**ATTACHMENT 2**

**Dental Assistant Work Experience**

Staff members will be required to work as a dental assistant for six months prior to applying for the OAP Orthodontic Assistant Permit Course and can apply for the Orthodontic Assistant Permit after they have completed one year of dental assistant experience. Assistants will receive guidance and practice in the tasks delegated within the scope of practice for dental assistants. Documentation of completion of the 6 months of work experience will include records of employment and documentation of initiation of experience as a dental assistant and accumulation of 6 months of work experience. A form (Attachment 2A) accompanies this written description

The orthodontist will be responsible to ensure the dental assistant employee that have been in continuous employment for 120 days or more have already completed or will successfully complete all the following within one year of employment:

1. A Dental Board approved course in the Dental Practice Act
2. A Dental Board approved course in infection control
3. A course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent and that provides the student the opportunity to engage in hands on simulated clinical scenarios, to be completed within 1 year during the first 120 days of employment as a dental assistant.

**ATTACHMENT 2A**

**Student Documentation**

DOCUMENTATION: SIX MONTHS EXPERIENCE

Assistant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Infection Control Course Completion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dental Practice Act Course Completion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Basic Cardiac Life Support Completion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dental Assistant Experience Accrued \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Months

This document is to verify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has completed \_\_\_\_\_\_ months of dental assistant experience prior to applying for student status in the Orthodontic Assistant Permit Course offered in the office of Michael H. Payne DDS, MSD as course director.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Michael H. Payne DDS, MSD