

# Independent Study Contract

## Expanded Functions Dental Assistants

This independent study course is an approved course of study by the Iowa Dental Board. This course is non-credit with a grading criterion of pass/fail. A start and end date will be established between the student and the instructor at orientation. All coursework which includes the quizzes, pre-assessment/post-assessments, and clinical performances must be completed by the established end date. Participating dentist(s) must be the clinical evaluator of the expanded functions and they must complete and sign the clinical check-off sheet within the established contract dates.

A certificate of completion will be awarded based on successful completion of all components of the course within the designated timeframe of the course. The certificate, along with all documentation of expanded functions clinical completion, must be kept by the student, indefinitely, in order to prove compliance of the law. By signing below you are also confirming you have read the initial memo in its entirety and are aware of course policies outlined.

Functions included in this course:

Taking Occlusal Registrations; Placement & Removal of Gingival Retraction Material; Fabrication, Temporary Cementation, Temporary Recementation, and Removal of Provisional Restorations; Applying Cavity Liners and Bases and Desensitizing Agents; Applying Bonding Systems, Which May Include the Placement of the Attachments Used in Clear Aligner Systems, Following Review of the Fit and Function by the Supervising Dentist; Placement, Bonding, and Removal of Orthodontic Brackets and Bands or Provisional Orthodontic Appliances Pursuant to Subrules 23.4(5) and 23.5(7); Taking Final Impressions; Removal of Adhesives Using Non-motorized Hand Instrumentation; Placement of Temporary Restorative materials Following Preparation of the Tooth by the Dentist; Extraoral Adjustment of Acrylic Dentures Without Making Any Adjustments to the Prosthetic Teeth; Tissue Conditioning (Soft Reline Only); and Nitrous (as a separate registration and additional fee.)

Please note: Restorative material classes completed in lab and clinical are at the discretion of the supervising dentist.

**Student Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

<b>Currently Certified with the Dental Assisting National Board:</b>	Yes _____ No _____
CDA #: _____	
<b>Have a Minimum of 3 Months Experience as a Registered Dental Assistant</b>	Yes _____ No _____
RDA #: _____	
<b>Or</b>	
<b>3 Months Experience in Clinical Dental Assisting (In a State That Does Not Require Registration):</b>	
	Yes _____ No _____
<b>Graduated from an ADAA Accredited Dental Assisting Program:</b>	
If yes, Name of School: _____	
Dates of Attendance: _____ to _____	
Month/Year	Month/Year

**\*\* Please supply information indicating your Graduate status. Students who have graduated (within 2 years) from Kirkwood's program are the only applicants eligible to participate in the "Grad" course.**

Participating Dentist: (Please print) \_\_\_\_\_

DDS Office Name: \_\_\_\_\_

DDS Address: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dentist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*This independent study contract must be returned with all forms for the registration process and must be completed and on file for each participating dentist.

OFFICE USE ONLY

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_