Education law 6608 to become eligible for licensure as a NY licensed “certified dental assistant.”
- Provide necessary documents to NYSED to support licensure application.
- Enhance dental assisting participation in the delivery of quality dental patient care
- Create strong partnership with dental professionals in New York State.

Dentist/Preceptor Signature: _____ Date: _____

Participating Student Signature _____ Date: _____

Please make two copies for your records and return the original to:

327 Squire Hall, Buffalo, NY 14214 (716) 829-2320 800-756-0328
www.BuffaloCE.org/ADAPT