

## Coronal Polishing Requirements

**PLEASE READ THE FOLLOWING CAREFULLY.** Both the dentist and the dental assistant must initial each section confirming the requirements are understood as well as signing and dating the last page agreeing to the terms of the course.

Covid-19 has forced our course facilities to change their protocols in their facilities. Because of this, our policy of requiring participants to provide certain equipment and supplies will be **STRICTLY ENFORCED**. Arriving at the course without the required supplies and equipment will result in dismissal from the course and a refund will not be granted and transferring to another course date will not be an option. We have been lax on this requirement in the past but will enforcing this requirement for the foreseeable future.

## Mask Requirements

Until further notice, everyone taking a course through the Oklahoma Dental Foundation in accordance with CDC guidelines and facility protocols **will be REQUIRED to provide their own N95 that has been properly fit-tested OR a KN95 mask.**

(Please Initial) Employing DDS \_\_\_\_\_ DA \_\_\_\_\_

## Handpiece Requirements

All dental assistants participating in the course are required to provide their own cordless low-speed handpiece (with charger) – or – a 4-hole air-driven, low-speed handpiece.

- One (1) handpiece required; (2) recommended.
- The handpiece should function at less than 20,000 rpm or have a gear reduction attachment.
- Handpieces and prophy angles should be tested and in good working order prior to coming to the course.

(Please Initial) Employing DDS \_\_\_\_\_ DA \_\_\_\_\_

## Patient Requirements

You will need a patient for your exam on Sunday afternoon. Patients need to meet the following criteria:

- At least 20 natural teeth without crowns, fixed bridges, or decalcification (aka. decay)
- At least 16 years of age
- Cannot be in their first or third trimesters of pregnancy
- Clinical examination patients **cannot be** current or previous dentists, dental assistants, or dental hygienists.
- In good general health.
- No orthodontic braces\* (*Lingual arch wires are not recommended but will be accepted. Invisalign buttons are also acceptable.*)
- Completely free of calculus and heavy stain

**You also need to be prepared to be a patient for clinical practice on Saturday afternoon and Sunday morning.** If YOU do not meet the above patient requirements (w/ the exception of being a dental professional), you need to provide a stand-in patient to take your place Saturday afternoon and Sunday morning. Your stand-in patient **CANNOT be your clinical exam patient.** Unlike your exam patient, your stand-in patient can be a dentist, dental assistant, or dental hygienist. (*\*if you have braces and do not mind being practiced on Saturday afternoon, you will only need a stand-in for Sunday morning's practice session*).

(Please Initial) Employing DDS \_\_\_\_\_ DA \_\_\_\_\_

*Continued on next page*

## Coronal Polishing Requirements

### **Supply Requirements**

All dental assistants must bring the following supplies with them to the course:

- Slow-speed handpiece** (see “Handpiece Requirements” above).
- Four (4) disposable prophylaxis angles – OR –  
Two (2) sterile prophylaxis angles using soft and flexible prophylaxis cups may also be used.
- N95/KN95 Facemasks** (see “Mask Requirements” above)
- Four (4) tapered prophylaxis brushes
- Dental floss or tape
- Napkins & napkin clips
- Exam gloves (several)
- Surgical masks for yourself and your patient
- Two new toothbrushes
- Safety glasses for yourself and your patient
- Disposable Protective gowns

(Please Initial) Employing DDS \_\_\_\_\_ DA \_\_\_\_\_

### **COVID-19 Screening Requirements**

You and/or your patient(s) may be required to complete OU’s online Covid-19 Screening. Requirements are based on your vaccination status, symptoms, and exposure. Details will be part of your course packet email and will help you determine if you and/or your patient need to complete the screening.

(Please Initial) Employing DDS \_\_\_\_\_ DA \_\_\_\_\_

I have read the above requirements and understand failure to provide the required supplies, equipment, and patient(s) will result in dismissal from the course. I will not receive a refund and will be required to re-enroll and pay the full course enrollment fee.

Date: \_\_\_\_\_

Employing Dentist (Name Printed): \_\_\_\_\_

Employing Dentist (Signature): \_\_\_\_\_

– AND –

Dental Assistant (Name Printed): \_\_\_\_\_

Dental Assistant (Signature): \_\_\_\_\_

Requirement forms not initialed and signed by **BOTH** the employing dentist and participating dental assistant will not be accepted.