



ST. JOHNS COUNTY SCHOOL DISTRICT First Coast Technical College

DENTAL ASSISTING PROGRAM

To Prospective Health Career Applicant:

Individuals who are considering entering the health care profession and who may have a criminal history often ask about potential barriers to licensure, certification and registry following successful completion of an approved course.

As of July 1, 2009 any felony drug conviction or Medicaid/Medicare fraud will prohibit the eligibility of license, certification or registry in Florida for 15 (fifteen) years after the end of the probation period. Also, some felony convictions cause a person's civil rights to be taken away. For background conviction record guidelines please visit the Florida Board of Nursing information at <http://floridasnursing.gov/licensing/licensed-practical-nurse-registered-nurse-by-examination/> or contact Florida Department of Health, Division of Medical Quality Assurance, 4052 Bald Cypress Way, Tallahassee, FL 32399 (850-245-4125).

For all other cases, the Governing Board makes decisions about licensure on an individual basis based upon the answers to questions on the application. The application (or the background screening) that indicates a criminal history is considered a non-routine application and must be reviewed by the board staff and possibly referred to the Board for action.

The Governing Boards for each health occupation have created guidelines for specific offenses to be cleared in the board office; however, the staff cannot make determinations in advance as laws and rules do change over time. Cases of applicants that have committed violent crimes or are repeat offenders are required to be reviewed by the respective board. Evidence of rehabilitation is important to the Board Members when making licensure decisions.

In these cases, the Board may issue a license under conditions such as probation, supervision, or additional education, or simply deny the application. If drugs or alcohol are a concern, the board may require the applicant to undergo an evaluation and to sign a contract with a designated monitoring program.

Each health careers program makes independent decisions about admissions into the program and FCTC requires a criminal background screening as part of that process. Clinical facilities may limit or prohibit students with criminal histories from participating in clinical experiences. Other options may not exist for the student to complete required clinical hours in order to complete the chosen program; thus, such a student may not be eligible for licensure, certification and registry in Florida.

The licensure application requires disclosure of any criminal history and the disposition of all cases prior to board review. Entry into the health career education program is the prospective student's decision based upon the knowledge that he/she may, or may not, be granted a license, certification or registry. All of the above factors should be taken into consideration prior to making a decision about a healthcare career.

For more information please contact Florida Department of Health, Division of Medical Quality Assurance, 4052 Bald Cypress Way, Tallahassee, FL 32399, via web site at <http://www.doh.state.fl.us/mqa> or by contacting the Call Center at 850-488-0595.

FIRST COAST TECHNICAL COLLEGE DENTAL ASSISTING PROGRAM

Dear Prospective Student:

FCTC is accepting applications for the Dental Assisting program. Classes will be held in St. Augustine, and several clinical sites in St. Johns, Putnam, and Clay Counties. The course schedule is Monday through Thursday evening 6-10pm and every other Saturday 7am-5:30pm. The Externship schedule is Monday through Saturday no more than 40 hours per week and no more than 8 hours per day. The program is 1230 hours in length.

In order to be eligible for this course you will need to meet the following prerequisites and complete the following steps:

- | | |
|---|---------|
| 1. Schedule date and time to attend FCTC orientation and take TABE test or meet eligible exemption. | \$25.00 |
| 2. Complete application form and include all required documentation. | |
| 3. Submit completed application and required documentation to Registration. | |
| Application fee | \$10.00 |

TABE scores are valid for two years from the date of administration. If you do not have recent TABE scores on record and do not meet the exemption requirement with First Coast Technical College, please register for test in registration.

Note: All fees are nonrefundable and subject to change.

APPLICATIONS MUST BE COMPLETE and SUBMITTED IN PERSON.

PLEASE DO NOT MAIL YOUR APPLICATION!

**Completed applications should be submitted to Registration
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

ADMISSION REQUIREMENTS

1. Be at least 18 years of age upon completion of the program.
2. Documentation of a high school diploma, GED or higher degree.
3. Have a TABE score of 10th grade in reading, language, and math or meet TABE or degree exemption for completion of the program. Student may enter program with TABE scores within 3 grade levels of requirement.
4. Complete and submit an FDLE Background Check regarding arrest and conviction **at student's expense**. *See attached information sheet with instructions*. Please be aware that some convictions may prevent you from entering the program.
5. Pass a mandatory drug testing if the student does not pass the drug screening, immediate dismissal from the program will occur. *Completed after entering the program please see program instructor for submission date.*
6. Must have a current AHA Health Care Provider BLS CPR Card - *must stay current throughout the program enrolled in. Obtained at student's expense.*

In-State Tuition

To qualify as a Florida resident for tuition purposes, a student must have established legal residence in Florida and must have **MAINTAINED** legal residence in Florida for at least **12 MONTHS IMMEDIATELY PRIOR TO THE FIRST DAY OF CLASS**. Evidence of Florida residency may include two of the following documents from Tier 1 or one from Tier 1 and one from Tier 2 (cannot have two from Tier 2) with **APPLICABLE ESTABLISHMENT DATES**:

Tier 1 – Must have at least one of the following documents

1. A Florida voter’s registration card
2. A Florida driver’s license
3. A State of Florida identification card
4. A Florida vehicle registration
5. Proof of a permanent home in Florida which is occupied as a primary residence
6. Proof of a homestead exemption in Florida
7. Transcripts from a Florida high school for multiple years if the Florida high school diploma or GED was earned within the last 12 months
8. Proof of permanent full-time employment in Florida for at least 30 hours per week for a 12-month period

Tier 2 – May include one of the following documents

1. A declaration of domicile in Florida (1 year after date filed)
2. A Florida professional or occupational license
3. Florida incorporation
4. A document evidencing family ties in Florida
5. Proof of membership in a Florida-based charitable or professional organization
6. Any other documentation that supports the student’s request for resident status, including, but not limited to, utility bills and proof of 12 consecutive months of payments; or an official state, federal, or court document evidencing legal ties to Florida

ACCEPTANCE INTO THE PROGRAM

Once you have submitted your completed application you are then eligible to register, pay tuition and begin class at the next enrollment date. Your application is good for two (2) years from date of TABE administration. After two years your application will expire and you will have to reapply.

You will be required to submit documentation of a current physical examination and all immunizations listed below. *Obtained at student’s expense.*

To be completed after you are enrolled please see instructor for due date.

Medical Information Documentation
PPD or CXR Negative Test Results (Tuberculin test)
Hepatitis B Vaccination, Declination or Titers of immunity
Influenza Vaccination current season
Measles – documentation of two immunizations required
Mumps - documentation of two immunizations required
Rubella - documentation of two immunizations required
Varicella immunization or physicians statement - documentation of two immunizations required
Tdap (one time administration) or Tetanus
Current Physical Exam

AUXILIARY AID

This school provides auxiliary aids and services for persons with disabilities. If you need assistance during the course of your study, please contact a counselor in Building “A”.

PROGRAM DESCRIPTION

FCTC’s Dental Assisting Program prepares students for employment as a Dental Assistant. FCTC is accredited by the Council on Occupational Education.

The program is made up of classroom and practical instruction in the student clinic and practicum sties. Students are required to arrange and provide their own transportation to and from class and/or clinical areas and externs/ dentist offices.

This course is 1230 hours in length. Students are expected to be present for each scheduled class and/or clinical/extern experience throughout the entire program. The general course hours are Monday through Thursday 6-10pm and every other Saturday 7am-5:30pm with the exception of the final course in the program DEA0728 the hours will be reflective of an externship in the Dentist's office.

Externship's are unpaid.

PROGRAM CURRICULUM

The dental assisting program covers chair side assisting, laboratory procedures, and business operations. These areas include, but are not limited to, theoretical instruction and clinical experience in:

- * Dental anatomy
- * Radiology
- * Infection control
- * Microbiology
- * Pharmacology
- *Jurisprudence
- * Dental materials/equipment
- *Ethics
- * Oral histology
- * Physiology

COURSE NUMBER	COURSE HOURS	COURSE NAME
DEA0725	90 hrs	Introduction to Dental Assisting
DEA0726	210 hrs	Dental Infection Control Assistant
DEA0727	465 hrs	Dental Assistant I
DEA0728	465 hrs	Dental Assistant II

FINANCIAL AID

“FCTC encourages all students to apply for financial aid. Please visit our website at www.fctc.edu for detailed instructions & the required forms packet. Or, you can pick up the instructions & forms at any campus. ***You can start the application process at any time. You do not have to wait for your orientation, TABE test, or program application to be done.*** Applying for financial aid & determining eligibility usually takes 1-2 weeks. If you have questions, or would like additional assistance, please call 904.547.3511 or email susan.williams@stjohns.k12.fl.us

For cost breakdown go to <http://fctc.edu/consumer-information/cost-by-program/>

NOTE: Costs are approximate prices, which may vary at any time. Sales Tax is not included in estimates. If an agency is paying for your books or clothing, you must present approved voucher and payment receipt to receive items.

CHECKLIST FOR APPLICANT

Prior to submitting application, make one COPY of each item below and ATTACH to application.

FCTC is unable to make copies of the required documentation.

- () TABE scores of 10.0 in Reading, Language, and in Math or meet exemption or AA/AS Degree or higher with official transcripts
- () High School Diploma or GED Certificate documentation or official transcript
- () Florida Driver's License or Florida State ID
- () Residency Documentation
- () Must have a current AHA Health Care Provider BLS CPR Card - ***must stay current throughout the program enrolled in.***
- () FDLE Background check completed/submitted see attached information on submission

FIRST COAST TECHNICAL COLLEGE

2980 COLLINS AVENUE
ST. AUGUSTINE FL 32084-1919
(904) 547-3282

NOTE: All fees are non-refundable/non-transferable and subject to change. All fees must accompany submission of this form. Application Fee \$10.00

RCPT. # _____

DATE.# _____

Initials. _____

DENTAL ASSISTING PROGRAM APPLICATION

Name: _____
Last First Middle Maiden Name/Other Names

Social Security #: _____ Date of Birth: _____ Place of Birth _____

Mailing Address: _____
Street Apt/Unit Number City County State Zip

Telephone: Home: _____ Work: _____ Cell: _____

Email: _____

Emergency contact: _____ **Required** Phone Number: _____

Circle Highest Grade Completed: 8 9 10 11 12 College: 1 2 3 4 yrs Graduate Level

Prior Medical Training: { } Yes { } No If yes, please provide name of school, city and state

Type of Program: _____ Dates of Attendance: _____

Reason for Leaving Program: _____

Have you ever been convicted of a crime, found guilty or entered a plea of no-contest to a crime other than a traffic violation?

{ } No { } Yes If yes, please explain: _____

I verify that all information contained in this application is true and correct. I authorize the First Coast Technical College to contact former educational institutes on this application, and further authorize these educational institutes to release information to officials of First Coast Technical College concerning my performance and progress while enrolled in their program(s).

Signature of Applicant

Date

The following information is not used in the eligibility process.

Applicant's Sex: { } Female { } Male
Race: { } White { } Black { } Asian/Pacific Islander { }
Hispanic
{ } American Indian/Alaskan Native { } Multi-Racial { } Other _____

Are you a United States citizen? { } Yes { } No Is English your second language? { } Yes { } No

FIRST COAST TECHNICAL COLLEGE
Health Occupations Department – Dental Assisting
2980 Collins Avenue
St. Augustine, FL 32084-1919

TRANSCRIPT REQUEST

PLEASE RETURN THIS FORM WITH TRANSCRIPT

TO: Admissions Office

_____ Zip _____

Please print clearly the name and address of the school.

I was last enrolled at your institution during the _____ school year.

_____ Last Name First Name Middle Name Previous Name

_____ Social Security Number

_____ Date of Birth

Please forward a copy of my **official transcript**/proof of high school graduation to the above school for the Dental Assisting Program.

If you have any questions, you can contact me at:

Address _____

City _____ State _____ Zip _____

Telephone # _____

Signature

Date



Instructions for Obtaining your Background Check for a Health Careers Program

Background checks and drug screening are required on incoming students to insure the safety of the patients treated by students in the clinical/extern/practicum education program. Your results must be submitted in sufficient time to allow for items to be reviewed by the program coordinator. A background check typically takes 3-5 normal business days to complete. Background checks are conducted by the Florida Department of Law Enforcement and the FDLE does not release Social Security Number information.

There will be a charge of **\$24.00** against your credit card for each name search performed, regardless of search results. This Internet service will provide you with a list of possible matches similar to the subject of the inquiry.

Falsifying or altering any of the returned information with intent to misrepresent the contents is prohibited by law, and may be punishable as a felony when done with intent to injure or defraud any person.

FDLE Student Background Check Ordering Steps:

1. For the student background check go to <https://web.fdle.state.fl.us/search/app/default>
2. Under the search tab complete all required fields as prompted and hit submit to enter your payment information. The application will first ask for information about you and the credit card that you will use to pay for the services. The purpose for this information is to validate the credit card payment and to allow FDLE to fulfill its requirements for criminal history dissemination.
3. After submitting your customer information, you will continue to the entry of search criteria. The accuracy of the information you provide is critical to the search results since records searched are based on your submission information.
4. After submitting the search criteria, you will confirm the information and accept the \$24 fee for the search. You will be presented a receipt which you can e-mail and/or print for your convenience. We strongly encourage you keep the receipt for your records in case you experience problems with the Internet service.
5. Search results are returned directly to your browser screen. Search results will not be sent by regular mail. Review the possible matches individually, by evaluating all of the demographic information that is available. You should begin by looking at the complete name, sex, race, date of birth, SSN and any other identifiers that may be present, such as alias name, additional dates of birth or SSN, height, weight, eye, and hair color. Do not assume that the possible match will always be the first or second candidate.
6. The Search Results Page displays the possible matches to the search criteria that you have entered. The result of the search could indicate that no record was found on the subject, that a single subject matched the search criteria, or that there were multiple possible matches.
 - a. If there was no record found, there is no criminal history on file for the subject (based on the info provided). No additional charges apply beyond the \$24 fee.
 - b. If a single match occurred, the subject's criminal history will be returned. No additional charges apply beyond the \$24 fee.
 - c. If more than one record matched the search criteria, you will be presented with a choice of up to five candidates that matched. You will then select the record(s) you would like to receive. The criminal record for one selected candidate is included in the \$24 fee. Should you elect to receive records on more than one candidate, you will be charged an additional \$24 for each candidate you select.
7. When you get to the Select Candidates page, you may select the record(s) you would like to receive by clicking the "Display History" button next to the subject. Only subjects that are selected will be displayed once you click the "Display History" button.

8. Your search results are returned instantly, have your results emailed to yourself, you **MUST** forward the results to debra.warren@stjohns.k12.fl.us