

Local Anesthesia For Licensed Dental Hygienists

Program Requirements Checklist & Forms

In order to participate in the Local Anesthesia for License Dental Hygienists course, participants must complete and return the following requirements by March 16, 2012. Participants who fail to return all the documents by that date, will be withdrawn from the class.

Please note: participants cannot be pregnant at the time of this class due to the giving and receiving of local anesthesia during the class.

Requirements Checklist

All forms are included in this electronic packet. Return completed forms by March 16, 2012.

- Copy of your current Pennsylvania Dental Hygiene License.
- Copy of your current CPR Healthcare Provider Certification.
- Proof of professional liability insurance.
- Completed Health History Form.
- Signed and completed Consent Form for Giving and Receiving Local Anesthesia.
- Completed Waiver and Release Form.
- Completed Permission for the Release of Student Information form.
- Completed Photo Release form.
- Enroll in the course. Register online at www.northampton.edu by clicking on search courses or by calling 1-877-543-0998. Please reference course code PTRAO225-10. Course fee is due at the time of registration via credit card.
- Print and review the Student Handbook.

All requirements must be completed prior to the first class.

YOU MUST COMPLETE AND RETURN ALL DOCUMENTS TO THE FOLLOWING ADDRESS BY MARCH 16, 2012:

Carol Taylor Boyle
NCC, Fowler Family Southside Center
511 E. Third Street
Bethlehem, PA 18015

Please call 610-332-6585 or email healthcare@northampton.edu with any questions.



Northampton Community College
Fowler Family Southside Center
511 East Third Street
Bethlehem, PA 18015
www.northampton.edu/cbi

One source. Countless solutions.

ASA-PS Case Type:

I II III

Medical Alert:

NORTHAMPTON COMMUNITY COLLEGE
DENTAL HYGIENE DEPARTMENT
HEALTH HISTORY

Name _____ Home Phone _____ Cell Phone _____

Age _____ Date of Birth _____ Business Phone _____

Street #/Address _____ City _____ State _____ Zip _____

Sex M F Marital Status _____ Occupation _____ Height _____ Weight _____

Emergency Contact _____ Contact Phone # _____

Family Dentist's Name _____ Address _____
#/ Street/ City/ State/ Zip Code

Medical Assistance/Dental HMO carrier and card number _____

What is the reason for your visit today? _____

General Medical History

How do you rate your overall health? _____

Please circle Y for Yes or N for No where indicated:

Comments:

Y N Are you under the care of a physician? If YES, why? Date of last visit?

Name/Address of your Physician:

Y N Do you have a major illness? If YES, what is the illness?

Y N Have you been hospitalized or have you had an operation in the past 5 years?

Medications - Please check (✓) whether you are PRESENTLY taking any of the following medications; for all medications you are presently taking, please list the medication's name on the appropriate line below.

_____ Antibiotics

_____ Anticoagulants (bloodthinners)

_____ Medicine for high blood pressure

_____ Medication for heart disease

_____ Nitroglycerin

_____ Cortisone/prednisone (any other steroids)

_____ Medication for asthma

_____ Antidepressants, Anti Anxiety medications

_____ Medication for thyroid disorder

- _____ Insulin, medication for diabetes _____
- _____ Antihistamines _____
- _____ Radiation/Cancer chemotherapeutic _____
- _____ Medication for gastric reflux or stomach ulcers _____
- _____ Oral contraceptive OR hormone replacement therapy _____
- _____ Over-the-counter medication, i.e., Aspirin, Tylenol, Advil _____
- _____ Natural or herbal preparations, vitamins _____
- _____ Other (please specify) _____

If you are on a special diet prescribed by your doctor please explain:

Are you allergic to or have you had a reaction to:

YES	NO	Don't Know	If YES, describe the type of allergic reaction experienced on the lines below.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local/topical anesthetics _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Penicillin or other antibiotics, i.e., Sulfa _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aspirin _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Barbiturates, sedatives, or sleeping pills _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Latex _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Codeine/narcotics _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hay fever/seasonal allergies _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Circle Y if you have experienced, or circle N if you have not experienced, any of the following conditions:

Cardiovascular	Comments:
Y N Angina	
Y N Artificial heart valve	
Y N Chest pain upon exertion	
Y N Congenital heart defect	
Y N Congestive heart failure	
Y N Coronary artery disease	
Y N Heart attack (MI)	
Y N High blood pressure	
Y N Pacemaker or defibrillator	
Y N History of infective endocarditis	
Y N Cardiac transplant	

Respiratory	Comments:
Y N Asthma	
Y N Allergies, hay fever, sinus troubles	
Y N Bronchitis	
Y N Cough up blood	
Y N Emphysema	
Y N Persistent cough, i.e., greater than 3 weeks	
Y N Pneumonia	
Y N Shortness of breath/breathing difficulties	
Y N Tuberculosis or exposure to TB	

Central Nervous System/Neurological	Comments:
Y N Alzheimer's disease	
Y N Aneurysm	
Y N Apprehension, anxiety or depression	
Y N Fainting/dizzy spells	
Y N Frequent or severe headaches	
Y N Multiple sclerosis	
Y N Parkinson's disease	
Y N Psychiatric disorders and treatment	
Y N Seizures, convulsions or epilepsy	
Y N Stroke or transient ischemic attacks	
Y N Attention Deficit Disorder (ADD) or ADHD	
Y N Autism Spectrum Disorders	
Y N Down Syndrome	
Y N Mental Retardation	

Gastrointestinal	Comments:
Y N Cirrhosis of the liver	
Y N Colitis	
Y N Gastric reflux	
Y N Hepatitis, liver disease	
Y N Ulcers, stomach problems	

Musculoskeletal	Comments:
Y N Artificial joint, i.e., hip, knee	
Y N Systemic lupus erythematosus	
Y N Osteoarthritis	
Y N Osteoporosis	
Y N Rheumatoid arthritis	

Endocrine	Comments:
Y N Diabetes <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2	
Y N Frequent thirst or urination	
Y N Thyroid gland disorder	
Women only: Are you pregnant? Y N	

Hematologic	Comments:
Y N Anemia	
Y N Blood transfusion before 1992	
Y N Excessive/abnormal bleeding	
Y N Unexplained bruising	
Y N Hemophilia or problems with blood clotting	
Y N HIV infection or AIDS	
Y N Leukemia	

Genitourinary	Comments:
Y N Kidney problems	
Y N Renal dialysis or renal transplant	

Y N Are there any other conditions that were not listed that you have experienced? If yes, describe.

Social History	Comments:
Y N Do you use tobacco in any form (smoking, chew, snuff)? If YES, in what form? How frequently do you use tobacco?	
How long have you used tobacco?	
Y N If you smoke or use chewing tobacco, have you ever tried to quit? If yes, approximately how many times have you tried to quit? When did you last try to quit?	
If you use tobacco, how interested are you in quitting? <input type="checkbox"/> Very Interested <input type="checkbox"/> Somewhat Interested <input type="checkbox"/> Not Interested	
Y N Have you ever been treated for drug/alcohol related problems?	
Y N Do you use or have you used recreational or street drugs?	
Y N Do you consume alcohol? Type Frequency/Quantity	
Y N Do you feel unsafe at home?	

Dental History

When was your last visit to a dental office? _____ What was done? _____

	Comments:
Y N Do your gums bleed when you brush?	
Y N Are your teeth sensitive to cold, hot, sweets or pressure?	
Y N Do you have a sore jaw, earaches or neck pains?	
Y N Have you had any periodontal (gum) treatments?	
Y N Do you wear a removable dental appliance?	

Have you had a problem associated with any previous dental treatment? If so, please describe

I hereby certify that the above information is correct to the best of my knowledge. I will not hold Northampton Community College responsible for any situation which arises from lack of disclosure or misinformation.

Client's Signature _____ Date _____
 or Parent/Guardian's Signature _____ Date _____

DH Student's Signature _____ Date _____

Faculty Signature _____ Date _____



Northampton Community College

LOCAL ANESTHESIA FOR LICENSED DENTAL HYGIENISTS

PTRA0225-10

March 24, 2012 – April 1, 2012

CONSENT FORM FOR GIVING AND RECEIVING LOCAL ANESTHESIA

By my signature below, I acknowledge and agree that I will be receiving local anesthesia and also giving local anesthesia in the clinical portion of the Local Anesthesia for Licensed Dental Hygienists class for which I am registered.

I also confirm that I will not be pregnant during the dates of this class. If you are pregnant, you must withdraw from the class.

_____ **Date:** _____
Print Full Name

_____ **Date:** _____
Signature

_____ **Date:** _____
Witness



Northampton Community College

Northampton Community College PERMISSION FOR THE RELEASE OF STUDENT INFORMATION

I, _____ hereby give

(Please print name)

Northampton Community College, Local Anesthesia for Licensed Dental Hygienists Program

Permission to release information to:

The following categories may be released for the purpose of referral or information:

Test Data Yes No

Personal Information Yes No

Academics Yes No

REQUIRED:

As of _____, I have been a resident of Pennsylvania without interruption for the past 2 years.

Today's Date: _____

Signature _____

Date _____

I authorize Northampton Community College Local Anesthesia for Licensed Dental Hygienists Program to release a copy of my competencies to prospective employers who request training information.

Date _____ Signature _____



Northampton Community College

PHOTOGRAPHY RELEASE

For and in consideration of my engagement as a model by Northampton Community College, Hereafter referred to as NCC, I hereby give NCC, its legal representatives and assigns, those for whom NCC is acting, and those acting with its permissions, or its employees, the right and permission to copy-right and/or use, reuse and/or publish, and republish photographic pictures or portraits of me, or in which I may be distorted in character, or form, in conjunction with my own or a fictitious name, on reproductions thereof in color, or black and white made through any media by NCC, for any purpose whatsoever; including the use of any printed matter in conjunction therewith.

I hereby waive any right to inspect or approve the finished photograph or advertising copy or printed matter that may be used in conjunction therewith or to the eventual use that I might be applied.

I hereby release, discharge and agree to save harmless NCC, its representatives, assigns, employees or any person or persons, corporation or corporations, acting under its permission or authority, or any person, persons, corporation or corporations, for whom he/she might be acting, including any firm publishing and/or as a result of any distorting, blurring, or alteration, optical illusion, or use in the taking, processing or reproduction of the finished product, its publication or distribution of the same, even should the same subject me to ridicule, scandal, reproach, scorn or indignity.

I hereby warrant that I am 18 years of age or older, and competent to contract in my own name insofar as the above is concerned.

I have read the foregoing release, authorization and agreement, before affixing my signature below, and warrant that I fully understand the contents thereof.

Program or Course: Local Anesthesia for Dental Hygienists

Print Name: _____

Signature: _____ Date: _____

Parent or Guardian:
(if under age 18) _____ Date: _____

Address: _____

Daytime Phone: () _____

Witness: _____ Date: _____



Northampton Community College

LOCAL ANESTHESIA
FOR
LICENSED DENTAL HYGIENISTS

PARTICIPANT HANDBOOK

February 4, 2011

**NORTHAMPTON COMMUNITY COLLEGE
NURSING REACTIVATION/REFRESHER PROGRAM**

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CONTACT INFORMATION

Pennsylvania State Board of Dentistry

P.O. Box 2649

Harrisburg, PA 17105-2649

Telephone: 717-783-7162

Fax 717-787-7769

Website:

http://www.portal.state.pa.us/portal/server.pt/community/state_board_of_dentistry/12509

Email: st-dentistry@state.pa.us

Program Director:

Judith Rex RN, BC, MSN

Director Healthcare Education

Telephone: 610-332-6585

Fax: 610-332-6556

jrex@northampton.edu

Assistant Director

Carol Taylor Boyle

Telephone: 610-332-6312

Fax: 610-332-6556

cboyle@northampton.edu

Program Instructor

Dr. Ronald Strisofsky

Telephone: 610-861-5441

rstrisofsky@northampton.edu

INTRODUCTION TO POLICIES AND PROCEDURES OF THE PROGRAM

Welcome to the Local Anesthesia for Licensed Dental Hygienists Program Northampton Community College

This non-credit course is designed for the Licensed Dental Hygienist to provide the required knowledge and skills to administer local anesthesia in clinical settings. This 30 hour course will include a review of essential anatomy and neurophysiology, the pharmacology of anesthetic and vasoconstriction agents, client assessment, armamentarium, local anesthetic complications and their management. Instruction and practice of local anesthesia delivery techniques will occur in a clinical lab setting.

The following information outlines the expectations and responsibilities for each participant, as well as your rights, and the procedure to file a grievance. Please read the information carefully as participants will be expected to adhere to all rules and regulations. These rules encourage safe participation for all dental hygienists and create an environment conducive to learning and work.

PREREQUISITES

The following prerequisites **MUST** be met by **ALL PARTICIPANTS** prior to the start of class:

The participant:

- Must possess a current Pennsylvania Dental Hygiene license.
- Must possess a current CPR Healthcare Provider certification.
- Must provide proof of professional liability insurance.
- **Must have the ability to sit as a client and receive local anesthesia injections. In order to do so, must not be pregnant at the time of taking this course.**
- Must complete a health history form with signed consent form for giving and receiving local anesthesia.

COURSE LIMITATIONS

- Successful completion of this course does not guarantee passing of any credentialing examination.

ADMISSION CRITERIA

ALL PAPERWORK MUST BE COMPLETED AND TURNED IN TO THE ASSISTANT DIRECTOR OF HEALTHCARE EDUCATION BY THE START OF THE CLASS OR STUDENT WILL NOT BE ALLOWED TO PARTICIPATE IN THE COURSE

STUDENTS MUST SUBMIT A COPY OF THEIR CURRENT DENTAL HYGIENE LICENSE, CURRENT BASIC LIFE SUPPORT FOR HEALTHCARE PROVIDER CARD, CURRENT MALPRACTICE INSURANCE, AND SIGNED WAIVER OF LIABILITY RELEASE RELATED TO INJECTION OF EACH OTHER DURING THE COURSE.

These regulations are enforced to assure the NCC Local Anesthesia for Licensed Dental Hygienists Program is in compliance with the Pennsylvania Department of Health and Department of Education.

Current Pennsylvania State Board of Dental Hygiene Regulations applying to Local Anesthesia for the Licensed Dental Hygienist:

Mandatory Continuing Education Requirements in Pennsylvania

Continuing Education Credits are required for each biennial period. The biennial period runs from April 1 to March 31 of the odd-numbered years. The requirements are as follows:

Dental Hygienists Local Anesthesia – 3 hours continuing education required each biennial period. **NOTE:** The 3 hours of continuing education required to maintain the Dental Hygiene Local Anesthesia Permit and the 5 hours of continuing education required to maintain the Public Health Dental Hygiene Certification can be applied to the 20 hour continuing education requirements to maintain the license to practice dental hygiene.

State Board of Dental Hygiene

§ 33.115. Local anesthesia permit.

(a) *Permit required.* A dental hygienist shall possess a current permit issued by the Board under this section before administering local anesthesia to a patient in a dental office. For purposes of this section, the term “local anesthesia” includes local infiltration anesthesia and intraoral nerve block anesthesia limited to the 2nd (maxillary) and 3rd (mandibular) divisions of the trigeminal nerve.

(b) *Application.* A dental hygienist who desires to obtain a permit to administer local anesthesia shall submit an application on a form provided by the Board, pay the permit fee prescribed in § 33.3 (relating to fees) and meet the qualifications for the permit as prescribed in this section.

(c) *Qualifications.* To obtain a local anesthesia permit, a dental hygienist shall:

(1) Hold a current license in good standing to practice as a dental hygienist in this Commonwealth.

(2) Hold current certification in Basic Life Support (BLS).

(3) Provide to the Board one of the following:

(i) Certification of education by the dental hygiene program on a form provided by the Board verifying that the dental hygienist graduated, within the 5 years immediately preceding the filing of the application for local anesthesia permit, from a dental hygiene program that meets the following criteria:

(A) The dental hygiene program is accredited by the American Dental Association’s Commission on Dental Accreditation (CODA).

(B) The dental hygiene program included the successful completion of a didactic and clinical course in the administration of local anesthesia.

(ii) Certification of education by the dental or dental hygiene program on a form provided by the board verifying that the dental hygienist successfully completed, within the 5 years immediately preceding the filing of the application for local anesthesia permit, a

course consisting of a minimum of 30 hours of didactic and clinical instruction in the administration of local anesthesia sponsored by a dental or dental hygiene education program accredited by CODA.

(iii) A certificate or letter of good standing from the proper licensing authority of another state, territory or district of the United States, or of a province or territory of Canada, verifying that the dental hygienist possesses a current license or permit issued by the proper licensing authority of another state, territory or district of the United States, or by the proper licensing authority of a province or territory of Canada, where the dental hygienist is authorized under the laws of that jurisdiction to administer local anesthesia, provided that the following additional conditions are met:

(A) The jurisdiction where the dental hygienist is so licensed or permitted requires completion of a course in the administration of local anesthesia accredited by CODA or by the Commission on Dental Accreditation of Canada (CDAC) prior to obtaining certification, endorsement or other such authority.

(B) The dental hygienist signs a certification statement on the application for a local anesthesia permit verifying that the dental hygienist actively engaged in the administration of local anesthesia under a current license or permit within the 5 years immediately preceding the filing of the application for a local anesthesia permit.

(C) The dental hygienist signs a certification statement on the application for a local anesthesia permit verifying that, at all times prior to filing the application for local anesthesia permit, the dental hygienist administered local anesthesia in accordance with all applicable laws and regulations of the jurisdiction where the dental hygienist is so licensed or permitted.

(D) The jurisdiction where the dental hygienist is so licensed or permitted verifies that there has been no disciplinary action taken against the dental hygienist relating to the administration of local anesthesia.

(d) *Expiration and biennial renewal.* A local anesthesia permit issued by the Board under this section will expire at the same time as the permit holder's dental hygiene license but may be renewed biennially at the same time the dental hygiene license is renewed. A dental hygienist who desires to renew a local anesthesia permit shall submit the following:

- (1) A renewal application on a form provided by the Board.
- (2) The permit renewal fee set forth in § 33.3.
- (3) Proof of current certification in BLS.

Authority

The provisions of this § 33.115 issued under sections 3(d), (j.2) and (o) of The Dental Law (63 P. S. § 122(d), (j.2) and (o)).

Source

The provisions of this § 33.115 adopted December 11, 2009, effective December 12, 2009, 39 Pa.B. 6982.

Cross References

This section cited in 49 Pa. Code § 33.205 (relating to practice as a dental hygienist).

ACCOMMODATIONS

Students requesting accommodations of any nature must contact Disabilities Services at 610-861-5342 or (TDD) 610-861-5351 and provide documentation supporting the request immediately. Please refer to the NCC website at www.northampton.edu for more detailed information regarding Accommodations.

ATTENDANCE

- **All theory and clinical hours will begin promptly on time. Participants are expected to be in the classroom before the start of each class and after breaks.**
- Excused absences include an acute illness of the participant or dependent, death of an immediate family member, or court hearing. A note from the physician and/or the courts will be required. Proper notification must be made before class by 6:00 a.m. on the day of the absence. The number to call is the instructor's number if class will be missed.
- **Any other personal requests for excused absence** including late arrivals or early dismissals must be discussed in advance and will be granted at the discretion of the instructor. All excused absences require proper documentation (i.e., physician statement).
- Make up for all excused time will be at the discretion of the instructor.

PREPARING FOR CLASS

The success of this class depends on your level of preparation. The following information will provide some guidance for your efforts.

- Class Objectives: Provided for each content area to guide the focus of our readings and indicate areas of importance.
- Readings: Provide a review of a particular topic. A large portion of the readings is review for you and, therefore, will not have class time spent on them. It is up to the individual learner to determine how much and to what depth to read the reference material. Some learners will have more current expertise and will need less review; others will need more. Some learners will find one area of more interest than others and will pursue a more comprehensive review.
- Northampton Community College Library carries many of the Dental Hygiene journals. Individuals needing additional explanation or guidance on specific subjects are encouraged to obtain and read current articles in the dental hygiene journals.

METHODS OF EVALUATION AND CRITERIA/TEST PROTOCOL

A comprehensive examination will be administered to all participants on the last day of class.

Success in this course is determined by completion of the formative quizzes and final examination with a 75% or better and completion of the injection laboratory per competency. Students will receive a certificate of completion.

DRUG FREE CAMPUS POLICY

Northampton Community College is committed to a drug free environment for all of its employees and students. Violation of this policy will result in immediate suspension leading to possible dismissal.

GRIEVANCE/COMPLAINT POLICY

Participants, instructors, or community members with complaints related to the nursing reactivation program should attempt to resolve the issue with the individual(s) most directly involved. If a resolution is not reached, a written complaint may be submitted to the department director. Complaints will be handled in the same order as the appeal of grades procedures.

NON-DISCRIMINATION/TITLE IX POLICY

Northampton Community College values diversity and seeks talented candidates and instructors from diverse backgrounds. The college does not discriminate on the basis of race, color, sex, sexual orientation, religion, national or ethnic origin, age, disability, or status as a disabled or Vietnam era veteran in its activities, programs, or employment practices as required by the Title IX of the Education Amendment of 1972, Section 504, and other statutes. If a participant requires accommodations for college events, contact the Office for Disability Services, 610-861-5342 at least one week prior to the planned visit. Affirmative action officer and ADA coordinator may be reached at 610-861-5300 or TDD 610-861-5575.

ONGOING PROGRAM EVALUATION

The participants, instructors, and program director will evaluate the program. The program will use a course evaluation form. The entire program will be evaluated annually and revised as needed.

POLICY MAKERS

Judith Rex, Director of Healthcare Education at Northampton Community College
Terry Sigal Greene, Director Dental Auxiliaries

RECORD KEEPING

Northampton Community College will keep on file *ad infinitum*:

- A record of all participants admitted to the program, and dates of attendance.
 - If student loses or requires another copy of original completion certificate, there will be a \$10.00 charge to do so
- The name of the primary instructor and her/his credentials.
- A copy of the participants' grade report record and testing score
- Curriculum

The following records will be kept a minimum of three years:

- Individual exam and assignment grades
- Program evaluations by participants
- Instructor evaluations by participants
- Anecdotal notes concerning participants and/or course
- Instructor schedules
- Course calendar/syllabus
- Location of participants

EXPECTATIONS

- Enter through the main entrance only. In case of an emergency such as fire, exit through the identified exit doors.
- Professional behavior is expected in this classroom which simulates an office or clinical setting. Unprofessional behavior, such as harassment, cheating, or fighting (physical or verbal) will be cause for termination.
- Respect all NCC property, other individuals' property, and the property of the areas used for class and clinical. Do not use others' books, calculators, cups, and pens without permission. Use only what is yours. The teachers' desks are private. Please do not take anything from the top or inside.
- Cell phones and pagers need to be turned off or set to the vibrate mode during class.
- No food is allowed in the classroom at any time.

DISMISSAL POLICY

We reserve the right to dismiss any participant due to poor attendance, serious discipline problems, or harassment of others.

HARASSMENT

Sexual harassment or any harassment of trainees or employees at NCC is unacceptable conduct and will not be tolerated. NCC encourages any trainee or employee to raise questions regarding sexual harassment with the affirmative action officer.

CONFIDENTIALITY/DISCLOSURE OF INFORMATION

All client/resident information is confidential. No client information may be disclosed to any third party without the knowledge and written consent of the client. Participants will be asked to sign a release of information allowing NCC to release information to potential employers and/or funding bodies concerning grades, scores, attendance, narrative evaluation, performance, and conduct.

CANCELLATION OF CLASSES

Instruction for late starts or cancellations will have announcements made via:

- Radio announcements
- Television announcements
- NCC's weather information line – 610-861-4595
- NCC's website – www.northampton.edu

If the college is closed, there will be no clinical experience on that day. If the college opens late, the decision to attend a scheduled clinical day will be made by the participant, instructor, and clinical preceptor. Classes on campus begin when the college opens.

TUITION AND REFUND

Payment for non-credit courses: Unless otherwise sponsored, participants are responsible for their own tuition payments. The payment and tuition amounts are as stated in the program fliers. The course must be paid for in full before it begins. The course fee may be paid for through a sponsoring facility or agency. Course fees can be waived if such fees are covered in full by a training contract with a funding entity such as government agencies or foundations.

College policy states you must withdraw one business day prior to the first class to receive a full refund. If you withdraw prior to the start of class but less than one full business day, you will receive a 50% refund. Once class has started, there are NO REFUNDS. Please contact Registration @ 1-877-543-0998 to withdraw from the course according to the guidelines above.

LIABILITY INSURANCE

All participants are responsible for obtaining professional liability insurance. Many sites are available. To find some examples, google “malpractice insurance for dental hygienists.”

FOR INJURY—ACCIDENT—ILLNESS:

Use College Health/Wellness/Accident/Incident Report Form. Your instructor will have a copy available.



Northampton Community College

Northampton Community College PERMISSION FOR THE RELEASE OF STUDENT INFORMATION

I, _____ hereby give

(Please print name)

Northampton Community College, Local Anesthesia for Licensed Dental Hygienists Program

Permission to release information to:

The following categories may be released for the purpose of referral or information:

Test Data Yes No

Personal Information Yes No

Academics Yes No

REQUIRED:

As of _____, I have been a resident of Pennsylvania without interruption for the past 2 years.

Today's Date: _____

Signature _____

Date _____

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Date _____ Signature _____