

# STUDENT HANDBOOK



This handbook has been prepared as a supplement to information provided in the Shoreline Community College catalog. It is intended to provide answers to the many questions you may have as you enter the Dental Hygiene Program.

The handbook should be read carefully, saved, and used as a reference throughout your education in the program.

## Shoreline Community College 2011 - 2012

*Greetings,*

*It is our pleasure to welcome you to the Shoreline Community College Dental Hygiene Program.*

*It is an exciting time to be involved in dental hygiene. Important changes in the delivery of health care, the rights of the patient, and the role of the hygienists are occurring and to keep pace with these changes, our dental hygiene curriculum is in a dynamic state of evolution.*

*Each of you brings to the program, and later to the profession, the uniqueness of your special talents, experiences and personality. We hope that you will take an active part in sharing these with others as you move toward the goal of becoming a registered dental hygienist. To assist you in reaching your goal, you will find concerned faculty with high professional standards and a wealth of clinical expertise, who want to provide you with a quality dental hygiene education.*

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*The handbook should be read carefully, saved, and used as a reference throughout your education in the program.*

*Our best wishes for a gratifying experience in the Dental Hygiene Program at Shoreline Community College.*

*Sincerely,*

*The Dental Hygiene Faculty*

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Part 1

# Philosophy and Goals

## **MISSION STATEMENT**

Shoreline Community College Dental Hygiene Program is dedicated to student success and learning by providing diverse educational opportunities, excellence in teaching and encouragement of lifelong learning and professional development. Emphasis is placed on promotion of the public's health and comprehensive patient care utilizing high levels of professional knowledge, judgment and skill.

Our primary purpose is to provide the highest quality of education while recognizing and respecting the dignity of each individual. Students, while having the responsibility for their own learning are provided a physical and emotional atmosphere conducive to learning. Mutual respect between faculty, staff and students will be demonstrated in all endeavors.

The Dental Hygiene faculty encourages students to attain their professional goals while realizing their individual potential as learners and beginning professionals.

## **PROGRAM GOALS and OBJECTIVES**

- **Faculty will provide varied educational opportunities to enhance student learning.**
  1. Students will demonstrate an awareness of the cultural or lifestyle differences, viewpoints and behaviors presented by patients at on/off campus community clinics.
  2. Students will participate and cooperate with other health personnel at off campus sites to adapt to procedures or methods which differ from dental hygiene practices as taught at Shoreline Community College Dental Hygiene Program.
  3. Students will demonstrate an understanding of geriatric and special needs populations found in on/off campus sites by utilizing information from didactic classes.
  4. Faculty will utilize a variety of teaching methodologies.
- **Faculty will pursue excellence in teaching.**
  1. Faculty will seek evaluations from students and peers to assess teaching performance.
  2. Faculty will meet to share teaching strategies and innovations.
  3. Faculty will participate in ongoing curriculum development, review and revision.
- **Faculty will pursue lifelong learning and encourage continued professional development.**
  1. Faculty will develop collaborative professional relationships and exchange knowledge.
  2. Faculty will attend the annual Northwest Dental Hygiene Educators' Conference.
  3. Faculty will recognize and support the ADHA Code of Ethics.
  4. Faculty will critically evaluate research methods and results in scientific literature before applying new theory and technology in practice.
  5. Faculty will participate in continuing education courses.
  6. Faculty will maintain membership in their professional organization and by participating in its activities help to promote the advancement of dental hygiene.
  7. Faculty will encourage student membership in their student professional organization and facilitate participation in its activities.
- **Students will participate in community activities promoting the public's health.**
  1. Students will assess a community health need, then plan, implement and evaluate a project that meets these needs or provides a public service.
  2. Students will participate in public health projects organized by other health care professionals.

- **Students will deliver comprehensive patient care.**
  1. Students will assess patient needs utilizing data obtained through patient observation, examination and interaction.
  2. Students will identify and diagnose the patients' dental hygiene needs utilizing assessment data.
  3. Students will develop a plan for the patients' dental hygiene care.
  4. Utilizing current theory and knowledge, students will provide appropriate, thorough and safe treatment and education for the patient.
  5. Students will evaluate the efficacy of patient response to treatment and education using the follow-up check list on the DHTP form.

## **ADHA CODE OF ETHICS FOR DENTAL HYGIENISTS**

### **1. Preamble**

As dental hygienists, we are a community of professionals devoted to the prevention of disease and the promotion and improvement of the public's health. We are preventive oral health professionals who provide educational, clinical, and therapeutic services to the public. We strive to live meaningful, productive, satisfying lives that simultaneously serve us, our profession, our society, and the world. Our actions, behaviors, and attitudes are consistent with our commitment to public service. We endorse and incorporate the Code into our daily lives.

### **2. Purpose**

The purpose of a professional code of ethics is to achieve high levels of ethical consciousness, decision-making, and practice by the members of the profession. Specific objectives of the Dental Hygiene Code of Ethics are:

- to increase our professional and ethical consciousness and sense of ethical responsibility
- to lead us to recognize ethical issues and choices and to guide us in making more informed ethical decisions
- to establish a standard for professional judgment and conduct
- to provide a statement of the ethical behavior the public can expect from us.

The Dental Hygiene Code of Ethics is meant to influence us throughout our careers. It stimulates our continuing study of ethical issues and challenges us to explore our ethical responsibilities. The Code establishes concise standards of behavior to guide the public's expectations of our profession and supports dental hygiene practice, laws, and regulations. By holding ourselves accountable to meeting the standards stated in the Code, we enhance the public's trust on which our professional privilege and status are founded.

### **3. Key Concepts**

Our beliefs, principles, values, and ethics are concepts reflected in the Code. They are the essential elements of our comprehensive and definitive code of ethics, and are interrelated and mutually dependent.

### **4. Basic Beliefs**

We recognize the importance of the following beliefs that guide our practice and provide context for our ethics:

- The services we provide contribute to the health and well being of society.

- Our education and licensure qualify us to serve the public by preventing and treating oral disease and helping individuals achieve and maintain optimal oral health.
- Individuals have intrinsic worth, are responsible for their own health, and are entitled to make choices regarding their health.
- Dental hygiene care is an essential component of overall health care and we function interdependently with other health care providers.
- All people should have access to health care, including oral health care.
- We are individually responsible for our actions and the quality of care we provide.

## 5. **Fundamental Principles**

These fundamental principles, universal concepts, and general laws of conduct provide the foundation of our ethics.

- **Universality**

The principle of universality assumes that, if one individual judges an action to be right or wrong in a given situation, other people considering the same action in the same situation would make the same judgment.

- **Complementarity**

The principle of complementarity recognizes the existence of an obligation to justice and basic human rights. In all relationships, it requires considering the values and perspectives of others before making decisions or taking actions affecting them.

- **Ethics**

Ethics are the general standards of right and wrong that guide behavior within society. As generally accepted actions, they can be judged by determining the extent to which they promote good and minimize harm. Ethics compel us to engage in health promotion/disease prevention activities.

- **Community**

This principle expresses our concern for the bond between individuals, the community, and society in general. It leads us to preserve natural resources and inspires us to show concern for the global environment.

- **Responsibility**

Responsibility is central to our ethics. We recognize that there are guidelines for making ethical choices and accept responsibility for knowing and applying them. We accept the consequences of our actions or the failure to act and are willing to make ethical choices and publicly affirm them.

## 6. **Core Values**

We acknowledge these values as general guides for our choices and actions.

- **Individual Autonomy and Respect for Human Beings**

People have the right to be treated with respect. They have the right to informed consent prior to treatment, and they have the right to full disclosure of all relevant information so that they can make informed choices about their care.

- **Confidentiality**

We respect the confidentiality of client information and relationships as a demonstration of the value we place on individual autonomy. We acknowledge our obligation to justify any violation of a confidence.

- **Societal Trust**

We value client trust and understand that public trust in our profession is based on our actions and behavior.

- **Nonmaleficence**

We accept our fundamental obligation to provide services in a manner that protects all clients and minimizes harm to them and others involved in their treatment.

- **Beneficence**

We have a primary role in promoting the well being of individuals and the public by engaging in health promotion/disease prevention activities.

- **Justice and Fairness**

We value justice and support the fair and equitable distribution of health care resources. We believe all people should have access to high-quality, affordable oral health care.

- **Veracity**

We accept our obligation to tell the truth and assume that others will do the same. We value self-knowledge and seek truth and honesty in all relationships.

## 7. **Standards of Professional Responsibility**

We are obligated to practice our profession in a manner that supports our purpose, beliefs and values in accordance with the fundamental principles that support our ethics. We acknowledge the following responsibilities:

### ***To Ourselves as Individuals ...***

- Avoid self-deception, and continually strive for knowledge and personal growth.
- Establish and maintain a lifestyle that supports optimal health.
- Create a safe work environment.
- Assert our own interests in ways that are fair and equitable.
- Seek the advice and counsel of others when challenged with ethical dilemmas.
- Have realistic expectations of ourselves and recognize our limitations.

### ***To Ourselves as Professionals ...***

- Enhance professional competencies through continuous learning in order to practice according to high standards of care.
- Support dental hygiene peer-review systems and quality-assurance measures.
- Develop collaborative professional relationships and exchange knowledge to enhance our own lifelong professional development.

### ***To Family and Friends...***

- Support the efforts of others to establish and maintain healthy lifestyles and respect the rights of friends and family.

***To Clients...***

- Provide oral health care utilizing high levels of professional knowledge, judgment, and skill.
- Maintain a work environment that minimizes the risk of harm.
- Serve all clients without discrimination and avoid action toward any individual or group that may be interpreted as discriminatory.
- Hold professional client relationships confidential.
- Communicate with clients in a respectful manner.
- Promote ethical behavior and high standards of care by all dental hygienists.
- Serve as an advocate for the welfare of clients.
- Provide clients with the information necessary to make informed decisions about their oral health and encourage their full participation in treatment decisions and goals.
- Refer clients to other health care providers when their needs are beyond our ability or scope of practice.
- Educate clients about high-quality oral health care.

***To Colleagues...***

- Conduct professional activities and programs, and develop relationships in ways that are honest, responsible, and appropriately open and candid.
- Encourage a work environment that promotes individual professional growth and development.
- Collaborate with others to create a work environment that minimizes risk to the personal health and safety of our colleagues.
- Manage conflicts constructively.
- Support the efforts of other dental hygienists to communicate the dental hygiene philosophy and preventive oral health care.
- Inform other health care professionals about the relationship between general and oral health.
- Promote human relationships that are mutually beneficial, including those with other health care professionals.

***To Employees and Employers...***

- Conduct professional activities and programs, and develop relationships in ways that are honest, open and candid.
- Manage conflicts constructively.
- Support the right of our employees and employers to work in an environment that promotes wellness.
- Respect the employment rights of our employers and employees.

***To the Dental Hygiene Profession...***

- Participate in the development and advancement of our profession.
- Avoid conflicts of interest and declare them when they occur.
- Seek opportunities to increase public awareness and understanding of oral health practices.
- Act in ways that bring credit to our profession while demonstrating appropriate respect for colleagues in other professions.
- Contribute time, talent, and financial resources to support and promote our profession.
- Promote a positive image for our profession.
- Promote a framework for professional education that develops dental hygiene competencies to meet the oral and overall health needs of the public.

***To the Community and Society...***

- Recognize and uphold the laws and regulations governing our profession.
- Document and report inappropriate, inadequate, or substandard care and/or illegal activities by any health care provider, to the responsible authorities.
- Use peer review as a mechanism for identifying inappropriate, inadequate or substandard care

provided by dental hygienists.

- Comply with local, state, and federal statutes that promote public health and safety.
- Develop support systems and quality-assurance programs in the workplace to assist dental hygienists in providing the appropriate standard of care.
- Promote access to dental hygiene services for all, supporting justice and fairness in the distribution of health care resources.
- Act consistently with the ethics of the global scientific community of which our profession is a part.
- Create a healthful workplace ecosystem to support a healthy environment.
- Recognize and uphold our obligation to provide pro bono service.

### ***To Scientific Investigation...***

- We accept responsibility for conducting research according to the fundamental principles underlying our ethical beliefs in compliance with universal codes, governmental standards, and professional guidelines for the care and management of experimental subjects. We acknowledge our ethical obligations to the scientific community.
- Conduct research that contributes knowledge that is valid and useful to our clients and society.
- Use research methods that meet accepted scientific standards.
- Use research resources appropriately.
- Systematically review and justify research in progress to insure the most favorable benefit-to-risk ratio to research subjects.
- Submit all proposals involving human subjects to an appropriate human subject review committee.
- Secure appropriate institutional committee approval for the conduct of research involving animals.
- Obtain informed consent from human subjects participating in research that is based on specifications published in Title 21 Code of Federal Regulations Part 46.
- Respect the confidentiality and privacy of data.
- Seek opportunities to advance dental hygiene knowledge through research by providing financial, human, and technical resources whenever possible.
- Report research results in a timely manner.
- Report research findings completely and honestly, drawing only those conclusions that are supported by the data presented.
- Report the names of investigators fairly and accurately.
- Interpret the research and research of others accurately and objectively, drawing conclusions that are supported by the data presented.
- Critically evaluate research methods and results applying new theory and technology in practice.
- Be knowledgeable concerning currently accepted preventive and therapeutic methods, products, and technology and their application to our practice.

## **PHILOSOPHY OF TEACHING AND LEARNING**

The faculty believes it is important to establish a common philosophy regarding clinical instruction. It is our hope that this will be a valuable tool to promote understanding between students and instructors, so that we will all be aware of the teaching approaches to be used, the rationale for each of these, and the expectations for performance. The faculty holds the following beliefs with regard to student learning and teaching.

### ***Active Role of Learner***

We believe that people learn best by self-discovery and active participation. Students will be provided with opportunities to experience structured practice, problem-solving, and self-correction of errors with instructor guidance.

The learner needs to know what he/she is doing correctly in order to gain a sense of accomplishment and build confidence. It is expected that the learner will make errors during the process of learning psychomotor skills and care planning. Errors must be clearly identified to the learner in order to progress through the stages of skill development. This evaluation will be given in a constructive manner which helps the learner recognize errors, understand their significance, and identify ways to improve. Instructor evaluation is intended to help the student learn from mistakes and to progress.

### ***Variety of Teaching/Learning Approaches***

Learning will be facilitated by a variety of approaches: lecture, discussion, reading, interactive computer simulations, self-study modules, library research, problem-solving exercises, and practical experiences. Learning will be reinforced by utilizing a variety of these techniques, rather than a single technique. Individuals will differ in their learning styles; and while one method may work well for one student, another method may be more effective for others. Students must become aware of the methods which help them learn and utilize these methods in the learning process. Individualized learning experiences and case studies will be provided to help students improve clinical decision-making skills.

We believe that students are ultimately responsible for their own learning. Reading materials and assignments will be provided prior to lectures, seminars, or labs. Students are expected to prepare ahead of time so that they have sufficient background knowledge to gain maximum benefit from class time.

For a positive learning atmosphere to exist, it is important that students not compare their rate of learning with that of fellow classmates. Much frustration will be alleviated if students recognize their individual differences and work progressively toward accomplishment of goals, recognizing that they did the very best they could at any given time. We expect that all students will possess successful career entry-level skills at the time of graduation.

Self evaluation of process and end product is encouraged throughout the entire sequence of laboratory, preclinical and clinical courses.

### ***Clinical Competence***

We believe that learner confidence and patient safety are improved when the student is provided practice sessions on models or simulated lab experiences at least once prior to attempting procedures on actual patients. Clinical competencies are assessed in all clinical functions. If minimum competency and safety is not demonstrated, then the student will be expected to refrain from performing these tasks on patients until he/she can qualify as a "safe beginner."

### ***Background Knowledge***

Our concern for patient safety is reflected by requiring minimum performance levels on tests of academic information related to specified clinical skills. The student will be expected to meet these minimum levels before such skills may be performed on patients. These areas will be identified in the course outlines and retested to the required competency (percent). Certain questions on an exam may be identified as critical information which must be learned sufficiently to meet the specified competency for the unit objective. Students will utilize information learned in lecture and in lab to perform clinical skills on patients. The student will be tested on this information in a manner which reflects the ability to understand and apply concepts, rather than just memorize facts. Testing items, at least in part, will provide simulations of patient care or management situations which students may eventually encounter.

### ***Learning Experiences***

A diverse clinical education can be achieved from experiences with many types of patients as well as various clinical settings. Patients with a variety of special needs will be encountered in clinical practice. Several "requirements" have been established to provide students with exposure to these experiences prior to graduation. Extramural clinic rotations are provided to prepare the student to function in a variety of clinical settings.

### ***Emphasis for Evaluation***

Clinical dental hygiene involves both the process of performing services and the final result of that process. We believe process is as important as final product in that it has a great effect on the patient's safety and comfort, as well as the operator's effectiveness and comfort. Therefore, initial learning will be structured toward a basic understanding of the processes or components involved in the skills being taught. The student will be evaluated more than once until an acceptable performance of a given method has been demonstrated. We do not believe that there is only one appropriate "technique" or way to perform a given service. However, psychomotor skills are taught initially with one basic approach describing specific task components. This encourages consistency of teaching approach and evaluation, and minimizes confusion.

"Process evaluations" will be part of the requirements for each clinical course, with minimum competency specified. After minimum competency has been demonstrated, consistency in subsequent trials will be expected. To demonstrate consistency in major skills, the student may be required to duplicate minimum competency in future clinical courses. When this has occurred, the student will then be allowed greater freedom to explore alternative techniques and choose those individual methods which produce the best results. Therefore, during the student's initial learning of clinical procedures, primary emphasis will be placed on the process of skill performance with a minimum emphasis on efficiency. As student performance progresses, emphasis will shift from process evaluation to final product evaluation. The student will be expected to demonstrate increased competency and efficiency each quarter. Requirements will be structured to reflect this emphasis. If the final product becomes significantly lower, additional individualized process evaluations will be assigned as appropriate to help correct problems.

In addition to the development of technical skills, the dental hygiene student will develop clinical decision-making skills. As greater background knowledge is gained, the student will be expected to transfer learning to clinical situations in order to assess, plan, and evaluate oral health care services. Progression through the curriculum will reflect increasing emphasis on the student's ability for problem-solving and case management.

### **Summary**

*Students and instructors should remember that no evaluation system is perfect or infallible. Many factors such as student performance, instructor individuality, and patient variability may account for what appear to be inconsistencies in evaluation scores. The process of learning psychomotor skills for patient care inevitably involves many "ups and downs" for the learner. The goal of this system of clinical evaluation is not to erect barriers for the student, but rather to provide sufficient feedback so that the student utilizes problem-solving and decision-making skills to eventually operate independently with confidence and skill.*

## **PROFESSIONALISM**

"The professional traits that a dental hygienist must demonstrate and a dental hygiene student should strive to develop are . . ."<sup>1</sup>

- Honesty and integrity
- Caring and compassion
- Reliability and responsibility
- Maturity and self-analysis
- Loyalty
- Interpersonal communications
- Respect for others
- Respect for self

<sup>1</sup>Beemsterboer, **Ethics & Law in Dental Hygiene**, Saunders, 2002. p. 12.

The dental hygiene student will adhere to a set of values comprising both this formally agreed-upon code of conduct and the informal expectations of colleagues, clients and society. The key values include acting in a patient's interest, responsiveness to the health needs of a society, maintaining the highest standards of excellence in the practice of dentistry and in the generation and dissemination of knowledge. In addition to dental knowledge and skills, dental professionals should present psychosocial and humanistic qualities such as caring, empathy, humility and compassion, as well as social responsibility and sensitivity to people's culture and beliefs. All these qualities are expected of members of highly trained professions.<sup>2</sup>

<sup>2</sup>Based upon the definition at [www.iime.org/glossary.htm](http://www.iime.org/glossary.htm).

Attached is "The Behaviors of Professionalism" copyright 2003-2004 by the National Board of Medical Examiners. These behaviors are expected of the dental hygiene students completing their education in the Shoreline Community College dental hygiene program of study.

# The Behaviors of PROFESSIONALISM

Accepts constructive feedback and modifies behavior appropriately	Facilitates conflict resolution
Accepts personal risk in provision of health care	Fulfills all clinical responsibilities in a timely manner
Adapts to instructional policies and procedures	Fulfills all nonclinical responsibilities in a timely manner
Adheres to institutional policies and procedures	Improves team effectiveness through motivation and facilitation
Adheres to local dress code	Intervenes immediately when unprofessional behavior presents clear and present danger
Admits errors and assumes personal responsibility for mistakes	Maintains a positive attitude amidst increased and unanticipated additional work
Advocates for changes in policies, procedures, or practices for the benefit of patients	Maintains composure during difficult interactions with colleagues
Advocates for colleagues	Maintains composure during difficult interactions with patients
Advocates for societal issues	Maintains confidentiality of patient information in public areas
Advocates for the individual patient	Maintains thoroughness and attention to detail
Allocates health care resources without bias	Makes valuable contribution during class, rounds, or meetings
Appropriately incorporates patient's values, customs, and beliefs into management plan	Offers advice when appropriate
Arrives on time for scheduled activities and appointments	Optimizes patient comfort and privacy when conducting history, physical examination, and procedures
Attributes ideas and contributions appropriately to others	Provides constructive and supportive feedback appropriately
Avoids gifts and remunerations that might be perceived as conflicts of interest	Provides patient care without consideration of personal benefit
Balances personal needs and patient care obligations	Provides patient information to team members in a timely and effective manner
Breaks bad news with compassion and appropriate candor	Reacts appropriately to other's lapses in conduct and performance
Collaborates with patients/designated representatives in decision making	Requests help when needed
Completes assigned share of team responsibilities	Responds appropriately to help a distressed or impaired colleague
Conveys information and answers questions honestly and tactfully	Responds promptly when paged or called
Demonstrates appropriate boundaries for interprofessional relationships	Serves as knowledge or skill resource for others
Demonstrates appropriate boundaries for patient relationships	Signs over and ensures coverage of patients when unable to fulfill responsibilities
Demonstrates sensitivity to power asymmetries in professional relationships	Solicits and values input from colleagues when appropriate
Discloses errors to patients when appropriate	Takes on extra work when appropriate for the benefit of the patient
Discusses colleagues without using inappropriate labels or comments	Takes on extra work when appropriate to help the team
Discusses patients without using inappropriate labels or comments	Takes steps to prevent repetition of errors
Displays compassion and respect for all patients even under the most difficult circumstances	Teaches and emphasizes tenets of professionalism when appropriate opportunities arise
Elicits patient's understanding to ensure accurate communication of information	Transmits accurate and detailed information for optimal transition of care
Endures inconvenience to meet patient needs	Upholds ethical standards in research projects and other scholarly activities
Engages in informal teaching and learning activities with colleagues as appropriate	Uses resources effectively to ensure optimal patient care

*\*These behaviors appear at <http://ci.nbme.org/Professionalism/Agree.asp> and are the copyrighted material of the National Board of Medical Examiners®, and have been reprinted with permission*

Part 2

# Program Structure

## **DENTAL HYGIENE STRUCTURE**

The Shoreline Community College Dental Hygiene Program is one department within the Health Occupations and Physical Education Division. The other programs within the division are: Nursing, Medical Laboratory Technology, Health Care Information, Physical Education and Dietetic Technology.

The Dean for this division is Gillian Lewis. Rosie Bellert is the Director of Dental Hygiene.

Two coordinators have been appointed to assist with program management by overseeing both the clinical and didactic portions of the program.

### **COMMUNICATION AND PROBLEM SOLVING**

The faculty of the Dental Hygiene Program at Shoreline Community College have as one of their primary goals the development of a program designed to provide competent dental hygienists for the community. The complexity of information provided and intensity of evaluation are such that at times students may feel a sense of anxiety or frustration. Many of these feelings can be lessened if the lines of communication between faculty and students remain open and concerns are shared at the earliest opportunity.

The following is provided in an attempt to help explain the appropriate channels of communication.

1. In general, the first person to contact is the instructor working closest with the student. In clinic this would be the block instructor and in a didactic class it is the lecturer. Most concerns can be resolved at this level.
2. If the student cannot reach a satisfactory solution by discussing concerns directly with the involved instructor, the student may then contact the program director for further assistance. The program director will arrange an informal meeting with the student and other appropriate individuals, including one or more of the following: lead instructor, and/or advocate selected by the student. The purpose of a meeting would be fact-finding and seeking possible solutions.
3. If a satisfactory solution is not reached by an informal group meeting with the program director, then the student may initiate a formal academic grievance according to College Policy, 5035: Student Grievance Procedures.

Note: Faculty, coordinators or the program director will not meet privately with a student to discuss complaints about another instructor's grading.

Note: When student concerns are placed in writing, only signed letters will be considered. Anonymous letter(s) from a student(s) expressing concern about a particular instructor will not be considered.

## PERSONAL COUNSELING

If personal problems seem overwhelming and you need help, we hope that you will turn to the faculty in the Dental Hygiene Program for assistance. Each instructor is interested in your success and will help you determine the appropriate resources available to you.

Shoreline offers short-term personal counseling to help students solve problems and overcome difficulties that present barriers to success. Issues that may impede academic progress can be addressed through counseling services. Counselors are experienced in handling complex situations. They also serve as a campus and community referral resource for students, faculty and staff. Shoreline Community College counselors are professionally trained and experienced in counseling, psychology and social work. All information shared during the course of personal counseling is confidential.

### ■ **Counseling is available on campus**

#### ■ **How Do I Make An Appointment?**

- **Students** arrange appointments with us on their own initiative.
- **ALL Appointments Are FREE** and can be scheduled in person in room 5229 (FOSS Building) or by calling **206-546-4559**.
- Counseling appointments are confidential.
- Counselors are available during regularly scheduled hours. Evening counseling is also available.

### ■ **OFFICE OF SPECIAL SERVICES**

- Contact Shoreline's coordinator of services for students with disabilities at 546-4545 or 546-4520 (TTY) in the FOSS Building, Room 5226, for more information or for an assessment of your individual needs.

## TUTORING

Eligible students can request instructional assistance in math/science areas. Tutoring in other academic areas can be arranged upon request. Students must meet federal guidelines for educationally or economically disadvantaged status.

## CARL PERKINS SUPPORT SERVICE

(206) 546-7852

The Perkins Support Services program manager and staff are available to assist and advocate for students with special needs who are members of special populations such as single parents, re-entry students, limited-English-speaking students, students receiving financial aid and students with disabilities. Services provided may include, but are not limited to, providing access and referral to tutoring, counseling, guidance and other educational services on campus. The staff also advocates on behalf of students who receive supplemental assistance from community and governmental agencies such as Division of Vocational Rehabilitation (DVR), Department of Social and Health Services (DSHS) and Employment Security (ES).

The most important role of this office is to ensure that each Professional/Technical student has equal access to the full range of services provided by Shoreline Community College and the community at large.

Part 3

# Standards & Procedures

## DEPARTMENTAL GRADING

Grading procedures will follow the college policies developed by the Faculty Senate. Instructors may report grades from 4.0 to 0.6 in 0.1 increments, and the grade of 0.0. Grades in the range 0.6 to 0.1 may not be assigned. Numerical grades may be considered equivalent to letter grades as follows:

Grade Scale	%
<b>4.0</b>	95-100
3.9	94
3.8	93
3.7	92
3.6	91
3.5	90
3.4	89
3.3	88
3.2	87
3.1	86
<b>3.0</b>	85
2.9	84
2.8	83
2.7	82
2.6	81
2.5	80
2.4	79
2.3	78
2.2	77
2.1	76
<b>2.0</b>	<b>75</b>
1.9	74
1.8	73
1.7	72
1.6	71
1.5	70
1.4	69
1.3	68
1.2	67
1.1	66
<b>1.0</b>	65
0.9	64
0.8	63
0.7	62

**H - Course in Progress** - With the approval of the Vice President for Academic Affairs, instructors teaching courses that extend beyond the end of a quarter will award an H grade to all students at the time when grades are normally due. Upon the completion of the course, the instructor will award the final grades that will replace the H grade on each student's transcript.

**W - Official Withdrawal** - A W grade will be granted only from the first day of the third week through the first class day of the seventh week of the quarter (or the equivalent date for the summer quarter)

provided the student follows the early exit procedure. **No Ws will be given after the cut-off date.** Ws remain on the transcript but are not counted in the GPA computation. A student may not withdraw to avoid consequences of cheating, plagiarism or other intellectual dishonesty.

**V - Unofficial Withdrawal** - Students who attend briefly, rarely, or not at all and who fail to withdraw with a W grade will receive the V grade. This grade will be computed as a 0.0 in GPA calculations.

**Z - Hardship Withdrawal** - This grade may be given at the student's written request and the instructor's agreement that a crisis and/or unusual, extreme circumstance which has interfered or interrupted the student's ability to attend class and perform course work for the current quarter has occurred. This grade will not be considered in GPA calculations.

**I - Incomplete** - At a student's request, a grade of Incomplete may be given when the instructor agrees that the student is unable to complete the requirements of the course during the 11-week quarter but can successfully complete the course work with no additional instruction. The instructor must specify on a standard Incomplete Contract form what requirements the student must fulfill in order to convert the incomplete grade to an appropriate grade. To obtain credit for the course, the student must convert an Incomplete into an appropriate grade by completing the requirements specified in the standard contract within the time limits specified therein, not to exceed one calendar year from the date of the contract.

**Pass/NC or Pass/0.0** - An instructor may offer a course on a pass/0.0 basis with prior approval from the Director. The criteria for 0.0(fail) will be described in the course outline. Pass/NC (no credit) is not an option in the Dental Hygiene Program.

**P: Pass** - By assigning a P, the instructor certifies a performance level of at least 2.0. P allows credit for the course, but the grade will not be considered in GPA calculations. Unless a 2.0 performance level is achieved the student selecting the P/0.0 option will receive no credit and the grade of 0.0, and the student selecting the P/NC option will receive an NC grade.

### **ACADEMIC GRADING**

any number over 5, round up to the next number (94.6 becomes 95)

any number less than 5, round down (94.4 becomes 94)

the number 5 rounds either up or down to the closest even number (93.5 become 94, 92.5 becomes 92)

The following policies have been established for the grading of most academic courses within the dental hygiene curriculum.

Each examination will be graded with the highest score equaling 100%.

At the end of the quarter all scores will be averaged and the number received will determine the final grade. Example: On a 100 point test, the highest score was 90. Ninety would then equal 100% or A. If, during the quarter, five tests of equal weight were given and a particular student scored 94%, 93%, 75%, 95%, and 98%, the final quarter grade would be 91% (equal to a 3.2).

In some courses (especially those with numerous small quizzes), the instructor may choose to keep a running tally of points earned on tests. At the end of the quarter, the highest point total equals 100%. In such cases, the preceding grade scale will still apply.

Because certain subject matter is critical to patient safety (i.e. local anesthesia, emergency procedures, etc.), selected areas of the curriculum will require the student to attain a grade higher than 75% of the top score in order to be considered passing. These areas will be stated in course objectives.

### **ACADEMIC GRIEVANCES**

Students who seek a mechanism for resolving disagreements or misunderstandings regarding assignment of grades should follow the problem solving guidelines on pg. 10.

### **PROGRESS REPORTS**

Students are expected to keep track of their progress in each course. Faculty may choose to utilize the form "Mid-quarter Alert" to notify students when there is a problem with performance. Faculty-student conferences can be arranged during posted office hours.

### **CREDIT BY EXAMINATION**

Students may obtain credit for a course by successfully passing a challenge exam. Selected academic courses are open to challenge; clinical courses cannot be challenged. Challenge exams are scheduled by prior arrangement with the Division Dean, Director of Dental Hygiene and appropriate faculty.

Challenge exams must be passed at 75%. Failure will discontinue the process. Refer to Appendix E for procedures to follow.

## **EXAMINATION STANDARD**

Dental hygiene faculty recognizes the value of immediate feedback to reinforce learning, and will attempt to make test keys available as soon as possible after examinations are given. Course instructors may specify procedures necessary to ensure test security.

Exams are not optional. All exams including the final must be completed before the end of the quarter. **Final examinations must be taken during the exam week designated by the College.** The day and time of each exam will be determined by the coordinators with input from faculty and students, and approval from the division dean.

### **Administration of Examination**

All books, book bags, backpacks, and purses will be placed on the floor under the tables. Only pencil, pen and examination papers will be allowed at the testing station. Students will arrive on time for examinations. Any student arriving late will not be given an extension of time beyond the testing limits.

***All examinations will be monitored.*** At least one faculty member will be present to monitor examination conduct, distribute and collect papers, and handle problems or questions during the examination period.

### **Conduct during Examination**

Seating should be arranged so that adequate space is allowed between students.

All questions must be directed to the instructor privately. Questions will not be asked aloud in class to disrupt the thoughts of the other students. If a question proves to be of concern to all students taking the examination, the instructor will make the announcement to the class.

The following is defined as appropriate conduct during an examination.

- Student is quiet.
- Student looks only at own paper.
- Student does not communicate with or help other students in any way.
- Student has only pencil, pen and examination papers at the testing station.
- Student is expected to come prepared to remain in the room until the exam is completed and returned to the instructor.

If a student suspects another student is violating the code listed above for "Conduct during Examination", the instructor should be notified immediately. (The student may wish to say, "there seems to be talking in the back corner", etc.). The instructor may then make a general warning announcement, such as "Please be sure you are not communicating with anyone."

If an instructor observes or has evidence of an apparent violation of the test code, a general warning announcement may be issued or the procedure outlined in the Student Conduct and Discipline Code (Policy #5030) will be initiated.

## Retesting

Retests to demonstrate competency may be required in selected academic courses for those students who have failed an examination or a specific section of an examination. These areas will be stated in individual course objectives. Grade adjustments after retesting are the prerogative of the individual course instructor. Successfully passing a retest may allow the exam grade to be raised only to the minimum passing grade.

## Make-up Exams

1. If a student is ill on the day of an exam, he/she is expected to call by 8:00 and leave a message which will be posted on the board labeled "absence." A maximum of two absences on test days due to self-reported illness are allowed per quarter, unless note from doctor is provided.
2. The absent student's name will be announced in class, or the instructor will ask who is missing, so that all students are aware of an individual who will be taking a make-up exam at a later date.
3. **On the first day back**, the student is responsible for contacting the appropriate instructor to arrange a date and time to make up the missed exam. If the student is unable to contact the instructor, he/she will contact the appropriate coordinator or the Director. ***If the student fails to arrange for a make-up exam on the first day back, he/she forfeits the right to take the exam.***
4. The time for the student to take the exam will be determined by the instructor. It will occur as soon as possible after the student's return and in no case shall more than 5 calendar days elapse after the student's return.
5. Instructors have the discretion to determine how the following situations will be handled:
  - a. posting test keys
  - b. returning graded examinations
  - c. rewriting tests in new forms
  - d. assigning of projects in place of missed exams
6. Results of the grade curve may be disclosed to students prior to completion of make-up exam. The method of informing individual students about their grades will be left to the discretion of each instructor.
7. When a make-up exam is taken, the score cannot change the top of the grade curve.
8. Refer to individual course outlines for any variations regarding this standard.

## **FINAL EXAM SCHEDULE**

Final examinations must be taken during the week designated by the College.

The day and time of the exam will be determined by the coordinators with input from faculty and students. If this schedule differs from the published college schedule, total class consensus must be obtained. Students will not be required to take three finals on one day. Such a schedule requires total class consensus.

Final exam scores and course grades are not released directly to students. Students may access the grade-by-phone option described in the college time schedule or check the college website ([www.shoreline.edu](http://www.shoreline.edu)) press: **On Line Services**, then press: **Grades** (requires Student ID and Pin number).

## **STUDENT CONDUCT AND DISCIPLINE**

The Student Conduct and Discipline Code (Policy #5030) of Shoreline Community College states that "admission to the college carries with it the expectation that the students will conduct themselves as responsible members of the academic community. This includes the expectation that the student will obey the law; comply with the rules and regulations of the college; maintain high standards of integrity and honesty; and respect the rights, privileges, and property of other members of the college community."

Policy #5033: Dishonesty in Academics prohibits cheating and plagiarism. Copies of Policy 5030 and 5033 are available through the Division Dean, the Vice President for Student Services, the Student Government Office, the library, and/or on-line.

Policy 5033 states that:

Academic dishonesty occurs when a student provides unauthorized academic benefits to another student or receives academic benefits he/she did not earn through his/her own efforts, by cheating or plagiarizing.

Cheating includes, but is not limited to, conferring an unearned benefit to another student, copying another's work on an exam, preparing for an exam by using test questions from a stolen exam, accessing unauthorized materials, or turning in another person's work as one's own.

Plagiarism is quoting, paraphrasing or summarizing portions of another's work from a published, unpublished or electronic source without acknowledging that source.

Consequences of any breach of academic integrity shall be clearly defined in a course syllabus and may include withholding of credit, lowering of grade, and/or failure (0.0) for

the assignment and/or course, or lesser sanctions. Matters involving academic dishonesty may be referred to the Vice President of Student Services for additional disciplinary action(s).

It is the responsibility of each student to protect the integrity of their work and to report known acts of dishonesty.

Students in the Dental Hygiene Program are asked to sign and adhere to a **Professional Standards Agreement** (Appendix A), and to follow other Departmental standards/guidelines relating to examinations, attendance, dress, confidentiality, etc. Failure to comply with the established standards and/or submitting another person's work for a grade will be considered a violation of policies 5030 and 5033 and the disciplinary actions outlined in the **Student Conduct and Discipline Code** will be followed.

## ATTENDANCE

1. **Attendance:** Attendance is expected for all scheduled classes and clinics. If a student is ill, he/she must inform the front office staff by 8:00 a.m. on each day of absence. Specific consequences of absence will be described in individual course syllabi. Attendance is required in clinic even if a patient is not scheduled. Permission must be obtained to leave clinic early. This standard applies to labs and preclinics also.
2. **Promptness:** Promptness is expected for clinics, classes, and assigned duties. Promptness to clinic or lab sessions means reporting early enough to be ready to begin class on time. Arriving after the scheduled start time is distracting and discourteous to classmates and instructors.
3. **Appointments:** It is expected that personal appointments and vacations will be scheduled at times other than during scheduled clinics, classes or final exam days.
4. **Cancelled classes:** No dental hygiene classes are excused. ALL classes will meet on days and times specified, unless prior approval has been received by the instructor(s) from the appropriate coordinator and the Director.
5. **Weather:** Inclement weather rarely forces cancellation of classes at Shoreline Community College. Students should listen to radio broadcasts for college closure bulletins. (Closure of "Shoreline School District 412" does NOT include Shoreline Community College). College voicemail may be used to communicate with students. Students may check the college website ([www.shoreline.edu](http://www.shoreline.edu)) or call the switchboard at 206-546-4101.

6. **Extended absence:** Absence from class or clinic for an extended period will be taken under advisement by the faculty as to whether the student can meet requirements or will be asked to make up the time or repeat the class. The student is held responsible for all material and knowledge covered during his/her absence. It is the student's responsibility to arrange for a fellow classmate to take notes or tape lectures and pick up handouts.

Due to the rigorous physical and academic demands, pregnancy is discouraged while in the program. Exceptions cannot be made for a student who becomes pregnant during her enrollment in the dental hygiene program. If a student does become pregnant, she must complete the Pregnancy Release Form (Appendix B) including a physician's statement.

Evaluation will be made as to the student's ability to continue. An extension of time may be needed to complete requirements, based upon the amount of time lost.

## GENERAL CONDUCT

The Dental Hygiene Program has a responsibility to maintain high professional standards. Conduct of the dental hygiene student reflects upon the individual, the Dental Hygiene Program and Shoreline Community College.

1. **Conduct:** Courtesy and appropriate language is expected with patients, classmates, faculty, staff and visitors to the clinic. A student will be asked to leave the clinic if his/her conduct or appearance does not meet professional standards outlined in this Handbook.
2. **Ethics:** Honesty is a major characteristic of professional integrity and is expected of all students in the program.
3. **Confidentiality:** Students are involved with the complete personal care of patients in many facilities. Conversations about patients in cafeterias, locker rooms, elevators, etc. are a direct violation of the patient's right to privacy and confidentiality.
4. **Smoking:** Shoreline Community College does not allow smoking in any college facility. Smoking is permitted on the College grounds 30 feet away from the buildings and air intake vents. Use of outside urns is expected.
5. **Food:** Eating and gum chewing are not acceptable in the clinic or patient reception area.
6. **Employment:** Part-time employment should not be allowed to interfere with studying and the completion of assignments. ***Dental hygiene procedures shall not be performed or practiced by dental hygiene students while employed as dental assistants*** (i.e. Supra and subgingival calculus removal, administration of local anesthetic, nitrous oxide analgesia, placing permanent restorations, etc.). Such action constitutes a criminal misdemeanor and is a reason for dismissal from the Dental Hygiene Program.

7. **Records:** It is the student's responsibility to inform the department secretary in writing of any change in address or telephone number so that the department records are accurate.
8. **Tips:** Students do not accept monetary tips. If someone wants to express gratitude, they may donate to the Student Fund.
9. **Individuals with bloodborne infectious diseases:** The department has defined the following standards with regard to any individuals with bloodborne infectious diseases (hepatitis B or HIV/AIDS) including program applicants, students, patients, faculty, and staff.
  - a. Universal precautions for bloodborne pathogen exposure control are routinely enforced in laboratory and clinical settings to ensure safety of all students, patients, and personnel. Refer to the Bloodborne Pathogen Exposure Control section of the Dental Hygiene Safety and Accident Prevention Program manual.
  - b. If an applicant, student, or employee has a bloodborne infectious disease, the individual is strongly encouraged to seek counsel from the Washington State

Expert Panel to determine if any modification is recommended for performance requirements and workplace accommodation. The Expert Panel may be accessed with anonymity if desired. Consultation is free of charge and confidentiality is protected.

The following individuals may be contacted for further information:

- Director, Prevention & Education - (360) 586-0427
- Director, Infectious Diseases - (360) 586-8334

- c. After an individual has contacted the Expert Panel, he/she is strongly encouraged to notify appropriate school personnel regarding recommendations for appropriate accommodation and safety.
- d. Discrimination against any individual (applicant, student, patient, faculty, or staff) based on perceived or actual conditions associated with bloodborne infectious disease is prohibited.
- e. Confidentiality of information pertaining to health status of infected individuals must be strictly maintained at all times.

## **SEXUAL HARASSMENT**

According to College Policy #4113, sex discrimination in the form of sexual harassment will not be tolerated, and the perpetrator will be disciplined. The policy defines sexual harassment as:

- 1) Unwelcome sexual advances
- 2) Subtle pressure for sexual activity

- 3) Unnecessary brushes or touches
- 4) Offensive sexual graffiti
- 5) Offensive, disparaging remarks about gender
- 6) Physical aggression such as pinching, patting, or grabbing
- 7) Sexual innuendos made at inappropriate times
- 8) Written communications with sexual overtones
- 9) Verbal sexually abusive remarks disguised as humor
- 10) Obscene gestures.

According to this policy, sexual harassment occurs when an individual's work or educational experience is substantially hampered by the unwanted or offensive sexual attentions of a perpetrator. This perpetrator can be another student, faculty member, or a staff member.

For information about how to file a complaint, contact the Vice President for Human Resources and Employee Relations. When a student has a complaint against another student, the student should contact the Vice President for Student Services.

## **DRESS CODE**

Safety, professionalism and prevention of infectious disease exposure dictate the program policy on dress and appearance. The Washington Industrial Safety and Health Act (WISHA) defines exposure as "reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of duties". The type of session the student will participate in determines the attire to be worn. Students must adhere to the dress code or be excused from lab/clinic.

### **SESSIONS WITH ANTICIPATED EXPOSURE:**

1. Patient Sessions:
  - solid color protective garment\* as defined in the "Bloodborne Pathogen Exposure Control Plan"
  - protective eyewear with side shields, mask and gloves
  - **white** lab coats (wrinkle free)
    - 2 stripes on shoulder and sleeves
  - uniform pants
    - solid color and must match one of the two colors on the lab coat sleeve
    - clean, wrinkle-free
    - ankle length
    - no leggings or sweats
  - white shoes
    - clean and in good repair
    - toe enclosed
    - **should not be worn out of building**

\*All students wearing "protective garments" will:

1. wear school nametag
  2. wear hair restrained and controlled so that it is out of the face and does not hang forward
  3. wear appropriate undergarments
  4. not wear fragrances
  5. keep fingernails clean and short with no colored polish (no artificial nails)
  6. remove eyebrow and/or nose rings or studs, lip rings or studs, and tongue piercing bars.
2. Lab Sessions:
- solid color, knee length protective garment as defined in the "Bloodborne Pathogen Exposure Control Plan".
  - protective eyewear with side shields, mask and gloves
  - street clothes

### **SESSIONS WITHOUT ANTICIPATED EXPOSURE:**

Protective eyewear with side shields, mask, lab coat and gloves as appropriate for accident prevention.

### **APPEARANCE IN DENTAL HYGIENE CLASSES:**

Students are encouraged to maintain a clean and well-groomed appearance at school. Shorts and/or tank tops are not to be worn in any part of the treatment facility where patients are present (i.e. clinic, hallway, x-ray room).

## **SOCIAL NETWORK SITES**

You are preparing to enter a profession. Employers in the Seattle area and the country and our clinical partners are currently searching internet sites including social networking sites for information. Information you choose to post on such sites could result in negative consequences for your education, interrupting your program of study, and negatively impacting future employment. A timely article by Michele Satterlund was published in Virginia Nurses Today. It can be accessed from the following site: [http://www.nursingald.com/Uploaded/NewsletterFiles/VA5\\_10.pdf](http://www.nursingald.com/Uploaded/NewsletterFiles/VA5_10.pdf) and appears on page 14 of the May, June, July 2010 newsletter.

The article recommends closing social networking sites. If you feel for some reason that you must continue to have the site, the following steps are recommended:

1. Set settings to private or friends only – make sure you only accept requests from people with whom you are well acquainted.
2. *Untag* photos of yourself from other friends' sites and ask your friends to remove the photos
3. Avoid expressing person opinions about issues. Your personal opinion on an issue may not be aligned with that of your employer or future employer
4. Google yourself periodically – this is your online reputation
5. Anything you post on social network sites cannot be removed – it is FOREVER
6. Do not discuss patients, employers or potential employers, your work day, your negative opinions about your job, and ALL topics related to practice. Do not discuss your clinical day – what happens in clinical stays in clinical.

7. Before posting anything ask yourself if you think there would be any concerns if your employer, a future employer, your family or friends, a patient, or a coworker read anything you have posted.

STUDENTS WHOSE POSTINGS ON THESE SITES VIOLATE HIPAA REGULATIONS OR JEOPARDIZE CLINICAL PLACEMENTS WILL BE DISMISSED FROM THE DENTAL HYGIENE PROGRAM.

## **ALCOHOL & DRUG POLICIES**

The College does not, in any way, condone the uncontrolled use of alcohol, hallucinogens and other drugs or controlled substances by students. In view of existing legal restrictions and scientific evidence concerning the effects of these drugs, and in accordance with College Policies #5324: Alcoholic Beverages and #5326: Drugs, if a student possesses, manufactures, sells, uses, or causes someone else to use these drugs on college property, he/she becomes subject to immediate disciplinary action by the College.

## **FACULTY EVALUATION**

Faculty evaluation is required by the College. The goal of the faculty evaluation process is to assess teaching performance and to improve the quality of education. Through this process of faculty evaluation, strengths and weaknesses will be identified and faculty will be encouraged to improve in areas of weakness.

Student evaluation of faculty is considered an integral part of this process. Dental hygiene students are requested to complete anonymous evaluations of their instructors and courses. Information from these surveys is used for periodic assessment of instructor performance and implementation of future changes. Instructors value this feedback and appreciate the time spent by students.

## **BASIC LIFE SUPPORT RECOGNITION**

All students, faculty and support staff involved in the direct provision of patient care must be recognized (certified) in basic life support procedures, including cardiopulmonary resuscitation, at intervals not to exceed two years. **Annual** review of basic life support is strongly recommended for all individuals involved in direct patient care.

Students will submit proof of current certification in cardiopulmonary resuscitation prior to admission in the Dental Hygiene Program.

## FACILITY

1. **Offices provided for faculty and support staff (including desks, computers, phones and books) are for employee use only.** Students are not to borrow books or enter offices without permission.
2. **The privacy of faculty and staff offices** is to be respected at all times. If the door is closed, it is safe to assume that she/he is busy at the moment and should not be disturbed unless it is an emergency. It is best to leave a "Request for Communication" (blue note) in the "pocket board" by the faculty mailboxes.
4. **Telephones** in the locker room and in Room 2512-B may be used to contact patients. Personal calls are not permitted.
5. **Cell phones and pagers:** Students must silence their cell phones (no text messaging in class) and pagers while in class. For security purposes students are encouraged to give patients their pager number rather than home or cell phone number. Students are encouraged to use their cell phone for personal calls.
7. **Mailboxes** are provided for each student and are located in room 2512. These are private and are used to return assignments, exams, individual notices, mail, etc. Please check these daily. Instructor mailboxes are located in the hallway by the faculty conference room door. Notices and assignments for faculty can be placed in these slots
8. **Lockers:** Lockers are available for student use, student must provide own lock. It is highly recommended to keep valuable in your locker. The school is not liable for loss of valuables.
9. **Faculty observe office hours** each week. The amount of time is determined by the faculty's teaching load for the quarter. These hours are posted on cards located across from the faculty mailboxes. Students should make every effort to arrange any necessary meetings with faculty during these times.
10. **Bulletin boards** are provided in the hallway outside the locker room. Faculty use these boards to communicate with the 1st and 2nd year classes. Individual notices to students are usually put in the student's private mailbox. Students are encouraged to use the bulletin boards in the locker room for notices of a personal nature (i.e. parties, jokes, etc.).
11. **Student phone messages** are placed in the gray file boxes on counter in the reception room. Patient cancellation notices are recorded on orange slips.
12. **Due to the limited space in the building and constant faculty/student contact, certain rooms have been defined as "neutral zones".** The conference room and copy/work room are areas where the faculty would prefer no student contact. Students may enter and pass through the conference room to consult with the director. The faculty in turn will respect the student locker room and not contact students while they are in that area. Common courtesy defines the rest room as an area where official communication is unacceptable.
13. **The dental hygiene complex will be opened** at 7:30 a.m. Students arriving earlier than 7:30 a.m. may utilize the library or Pagoda Union Building (PUB) until the rooms are open.

The complex will be locked at 5:00 p.m. Monday through Thursday and at 4:30 p.m. on Friday. When scheduled clinic and lab courses run later than the official closing time (i.e. after facility is locked), students are expected to leave the facility no later than one-half hour after the end of class. Students may access the clinic ½ hour prior to clinic start time. It is the student's responsibility to be ready to leave at the designated times.

12. **Children in the workplace:** Parents who attend classes or who work at Shoreline should not bring any of their dependents with them. It is not possible to provide adequate supervision of children in order to minimize liability to the college or to the parent due to potential injury to the child or damage caused by the child. (Refer to College Policy #4127)

*Children without supervision or with supervision imposed upon college employees or students may disrupt the educational process or work setting, and possibly create a safety hazard for the children themselves or for others on the College campus.*

13. **Secretarial staff and duplicating resources** are for faculty use only. The following guidelines have been established for students:
- Patient charts for classroom use will be duplicated for students by the department secretary only. **Note: Charts may not be copied on the student copier located in student locker room.** The Patient Services Representative should not be asked to do copying.
  - All other student projects (i.e. community health handouts, notes, make-up assignments, etc.) will be duplicated by students at their own expense either in the SCC Library or on the new student copier gifted by the Class of 2004 (students will supply their own paper).
  - If college letterhead is needed for a project, staff will provide this to the student upon request.
  - The new student copier purchased by the Class of 2004
14. **Campus parking:** Students may purchase a parking permit sticker from the main cashier. With this sticker the student may park in designated student parking. Vehicles with a student parking sticker found parked in Faculty/Staff areas, No Parking Zones, Loading Zones, or Guest/Patient areas will be ticketed and possibly towed.
15. **Prep Day:** Students are expected to utilize this day off-campus to prepare for final exams. The facility will be closed to students so faculty can use the facility for in-service classes, meetings, etc.
16. **Vacation:** One morning will be set aside during vacation breaks for students to check their patient schedules for the next quarter. This will be the Friday morning before the beginning of the next term. Students should not be in the building at other times during quarterly breaks.
17. **Clinic computers:** the computers located in the clinic may be used by students to access health and dental related web sites, develop medical consultation forms for patients and

access the Dentrix database. These computers are not to be used for personal business or classroom assignments.

## **DETECTION AND REPORTING OF CHILD ABUSE**

All dental hygiene students and clinical instructors will identify and report to the appropriate authorities any suspected cases of child abuse or neglect encountered in the Shoreline Community College Dental Hygiene Clinic.

### **Rationale:**

Child abuse and neglect is recognized as a serious threat to children's lives. In order to combat this growing problem the Washington State Legislature enacted the first child abuse reporting law in 1965.

Washington state law (Revised Code of Washington, Chapter 26.44) is designed to protect children who have been non-accidentally injured, sexually exploited or deprived of the right to minimal nurture, health and safety by their parents, custodian or guardian. The intent of the law is to provide comprehensive protective services for abused, neglected, exploited and abandoned children found in Washington state.

State law (RCW 26.44.030) requires licensed health service providers who have reasonable cause to believe the child has suffered from abuse or neglect to report such findings to the Child Protective Services of the Department of Social and Health Services and/or to the local law enforcement agency where the child resides (local police department, prosecuting attorney, State Patrol, Director of Public Safety, or the Sheriff's Office).

The state law (RCW 26.44.080) further states that those required by law to report must do so and those that knowingly fail to make a report shall be guilty of a gross misdemeanor.

*ADDITIONAL INFORMATION ABOUT PROCEDURES FOR DETECTION AND REPORTING REFER TO THE DENTAL HYGIENE CLINIC MANUAL FOR.*

## **PROCEDURE TO FILE COMPLAINTS WITH THE COMMISSION ON DENTAL ACCREDITATION (CODA)**

“Each program accredited by the Commission on Dental Accreditation must develop and implement a procedure to inform students of the mailing address and telephone number of the Commission on Dental Accreditation. The notice, to be distributed at regular intervals, but at least annually, must include but is not necessarily limited to the following language:

The Commission on Dental Accreditation will review complaints that relate to a program's compliance with the accreditation standards. The Commission is interested in the sustained quality and continued improvement of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for treatment received by patients or individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students.

A copy of the appropriate accreditation standards and/or the Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, IL 60611-2678 or by calling 1-800-621-8099 extension 4653.

The accredited program must retain in its files information to document compliance with this policy so that it is available for review during the Commission's on-site reviews of the program.” (EPP: Evaluation Policies and Procedures, January 2006, page 49.)

## **DENTAL HYGIENE EXAMINATION ELIGIBILITY**

Application for WREB examinations are made several months prior to administration of the examinations. According to the regulations governing dental hygiene examination eligibility (WAC 246-815-020), applicants must have successfully completed a dental hygiene education program approved by the secretary of the department of health pursuant to WAC 246-815-030. Therefore, at the time of application for the WREB exams, any student with an “incomplete” in any course must prepare and present a plan of completion to be approved by the 2<sup>nd</sup> year lead and the program director. If, at the time of examination any student has a pending “incomplete” the director will withdraw that student’s name from eligibility to sit for the WREB examinations.

### **246-815-020 Dental hygiene examination eligibility.**

(1) To be eligible to take the approved dental hygiene examination, the applicant must meet the following requirements:

- (a) The applicant must have successfully completed a dental hygiene education program approved by the secretary of the department of health pursuant to WAC [246-815-030](#).
- (b) Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.
- (c) The applicant must demonstrate knowledge of Washington law pertaining to the practice of dental hygiene including the administration of legend drugs.
- (d) The applicant must complete the required application materials and pay the required fee.

(2) The application must include:

- (a) The required examination fee.
- (b) Either the national board IBM card reflecting a passing score or a notarized copy of the national board certificate.
- (c) One photograph of the applicant taken within one year preceding the application.

(3) An official transcript or certificate of completion constitutes proof of successful completion from an approved dental hygiene education program. No other proof of successful completion is acceptable.

## **PROBATION**

Faculty expects that dental hygiene students will demonstrate integrity, professionalism, safety, and satisfactory academic performance. Documented concerns regarding unacceptable performance will be considered justification for the Director of Dental Hygiene to place a dental hygiene student on probation.

Notice of probation will include verbal and written communication describing the student's unacceptable performance, expectations for future behavior, and consequences if expectations are not met. The right of due process will always be afforded to the student.

Categories of unacceptable performance are listed below including short-term probation (revocable) and long-term probation (not revocable). Specific examples include, but are not limited to, the following:

### **Short-Term Probation**

Short-term probation is considered cause for serious concern. Once short-term probation status is anticipated, the student will be notified according to due process (described on a following page). If rationale is valid, faculty will provide written notice of the duration of probation and future expectations within the designated timelines, and will initiate discipline that may include the possibility of action to dismiss the student from the program. At the end of the short-term probationary period the student will meet with the director to discuss whether or not the student will be taken off probation or placed on long-term probation.

At faculty discretion, a student may be placed directly on long-term probation (bypassing short-term probation) if student behavior is determined by the faculty to be a serious infraction (including but not limited to: unsafe practices, illegal acts, violations of the code of ethics, acts that increase the risk of liability to the school), unprofessional conduct, poor judgment or unsatisfactory progress.

#### **1. Unsafe practices:**

- a. Failure to adhere to infection control protocol
  - b. Failure to adhere to safety protocol for mercury, radiation, and hazardous chemicals
  - c. Failure to review a patient's medical history or make necessary medical consultations and/or modifications of treatment.
2. **Violations of the Code of Ethics:**
- a. Failure to follow through on requests to meet patient needs made by the dentist or hygienist
  - b. Failure to communicate necessary information about patient needs to the patient or faculty/staff
3. **Acts which increase liability for the school**
- a. Failure to secure required instructor supervision
  - b. Violation of standards regarding security and confidentiality of patient records
  - c. Failure to record legally required information in the patient records
  - d. Failure to review chart of a returning patient prior to appointment
4. **Harassment:**
- a. Verbal
  - b. Physical
5. **Unprofessional Conduct:**
- a. Exhibiting a pattern of being unprepared for clinic or didactic sessions.
  - b. Any disorderly, lewd, indecent, obscene, disrespectful, or verbally abusive behavior.
  - c. Unprofessional conduct towards patients, fellow students, staff or faculty.
6. **Failure to follow Shoreline Community College Department Protocol**  
Exhibiting a pattern of failure to follow department standards and procedures as outlined in the Student Handbook and Clinic Manual.
7. **Unsatisfactory Progress:**
- a. Decision making concerning patient care and/or critical thinking is consistently below the expected level.
  - b. Poor clinical progress.

### **Long-Term Probation**

Long-term probation is considered the most serious situation. At faculty discretion, a student may be placed directly on long-term probation (bypassing short-term probation) if student behavior is determined by the faculty to be a serious infraction (including but not limited to: unsafe practices, illegal acts, violations of the code of ethics, acts that increase the risk of liability to the school), unprofessional conduct, poor judgment or unsatisfactory progress.

1. **Illegal acts:**
- a. Practicing dental hygiene without a license
  - b. Falsifying patient records

- c. Substance abuse (working on patients while under the influence of alcohol and/or drugs)\*\*
  - d. Criminal offenses or theft (on school premises)\*\*
2. **Unsafe practices:**
- a. Administering a contraindicated drug/medication
  - b. Administering an excessive dose of drug/medication to any patient
3. **Repeated occurrences of unacceptable performance:**  
If a combination of two or more infractions from the list for short-term probation occurs, a student may be placed directly on long-term probation.
4. **Academic difficulty**
- a. Earning one grade of D (1.4 or lower) in a dental hygiene academic or clinical course
  - b. Submitting the work of another person as your own
5. **Conduct:**  
Behavior or behaviors that carry a threat or perception of a threat of bodily harm.

\*\*Areas of misconduct related to sexual harassment, substance abuse, or criminal offense will be handled by the Vice President for Student Affairs according to provisions of College Policy #5030.

### **Due Process**

Due process will be utilized at all times to ensure adequate communication and protection of student rights. The sequence of events is described below:

1. Faculty involved will document circumstances of unacceptable student performance and will notify the student within five working days of the occurrence.
2. Faculty involved will meet with the student to explain concerns and verify facts as soon as possible after written notification. The student is entitled to have representation or assistance from a third party at this time.
3. Within five working days after meeting with student, involved faculty will decide if probationary status should be imposed and will communicate these recommendations.
  - a. A written statement will be provided by the involved faculty to the Director of Dental Hygiene explaining recommendations for duration of probationary status and future expectations for student performance.
  - b. A copy of faculty recommendations will also be given to the student, who must read, sign, and return a copy to the Director within five working days following transmission or receipt of recommendations.
  - c. The student may also submit any concerns in writing to the Director.
4. The director will arrange a meeting with the Division Dean and all parties including additional representatives.
5. Within five working days of receiving the faculty recommendations and student response (if any), the Director will make a final decision and convey this in writing to the student and faculty.

6. If the student wishes to appeal this decision, a letter may be submitted to the Director of Dental Hygiene who will meet with the student. If the matter is not resolved, the student will be referred to the Division Dean or the Vice President for Student Affairs in accordance with College Policy 5035: Student Grievance Procedures.

## **DISMISSAL**

The Dental Hygiene Program at Shoreline Community College is designed to provide quality education. By means of the selective admissions process based upon information contained in the dental hygiene applicant brochure and forms packet, faculty attempt to select those students who they feel will have the best chance of success in the course of studies and the profession. Much time has been devoted to the selection of students in the hope that all those selected will find their studies rewarding and will attain competency levels necessary to ensure public safety and pass the national and state licensure examinations.

**STUDENTS WILL BE DISMISSED FROM THE SHORELINE COMMUNITY COLLEGE DENTAL HYGIENE PROGRAM FOR ANY OF THE FOLLOWING REASONS:**

1. **Misconduct**
  - a. Any situation which is covered by Shoreline Community College Policy #5030 dealing with student conduct. This would include documented acts of dishonesty and/or unethical behavior. Depending upon the nature of the misconduct, the most serious action taken could result in dismissal without possibility of readmission to the Dental Hygiene Program.
  - b. When the professional judgment of dental hygiene faculty determines that the student is performing in a manner considered unsafe, or consistently below the expected level for critical decision making regarding patient care or not demonstrating critical thinking ability.
  - c. The second instance, within a ten week period, of failure to adhere to the RCW 42.17 policy regarding the maintenance of confidentiality of the records of a dental hygiene patient.
  - d. Providing dental hygiene treatment services outside of school sponsored settings.
2. **Academic Weakness**
  - a. Receiving a grade of D (0.7 - 1.4) in any two of the academic/clinical courses in the dental hygiene curriculum.
  - b. Receiving a grade of F (below 0.7) in any one of the academic/clinical courses in the dental hygiene curriculum.
  - c. Receiving one "V" or one "Z" grade.
3. **Clinical Ineffectiveness**
  - a. Student is behind in previous quarter's clinical requirements as to hinder the completion of subsequent quarter's requirements. The measure of deficiency is decided by the discretion of clinical faculty when assessing the student's inability to complete clinical requirements.

- b. Student may not carry more than one quarter of incomplete requirements before registering for subsequent quarter. For example fall quarter must be complete to register for spring quarter.

Students who are experiencing significant academic and clinical difficulty will receive advance notification (verbal and/or written) from course instructors. All course outlines will provide explanation of grading policies so that students may understand performance requirements.

When a student is to be dismissed from the program, the student will be advised as to the best course of action should he/she wish to seek readmission. Recommendations might include: (1) written petition for readmission, (2) additional coursework, (3) job exposure in the dental field, (4) personal counseling and guidance, (5) study skills assistance, etc. A copy of this information will become a part of the student's file. Student follow-up on faculty recommendations is expected, if readmission is to be granted.

## **READMISSION**

There are specific procedures and criteria for readmission to the dental hygiene program. Submitting a petition for readmission does not automatically guarantee readmission to the program. Each request is considered on the basis of its individual merit and circumstances.

Readmission is dependent upon space available in the program in the next academic year and a favorable decision of the program administrator and faculty. In the absence of available space or sufficient faculty approval, readmission to the program will not be granted.

### **Guidelines:**

1. Contact the Director of the Dental Hygiene Program for a conference to discuss the readmission process.
2. Write a petition for readmission. The document must address the following criteria in detail.
  - a. Explain why the student believes that he/she should be readmitted
  - b. Designate the quarter in which student is seeking readmission.
  - c. Describe all the specific factors which contributed to past difficulties (include reference to all major concerns previously expressed in writing to the student).
  - d. Describe those success strategies which will be implemented from this point forward.
  - e. Identify coursework which the student will repeat and intended timeframe for completion.

3. After review of the petition by the Director of Dental Hygiene, faculty will review the petition and provide feedback regarding approval or denial of request for readmission, and conditions of readmission (entry date, classes to retake, grades required, etc.).
4. The Director of Dental Hygiene will then make the final decision based on faculty input, the student's petition, academic records and admission file. The director will discuss the matter with the Division Dean before making his/her final recommendation.
5. Each applicant requesting readmission will receive a written statement to explain the decision. Should the student not agree with the final decision, appeal should be made with the program director and the Vice- President for Student Affairs as described in Policy 5030.
6. Since dental hygiene coursework is not static, a time limit for seeking readmission to the program has been developed. Readmission to the program must be accomplished so that the student can finish with the class which entered the program the year after his/her entry date. For example, a student leaving the program during Winter Quarter of 2006 must reenter no later than the following Winter Quarter 2007. Students not willing or able to meet this deadline will be required to reapply to the program as if they were a new applicant and will go through the selection procedure for all new students seeking admission into the program.

(Appendix A)

SHORELINE COMMUNITY COLLEGE DISTRICT NUMBER SEVEN  
HEALTH OCCUPATIONS AND PHYSICAL EDUCATION DIVISION

**PROFESSIONAL STANDARDS AGREEMENT**

I, \_\_\_\_\_, (name of student) am enrolled in one of the SHORELINE COLLEGE DISTRICT NUMBER SEVEN (hereinafter referred to as the College) Health Occupations Programs, Dental Hygiene, Medical Laboratory Technician, Health Information Technology, Registered Nursing (hereinafter referred to as the PROGRAM) conducted at specific health care facilities or agencies (hereinafter referred to as the FACILITY or AGENCY). I hereby agree:

1. to respect and preserve the confidential nature of all medical and personal information related to patients of the facility or agency;
2. to comply with all rules, regulations, policies and program guidelines of the facility or agency while on its premises;
3. that as a student participating in the Program under no circumstance shall I be considered an employee of the facility or agency or the College;
4. that the College and the facility or agency have entered into an agreement in connection with the Program, and that the agreement is available for my inspection. I further understand the terms and conditions of the agreement and will comply with the requirements as a student of Shoreline Community College District Number Seven.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
(signature of student)

\_\_\_\_\_  
(witness)

**SHORELINE COMMUNITY COLLEGE  
DENTAL HYGIENE PROGRAM**

**PREGNANCY RELEASE FORM**

In accordance with the Shoreline Community College Dental Hygiene Program's policy on student pregnancy, I, \_\_\_\_\_, am informing the Director of Dental Hygiene that I will be in my third trimester of pregnancy \_\_\_\_\_ quarter, with an estimated due date of \_\_\_\_\_.

I am aware of the potential health hazards which exist in the practice of clinical dental hygiene procedures, including, but not limited to:

disease transmission;

scatter x-radiation;

mercury and other chemical contamination;

nitrous oxide

I am also aware that the pregnancy may make it impossible for me to satisfactorily meet all course objectives, thereby necessitating my withdrawal from the program. In addition, I will hold harmless the College, the instructors, and the dental hygiene clinical facilities in the community for any problems which I may encounter related to my pregnancy.

\_\_\_\_\_  
(student signature)

\_\_\_\_\_  
(date)

-----  
I confirm the above-stated information and believe that it is acceptable for \_\_\_\_\_ to continue as a student in the Shoreline Community Dental Hygiene Program throughout the duration of her pregnancy.

\_\_\_\_\_  
(physician signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(physician address)

SHORELINE COMMUNITY COLLEGE  
DENTAL HYGIENE PROGRAM

**STUDENT EDUCATIONAL RECORD RELEASE**

I, \_\_\_\_\_, hereby authorize the release of information of my academic achievement in the Dental Hygiene Program to:

- \_\_\_\_\_ Potential Employers
- \_\_\_\_\_ Subsequent Schools
- \_\_\_\_\_ Parents
- \_\_\_\_\_ Spouse
- \_\_\_\_\_ Scholarship Sponsors

Type of information to be released:

- \_\_\_\_\_ Academic achievement
- \_\_\_\_\_ Clinical skills
- \_\_\_\_\_ Communication skills (peer, faculty, patients)
- \_\_\_\_\_ Faculty assessment of ethical/professional characteristics
- \_\_\_\_\_ Rank in class
- \_\_\_\_\_ Faculty assessment of potential for particular setting (i.e. restorative, pedo, etc.)
- \_\_\_\_\_ Other

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Student name (printed)

\_\_\_\_\_  
Witness name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

This release will be placed in the student's permanent file. The student should feel free to review or revise it at any time.

SHORELINE COMMUNITY COLLEGE  
DENTAL HYGIENE PROGRAM

**HUMAN SUBJECTS PERMISSION**

**General Information:**

During this quarter you will be participating in classroom, laboratory or clinical activities in which learning by students requires the use of human subjects as part of the training procedures, demonstrations and/or experiments. As part of your learning activities you may be asked to perform specific skills or be asked to be the subject of specific skill practice by other students.

Learning activities that use human subjects shall be conducted under the supervision of the instructor who has been assigned to teach the course. Courses in which training procedures, demonstrations and/or experiments that use human subjects as part of the learning process shall have been reviewed and approved by the Human Subjects Review Committee.

Before involvement as a human subject, a student must give informed consent. If under the age of 18, informed consent must be obtained from the parent or the legal guardian unless the participant is determined to be an emancipated minor.

**Benefits:**

The experiences listed on the consent form have been selected because they are skills essential to the learning process and the faculty believe that realistic practice is essential for optimum learning. Participation will enhance the learning process and the acquisition of technical skills. An alternative experience may not provide as realistic an opportunity to practice and therefore may result in less effective learning. Specific benefits may be listed on the form also.

**Risks/Discomforts:**

Participation may create some anxiety or embarrassment for you. Some of the procedures may create minor physical or psychological discomfort. Specific risks/discomforts are listed on the consent form.

**Your Rights:**

You have the right to withhold consent for participation and to withdraw consent after it has been given. If you withhold consent, you will be required to participate in an alternative learning experience. If you do not participate in either the planned or the alternate activity, you will not be able to successfully complete the course. You may ask questions and expect explanations of any point that is unclear. Where possible the subject's identify will remain confidential.

SHORELINE COMMUNITY COLLEGE  
DENTAL HYGIENE PROGRAM

**HUMAN SUBJECT CONSENT FORM**

*(learning activity, benefits and risks will be described here)*

Course \_\_\_\_\_

Student Name \_\_\_\_\_

I have read the Human Subjects document and understand the risks/discomforts and benefits described. My questions have been answered. I agree to participate as a subject in the learning activities listed above.

\_\_\_\_\_  
Signature of student if 18 or over - guardian if under 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

**OR**

I have read the Human Subjects document and understand the risks/discomforts and benefits described. My questions have been answered.

I agree to participate only in the following learning activities. (Student must list specific activities by name.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Students not agreeing to participate in all listed learning activities involving human subjects, must complete an Alternative Learning Activity Form.

\_\_\_\_\_  
Signature of student if 18 or over - guardian if under 18

\_\_\_\_\_  
Date

**REQUEST FOR CREDIT BY EXAMINATION**

Name: \_\_\_\_\_ Current Date: \_\_\_\_\_  
Print (Last) (First)

I request permission to begin the credit-by-examination process in the Dental Hygiene Program for the following course(s):

\_\_\_\_\_

I understand the following guidelines:

1. I must contact the Health Occupations and Physical Education Division Dean and the Director of Dental Hygiene, who will consult with appropriate faculty to determine whether or not a particular course is open to challenge. Only academic courses can be challenged. Clinical courses are not open to challenge.
2. If my request is approved, I must submit a completed Credit-By-Examination Form to the registrar's office and pay a fee.
3. Academic courses are challenged in the order they are offered in the program (i.e. first quarter classes before second quarter classes).
4. Challenge examinations are scheduled during the academic quarter prior to the course being offered. Arrangements must be made with the Division Dean, Director of Dental Hygiene, and the appropriate faculty. Faculty are not available during vacation breaks.
5. Passing a challenge examination requires a minimum score of 75%, which will grant credit (not a decimal grade) for the dental hygiene course.
6. Failing a challenge examination will discontinue the process. A course may be challenged one time only.

Signature: \_\_\_\_\_

**RETURN THIS FORM TO: DIRECTOR OF DENTAL HYGIENE PROGRAM**

+

Office Use Only

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Approval is granted to begin the challenge process for DH \_\_\_\_\_.

You will be contacted by \_\_\_\_\_.

Your request to \_\_\_\_\_ has been denied.

\_\_\_\_\_

signature

\_\_\_\_\_

date