

Sealant 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 _____

Patient & Teeth Requirements

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

- Six (6) specific molar or pre-molar teeth that have been selected by the employing dentist.
 - Four (4) teeth are needed for the exam, but six (6) must be selected in case a selected tooth is rejected.
 - The dental assistant may have more than one patient if needed to fill the requirement of four sealants. Each patient will need a health form and complete OU's Covid Screening.
- No sealants on primary teeth
- Occlusal surface **MUST** be free of stain and free of restorations.
- Your patient can have braces if occlusal is open.
- Patient needs to be at least six (6) years of age and must be manageable.
- *Clinical examination patients cannot be current or previous dentists, dental assistants, or hygienists.*

Four (4) extracted molar or premolar teeth that have been disinfected and mounted in stone. The mounted tooth should be

- Easy to handle
- Root surfaces completely covered in stone
- Square in shape so that the tooth will sit upright on a lab bench.
- Free of restoration
- Mount each tooth separately or two teeth together, leaving enough room in between to work.
- Clinical crown of the tooth should be free of any debris and should not be covered in stone.

(Please Initial) Employing DDS _____ DA _____

Handpiece Requirements

All dental assistants participating in the course are required to provide their own four-hole, air-driven, low-speed handpiece (motor and adaptor) – **or** – cordless low-speed handpiece (must bring charger).

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

(Please Initial) Employing DDS _____ DA _____

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Supply Requirements

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

- N95/KN95 Facemasks** (see "Mask Requirements" above)
- Slow-speed handpiece & attachments** (see "Handpiece Requirements" above).
- Slow speed nose cone** (*aka straight attachment*).
- Slow speed latch angle attachment**
- Burs for adjustment of sealant:** enhancer cup or point, green or white STONE that fit in latch angle
- Four (4) disposable prophyl angles
- Curing light and shield (*orange glasses can be used in place of a shield*).
- Millers forceps
- Napkins & napkin clips
- Exam gloves (several)
- Surgical masks for yourself and your patient
- 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 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.