

**2024-2025**  
**Dental Assisting Program**  
**Accredited by the Commission on**  
**Dental Accreditation (CODA)**

**Program Handbook**

## Western Iowa Tech Community College

It is the policy of Western Iowa Tech Community College not to discriminate on the basis of race, creed, color, sex, national origin, religion, age, disability, sexual orientation, gender identity, socioeconomic status, actual or potential parent, family or marital status, or other characteristic protected by law in its programs, activities, or employment practices as required by state and federal civil rights regulation.

If you have questions or complaints, please contact Dean of Human Resources (employees) 4647 Stone Avenue, Sioux City, IA 51106; [712.274.6400](tel:712.274.6400) ext. 1406; [equity@witcc.edu](mailto:equity@witcc.edu) or Dean of Opportunity and Engagement (students) 4647 Stone Avenue, Sioux City, IA 51106; [712.274.6400](tel:712.274.6400) ext. 2887; [equity@witcc.edu](mailto:equity@witcc.edu) or the Director of the Office for Civil Rights, U.S. Department of Education, John C. Kluczynski Federal Building, 230 S. Dearborn Street, 37th Floor, Chicago, IL 60604-7204, phone number [312.730.1560](tel:312.730.1560), fax 312.730.1576, TDD 800-877-8339; email: [OCR.Chicago@ed.gov](mailto:OCR.Chicago@ed.gov).

Individuals using assistive technology (such as a screen reader, Braille reader, etc.) who experience difficulty accessing information on this web site, should send an email to the Webmaster at [webmaster@witcc.edu](mailto:webmaster@witcc.edu). The e-mail should include the nature of the accessibility problem and the individual's e-mail address for a response. If the accessibility problem involves a particular Web page, the message should include the URL (Web address) of the page. We will contact individuals having accessibility problems within three business days to assist them and to provide them with the information being sought.

# Table of Contents

Academic Advising.....	13
Academic Progress.....	13
Admissions Criteria and Procedure .....	3
Academic Review Procedure .....	33-37
Campus Location .....	13
Clinical Participation Requirements .....	19
College Policies .....	14
Confidentiality Agreement Form .....	29-30
Criminal Background-General Information.....	17
Directory .....	2
Document of Informed Consent.....	21
Dress Code .....	16
Eligibility for Certification or Registration.....	13
Grading .....	13
Graduation.....	13
Hepatitis B Consent/Decline Forms.....	27-28
Infection Control Protocols.....	12
Iowa Core Performance Standards.....	10-11
Mission, Philosophy, Program Outcomes.....	4-5
Policy on Complaints .....	9
Professional Organizations .....	2
Program Costs .....	16
Program of Studies – Dental Assisting (Diploma).....	6
Program of Studies – Dental Assisting (part-time curriculum) .....	7
Program of Studies – Pursuing Dentistry or Dental Hygiene .....	8
Requirements for Dental Assisting Laboratory and Clinical Courses .....	15
Social Media Policy .....	31
Student Organizations .....	14
Uniform Purchase .....	16
WITCC Clinical Health Evaluation Form .....	23-25

Students are encouraged to read the WITCC general catalog for information regarding student rights, services, activities, and special programs which may be available to them. A copy of the catalog is available by calling Enrollment Services, WITCC, 712-274-8733, Ext. 1325 or 800-352-4649 or on our website at [www2.witcc.edu](http://www2.witcc.edu).

# Directory

## Admissions Office

Western Iowa Tech Community College  
4647 Stone Avenue  
P.O. Box 5199  
Sioux City, Iowa 51102-5199  
Phone: 712-274-6404 or  
800-352-4649  
Fax: 712-274-6412  
E-mail: [info@witcc.edu](mailto:info@witcc.edu)  
Website: [www2.witcc.edu](http://www2.witcc.edu)  
Program Website: [www2.witcc.edu/programs/121](http://www2.witcc.edu/programs/121)

## Financial Aid Office (Dental Assisting Program-specific scholarships are available)

712-274-6402 or  
800-352-4649

## Program Advisors:

### Pamela Ives

Health Admissions Advisor  
712-317-3402  
E-mail: [pamela.ives@witcc.edu](mailto:pamela.ives@witcc.edu)

### \*Joni Miller, CDA, RDA, EFDA, BS

712 317-3171  
E-mail: [joni.miller@witcc.edu](mailto:joni.miller@witcc.edu)  
Fax #: 712-317-3171

### \*Kimberly (Kim) Curl, CDA, RDH, BSDH

712-317-3275  
E-mail: [kimberly.curl@witcc.edu](mailto:kimberly.curl@witcc.edu)  
Fax #: 712-317-3275

### \*Kathryn (Katie) Ewing, CDA, RDA, EFDA, BS

712-274-6436  
E-mail: [kathryn.ewing@witcc.edu](mailto:kathryn.ewing@witcc.edu)  
Fax #: 712-317-3275

\*NOTE: Only available during the Fall and Spring Semesters

## Professional Organizations

### Iowa Dental Board

6200 Park Ave., Suite 100  
Des Moines, Iowa 50321  
Ph. (515) 281-5157  
Fax: (515) 281-7969  
E-mail: [IDB@iowa.gov](mailto:IDB@iowa.gov)  
Web: <https://dial.iowa.gov/about/boards/dental-board>

### Dental Assisting National Board, Inc.

444 Michigan Ave., Suite 900  
Chicago, IL 60611-3985  
Ph. 1-800-367-3262  
Fax (312) 642-8507  
E-mail: [danbmail@danb.org](mailto:danbmail@danb.org)  
Web: <https://www.danb.org>

### American Dental Assistants Association

180 Admiral Cochrane Dr., Ste. 370  
Annapolis, MD 21401  
Ph. 1-877-874-3785  
Fax (630) 351-8490  
Web: [www.adaausa.org](http://www.adaausa.org)  
Email: [info@adaausa.org](mailto:info@adaausa.org)

### American Dental Association

Web: <http://www.ada.org/en>

# Admissions Criteria and Procedure

## Dental Assisting Program

### Sioux City

**All students** must submit a copy of the following items for application to the dental assisting program:

- Official High School, GED, or HSED transcript with date of graduation. For applicants currently in high school, please present a current high school transcript and then later submit the final official high school transcript with the date of graduation.
- Official college transcripts of previously attended institutions
- ACT Scores (if completed) listed on high school transcript or other official documentation.

**All students** must meet the following criteria for admission/acceptance into the dental assisting program.

- Verification of High School, GED or HSED Graduation.

**All students** must meet one of the following criteria for admission/acceptance into the dental assisting program:

- ACT composite score of at least 19
- Completed an associates' degree or higher from an accredited institution
- High School GPA of 2.7 or higher or HSED score of 55 or higher
- Satisfactory completion of COM 723 and PSY 111 with no grade lower than a 2.0

### Transferring Credits:

WITCC maintains formal transfer agreements to make sure associate degree graduates can transfer a maximum number of credits into a four-year degree. The final decision rests solely on the school accepting the transfer. If your plan is to transfer credits, early discussions with your advisor or admissions representative can help make this process smoother. Planning ahead is very important for your academic success. Dental Assisting Faculty strongly advise students to consult the transferring institution. WITCC transfer assistance is available at [www2.witcc.edu/transfer/](http://www2.witcc.edu/transfer/).

**General admission procedures for all students is available in the WITCC College Catalog or by going to [witcc.edu](http://witcc.edu).**

# DENTAL ASSISTING PROGRAM

## Mission

*“The mission of the Dental Assisting Program is to educate dental assistants to an active role in expanding quality dental services under the direction of a licensed dentist.”*

## Philosophy

The dental assisting faculty is committed to the beliefs of the mission statement of Western Iowa Tech Community College

The goal of the dental assisting educational process is to focus on the prevention and termination of the disease process and the restoration and maintenance of the integrity of oral structures. This includes not only the knowledge and clinical skills to assist with these services, but recognition that patient needs go beyond the oral cavity. The dental assistant must be able to identify and appreciate the individual affect that the patient's physical health, psychological status, economic resources, and environment have on their overall health, dental aptitude, and access to oral health care.

The educational foundation (root) of the dental assisting program is the evolution of the student from the simple (recognition) to the complex (critical thinking, multi-tasking) and recognition that the vitality and growth in their profession is dependent upon the need for lifelong learning.

The faculty, dental community, and college are the supporting structures that will provide continuity to assist the student in actualizing their goals to become an integral component of the dental health team. Each student is a pearl in the rough that is unique. Individual diversity includes: psychological, physiological, socio-economical, and spiritual. We believe students are responsible for their individual cognitive, psychomotor, and affective development.

We believe that the integrity of the student is a rudimentary element, which preserves the dignity of the individual and the dental profession. Professional ethics and jurisprudence define the parameters for confidentiality, accountability, and reliability within the scope of practice of the dental assistant.

The dental assistant is an integral and contributing member of the community. To participate in activities outside the profession will enhance the individual's ability to function in the professional and public communities and transpire a positive influence on society.

## **PROGRAM OUTCOMES**

1. Manage infection and hazard control protocol consistent with professional guidelines.
2. Applies knowledge of oral and maxillofacial structures to assist in the care of the patient.
3. Perform chairside assisting procedures in general and specialty dentistry.
4. Assist with the management of medical and dental emergencies.
5. Perform intraoral and extraoral radiographic procedures.
6. Provide individual patient oral health and post-operative instructions as prescribed by the dentist.
7. Fabricate and perform laboratory procedures associated with chairside assisting.
8. Perform basic business office procedures.
9. Accept accountability for dental assisting role by functioning within their educational preparation.
10. Identify need and seek assistance for continued self-improvement.
11. Demonstrates ability to apply, adapt, and modify learned skills to unique clinical situations.

# Western Iowa Tech Community College

## Program of Studies

### Dental Assisting Program

### Diploma

#### Overview

Graduates are prepared to actively participate as a member of the dental health team. Dental assistants increase the efficiency of the dentist in the delivery of oral health care. The American Dental Association Commission on Dental Accreditation accredits this two-semester program.

#### Career Outlook

Employment opportunities for qualified dental assistants are available throughout the country. Current shortages in the field have created a demand in private practice, dental schools, hospital dental departments, public health, and government programs.

**Additional information** can be found on the web at [www.ada.org](http://www.ada.org); [www.adaausa.org](http://www.adaausa.org); or [www.dol.gov](http://www.dol.gov).

#### Semester I

Catalog Number	Course Title	Semester Hours
SDV 108	The College Experience	1
DEA 508	Fundamentals of Dental Assisting	7
DEA 256	Dental Anatomy	2
DEA 270	Dental Therapeutics	3
DEA 405	Dental Materials	4
DEA 101	Professional Orientation	1
<b>Total First Semester</b>		<b>18</b>

#### Semester II

Catalog Number	Course Title	Semester Hours
DEA 613	Dental Assisting Specialties	6
DEA 303	Dental Radiography	4
DEA 701	Dental Office Procedures	1
COM 723	Workplace Communication	3
PSY 111	Introduction to Psychology *	3
<b>Total Second Semester</b>		<b>17</b>
<b>Program Total</b>		<b>38</b>

\* Faculty and graduate recommendation: Strongly recommend course to be completed prior to entering program.

WITCC credits may transfer, in whole or in part, to two- and four-year programs for continued education in the dental field.

The **Dental Assisting Diploma** courses are offered both face-to-face and in a hybrid online format. Requirements for admission to the hybrid online dental assisting program course section will be the same as the face-to-face with the exception of location for clinical assignments. This alternative method of delivery of the current accredited dental assisting diploma program through an online hybrid system focuses on meeting the employment needs outside the immediate urban Siouxland area. Hybrid course format includes:

- Didactic curriculum (lecture) delivered online.
- Laboratory activities will be held on the WITCC Sioux City Campus (approximately 16 days per semester).
- Clinical assignments will be within a 30- to 100-mile radius of the Siouxland area. Targeted areas will be northwest Iowa, eastern South Dakota, and northwest Nebraska. When clinical assignments are made, the student's geographic location and the above described geographic areas will be considered.



.

# Western Iowa Tech Community College

## Program of Studies

### Dental Assisting Program

### Part-time Curriculum

#### Semester I

Catalog Number	Course Title	Semester Hours
SDV 108	The College Experience	1
DEA 256	Dental Anatomy	2
DEA 270	Dental Therapeutics	2
DEA 101	Professional Orientation	1

#### Semester II

DEA 701	Dental Office Procedures	1
COM 723	Workplace Communication	3
PSY 111	Introduction to Psychology	3

#### Semester III

DEA 508	Fundamentals of Dental Assisting	7
DEA 405	Dental Materials	4

#### Semester IV

DEA 613	Dental Assisting Specialties	6
DEA 303	Dental Radiography	4

# Western Iowa Tech Community College

## Pursuing Dentistry or Dental Hygiene

### Suggested Course(s)

These suggested courses are designed for graduates of the dental assisting program who plan to continue their education in the dental field.

Students are strongly advised to **familiarize themselves with the education program at the college to which they plan to transfer, as requirements vary in each institution.** Regional institutions have articulation agreements with WITCC. These can be reviewed in Admissions.

The college has pre-admissions requirements for BIO 151 – Nutrition, BIO 168 – Anatomy and Physiology, and CHM-122 – Introduction to General Chemistry. Please contact Student Services for more information.

Catalog Number	Course Title	Semester Hours
MAT 121	College Algebra	4
SOC 110	Introduction to Sociology	3
ENG 105	Composition I	3
BIO 168	Human Anatomy & Physiology IA w/lab	4
BIO 173	Human Anatomy & Physiology IIA w/lab	4
PSY 111	Introduction to Psychology	3
PHI 105	Introduction to Ethics	3
ENG 106	Composition II	3
PHY 162	College Physics I	4
CHM 122	General Chemistry	4
SPC 112	Public Speaking	3
BIO 186	Microbiology	4
SOC 212	Diversity	3
CHM 132	Introduction to Organic & Biochemistry	4
LIT 101	Introduction to Literature	3

# **Policy on Complaints**

## **CODA Accredited Educational Programs**

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, Ext. 4653.

## IOWA CORE PERFORMANCE STANDARDS

Iowa Community colleges have developed the following Core Performance Standards for all applicants to Health Care Career Programs. These standards are based upon required abilities that are compatible with effective performance in health care careers. Applicants unable to meet the Core Performance Standards are responsible for discussing the possibility of reasonable accommodations with the designated institutional office. Before final admission into a health career program, applicants are responsible for providing medical and other documentation related to any disability and the appropriate accommodations needed to meet the Core Performance Standards. These materials must be submitted in accordance with the institution's ADA Policy.

CAPABILITY	STANDARD	SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)
Cognitive-Perception	The ability to gather and interpret data and events, to think clearly and rationally, and to respond appropriately in routine and stressful situations.	<ul style="list-style-type: none"> <li>Identify changes in patient/client health status</li> <li>Handle multiple priorities in stressful situations</li> </ul>
Critical Thinking	Utilize critical thinking to analyze the problem and devise effective plans to address the problem.	<ul style="list-style-type: none"> <li>Identify cause-effect relationships in clinical situations</li> <li>Develop plans of care as required</li> </ul>
Interpersonal	Have interpersonal and collaborative abilities to interact appropriately with members of the healthcare team as well as individuals, families and groups. Demonstrate the ability to avoid barriers to positive interaction in relation to cultural and/or diversity differences.	<ul style="list-style-type: none"> <li>Establish rapport with patients/clients and members of the healthcare team</li> <li>Demonstrate a high level of patience and respect</li> <li>Respond to a variety of behaviors (anger, fear, hostility) in a calm manner</li> <li>Nonjudgmental behavior</li> </ul>
Communication	Utilize communication strategies in English to communicate health information accurately and with legal and regulatory guidelines, upholding the strictest standards of confidentiality.	<ul style="list-style-type: none"> <li>Read, understand, write and speak English competently</li> <li>Communicate thoughts, ideas and action plans with clarity, using written, verbal and/or visual methods</li> <li>Explain treatment procedures</li> <li>Initiate health teaching</li> <li>Document patient/client responses</li> <li>Validate responses/messages with others</li> </ul>
Technology Literacy	Demonstrate the ability to perform a variety of technological skills that are essential for providing safe patient care.	<ul style="list-style-type: none"> <li>Retrieve and document patient information using a variety of methods</li> <li>Employ communication technologies</li> <li>to coordinate confidential patient care</li> </ul>

*Reviewed and Approved April 2018*

CAPABILITY	STANDARD	SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)
Mobility	Ambulatory capability to sufficiently maintain a center of gravity when met with an opposing force as in lifting, supporting, and/or transferring a patient/client.	<ul style="list-style-type: none"> <li>• The ability to propel wheelchairs, stretchers, etc. alone or with assistance as available</li> </ul>
Motor Skills	Gross and fine motor abilities to provide safe and effective care and documentation	<ul style="list-style-type: none"> <li>• Position patients/clients</li> <li>• Reach, manipulate, and operate equipment, instruments and supplies</li> <li>• Electronic documentation/ keyboarding</li> <li>• Lift, carry, push and pull</li> <li>• Perform CPR</li> </ul>
Hearing	Auditory ability to monitor and assess, or document health needs	<ul style="list-style-type: none"> <li>• Hears monitor alarms, emergency signals, auscultatory sounds, cries for help</li> </ul>
Visual	Visual ability sufficient for observations and assessment necessary in patient/client care, accurate color discrimination	<ul style="list-style-type: none"> <li>• Observes patient/client responses</li> <li>• Discriminates color changes</li> <li>• Accurately reads measurement on patient client related equipment</li> </ul>
Tactile	Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature and texture	<ul style="list-style-type: none"> <li>• Performs palpation</li> <li>• Performs functions of physical examination and/or those related to therapeutic intervention</li> </ul>
Activity Tolerance	The ability to tolerate lengthy periods of physical activity	<ul style="list-style-type: none"> <li>• Move quickly and/or continuously</li> <li>• Tolerate long periods of standing and/or sitting as required</li> </ul>
Environmental	Ability to tolerate environmental stressors	<ul style="list-style-type: none"> <li>• Adapt to rotating shifts</li> <li>• Work with chemicals and detergents</li> <li>• Tolerate exposure to fumes and odors</li> <li>• Work in areas that are close and crowded</li> <li>• Work in areas of potential physical violence</li> <li>• Work with patients with communicable diseases or conditions</li> </ul>

*Reviewed and Approved April 2018*

# **WESTERN IOWA TECH COMMUNITY COLLEGE**

## **DENTAL ASSISTING PROGRAM**

### **INFECTION CONTROL & HAZARDS**

### **MANAGEMENT PROTOCOLS**

#### **INFECTION CONTROL PROTOCOLS**

Dental patients and dental health care workers can be exposed to pathogenic organisms including cytomegalovirus (CMV), HBV, HCV, herpes simplex virus types 1 and 2, HIV, mycobacterium tuberculosis, staphylococci, and other viruses and bacteria that colonize or infect the oral cavity and respiratory tract. These organisms can be transmitted in dental settings through: 1) direct contact with blood, oral fluids, or other patient materials; 2) indirect contact with contaminated objects [i.e. instruments, equipment, or environmental surfaces]; 3) contact of conjunctival, nasal, or oral mucosa with droplets [i.e. spatter] containing microorganisms generated from an infected person and propelled a short distance [i.e. coughing, sneezing, or talking]; and 4) inhalation of airborne microorganisms that can remain suspended in the air for long periods of time. Effective infection-control strategies are intended to prevent infection.

#### **GENERAL POLICY**

##### **Policy Statement**

The infection control policies comply with the current guidelines and standards established by:

- Centers for Disease Control and Prevention (CDC)
- American Dental Association (ADA)
- Occupational Safety and Health Administration (OSHA)
- Environmental Protection Agency (EPA)

In addition, policies comply with state and local regulations.

##### **Standard Precautions**

Standard precautions, as defined by the CDC, are based on the principle that all blood, body fluids, secretions, excretions except sweat, non-intact skin, and mucous membranes may contain transmissible infectious agents.

##### **Physical Assessment and Immunization**

1. In order to provide a healthy and safe environment, students must complete a health evaluation (physical and current immunization records: MMR, diphtheria, tetanus, polio, TB Mantoux, QuantiFERON chickenpox) and hepatitis B prior to clinical phase of Fundamentals of Dental Assisting.

Faculty health evaluation and immunization records will be completed as per college employment policy and procedures and exposure control plan.

2. The hepatitis B vaccination information form will be discussed with the student by their physician of choice.
3. All students and faculty should consider yearly influenza vaccinations to avoid the possibility of contracting and/or transmitting an infection.
4. Be advised, some of our community partners (clinical sites) require COVID-19 vaccinations.
5. All accidents or injuries must be reported.
  - Students will report incident to clinical faculty
  - Students will report incident to the Administrative Assistant to the Executive Dean of Instruction.
  - Students will complete the appropriate documentation and forms (Report of Personal Injury/Medical Emergency)

***Specific standard operating procedures to minimize the potential exposure to infectious disease will be provided to the student and reviewed prior to laboratory and clinical activities.***

## **Dental Assisting Program – Campus Location**

The Sioux City Campus offers the Dental Assisting program each fall semester. On-campus laboratory and clinical simulation facilities are located in the Advanced Sciences Building, Room L221. General and specialty dental offices in the surrounding area are utilized for clinical experience and activities.

## **Academic Advising**

Academic advising assists students in realizing the maximum educational benefits available by helping them to better understand themselves and to learn to use the resources available at WITCC to meet their specific educational needs.

Pamela Ives – Academic Advisor – and/or Joni Miller, Kim Curl, and Katie Ewing – Dental Assisting instructors – will be your advisors throughout the program.

## **Role of Student in Advising**

The student is to contact his or her advisor regarding all academic issues. It is necessary to make advance appointments with advisor for efficiency in scheduling.

Advisor signatures are required on all course schedules, drop/add slips, transfer of program and credit forms, and forms for withdrawal from programs or the college.

The student is ultimately responsible to meet **all** requirements for graduation.

## **Grading (All Campuses)**

The specific grading scale for all dental assisting courses is determined by the course instructors. The grading scale, and requirements to achieve desired grades, will be explained at the beginning of each course.

## **Academic Progress**

- To ensure current competency in clinical knowledge and skills, Fundamentals of Dental Assisting (DEA-508) and Dental Assisting Specialties (DEA-613) must be completed within two academic years.
- Students accepted into the dental assisting program may re-enroll only once in each dental assisting (DEA) course to meet the minimum passing standard of “C” (2.0). Failure to meet this standard will result in the student not being eligible to complete coursework and graduate from the program.

## **Graduation**

Western Iowa Tech Community College Dental Assisting students must meet the graduation requirements as set forth in the general WITCC College Catalog and the WITCC Student Handbook. Students must achieve a final grade of “C” (2.0) or better in all Dental Assisting and program courses in order to be eligible for graduation.

## **Eligibility for Certification or Registration**

WITCC Dental Assisting graduates are eligible to write the Dental Assisting National Board for certification and make application for registration and qualification for dental radiography examinations administered by the Iowa Board of Dental Examiners (Ethics & Jurisprudence, Dental Radiography, and Infection Control and Hazardous Materials).

Criminal convictions or a substance abuse history may impact a graduate’s ability to obtain registration or credentials to practice as a dental assistant. You may choose to contact the respective State Board of Dentistry to confirm eligibility for registration or credentialing.

Iowa Dental Board

6200 Park Ave, Suite 100

Des Moines, Iowa 50309-4687

Phone 515-281-5157

<https://dentalboard.iowa.gov/>

Contact information for other State and Regional Dental Practice Boards:

[www.danb.org](http://www.danb.org). Click on “Links to Allied Health Organizations.”

# College Policies

## Western Iowa Tech Community College Mission

We elevate our diverse learners and strengthen our communities through inclusive and innovative education.

Please refer to the student handbook and the college catalog for information or policies related to:

- Policy of Nondiscrimination, Americans With Disabilities Act Compliance
- Discrimination
- Sexual and Gender Harassment
- Discipline
- Disability
- Appeals of Accommodations
- Drug-Free College Community
- Smoke-Free and Tobacco-Free Campus
- Transfer Students
- Financial Aid and Payment Options

*The college handbook and the college catalog information may be acquired on-line at [witcc.edu](http://witcc.edu)*

## Student Organizations

Dental Assisting students are encouraged to participate in college-wide organizations and specific program organizations within the Dental Assisting program:

Students enrolled in DEA-508 will be eligible for student membership into the American Dental Assistant Association.

Comet CLASS, formally known as Student Senate, represents Cultivating Leadership, Advocacy, and Student Success. Students may apply to become a Comet CLASS leader or may be nominated by a staff or faculty member. Students selected for Comet CLASS are expected to actively participate in campus meetings and events, maintain good academic standing, and represent numerous programs and student populations.

## Injury Policy

A student who incurs an injury during clinical or practicum should report it to the clinical site immediately and then notify their supervising instructor as soon as possible.

See college “Emergency Action Plan” on my.witcc- Campus Safety 24/7.



# Requirements for Dental Assisting Laboratory and Clinical Courses

## **Clinical:**

\*All students in the Dental Assisting program should be prepared to drive in order to complete the necessary clinical requirements.\*

1. CPR Certification – American Heart Association BLS Health Care Provider Course
2. Child Abuse – Mandatory Reporter Training
3. Dependent Adult Abuse – Mandatory Reporter Training
4. Laboratory and Clinical Dress Code
5. Health Evaluations and Immunizations
6. Criminal and Abuse Background Checks

Students will be required to upload CPR Completion Certificate with written and skills; Mandatory Reporter Child and Dependent Adult Certificates; WITCC Clinical Health Evaluation Form; and Immunization information to the online health compliance tracker. If these requirements are not completed, students cannot be allowed to participate in the clinical rotation.

## **Cardiopulmonary Resuscitation**

You are required to have a current CPR card and must have completed the *American Heart Association BLS Health Care Provider* course (written and skills evaluation). This course is specifically for health professionals. If you now hold a card and it is due to expire halfway through the year, you should renew it early so that your card is current during the total clinical phase of the dental assisting course. For information on CPR courses offered at WITCC, contact the WITCC EMS Office at 319-254-6772.

## **Child and Dependent Adult Abuse — Mandatory Reporter Training**

All health personnel are mandatory reporters of child and dependent adult abuse. You must complete the Iowa Department of Human Services (DHS) mandatory reporting training courses. You can access the two-hour child abuse and the two-hour dependent adult abuse courses on the DHS website free of charge using the link below.

<https://dhs.iowa.gov/child-welfare/mandatoryreporter>

## **Criminal and Abuse Background Checks**

When a student starts the program, the College will initiate the background check process and the student must be cleared prior to clinical experience.

# Laboratory and Clinical Dress Code

## Program Uniform: (Must be kept clean)

*Scrubs:* Forest Green or Hunter Green (shirt and pants).

*Lab Coat:* Program-specific lab coats must be purchased at the WITCC Bookstore.

*Shoes:* Must be a full shoe with a flat sole (closed heels and toes), white, nonporous, clean, and worn only for dental assisting duties. White socks or hosiery must be worn.

*WITCC Name Badge:* Will be provided by the institution. **(If lost, the student will be charged a fee for replacement,)**

*Eyewear:* Safety glasses with side shields are required for all lab and clinical activities.

*Hair:* Must be clean, off the collar, pulled back and secured. Only natural hair color will be allowed (i.e., no pink, green, orange, purple, etc.). **No** ornamental hair accessories are allowed. If barrettes, combs, or ponytail holders are needed, they should be white or the same color as hair. Beards, mustaches, and sideburns must be clean, well-manicured, and closely trimmed to the face.

*Cosmetics:* Fingernails must be clean, short, and neatly filed. No nail polish or acrylic nails are allowed.

Makeup should be applied in moderation  
No perfume, cologne, or aftershave is permitted.

*Jewelry:* No jewelry of any kind is permitted during clinical or laboratory activities.

*Skin Decoration:* No visible tattoos or skin decorations

*Hygiene:* Any offensive body odor and/or bad breath will be dealt with on an individual basis by the instructor.

*Gum chewing, eating, and the use of tobacco* are not acceptable in the clinical or laboratory area.

**Laboratory Activities:** Begin the **first week** of classes; the student will be required to comply with the program dress code.

## Uniform Purchase

Uniforms for Western Iowa Tech Community College's Dental Assisting program are available at the WITCC Bookstore.

## Health Evaluation Checklist

The following forms must be completed and uploaded to the online health compliance tracker:

- WITCC Clinical Health Evaluation (**no other forms will be accepted**) – health history, physical, and immunizations
- Hepatitis B Vaccine Consent or Decline to Accept Form

## Program Costs

Tuition, course fees, and lab fees can be found on the witcc.edu website by doing a class search. Textbooks will be approximately \$500 for the year. Additional program costs will/may include CPR, Mandatory Reporter training, health physicals and immunizations, criminal and abuse background checks, drug testing, clinical attire, articulator, and safety glasses. These costs will vary depending on individual student needs to meet course and clinical requirements, provider fees, and/or point of purchase preference.

# **Criminal Background - General Information**

## **Pre Clinical**

WITCC will complete criminal background checks on all health students. Based on the findings, a determination will be made if the student is eligible to participate in clinical activities. See the program handbook for additional information. After the background check has been run and approved, the student must self-report all potential violations of misconduct, abuse, or any pending charges. Failure to self-disclose may result in being removed from the program.

## **Post Graduation Exams**

Criminal charges/convictions, abuse charges (adult or child), or a substance abuse history may impact a graduate's ability to obtain registration or licensure in the graduate's profession. Each licensing board will make the determination if a criminal background check will be completed before the graduate is eligible to write licensing/registration exams.

## **Employment in Health Care Professions**

Employers have varied hiring policies based on their review of an applicant's criminal background history. Graduates/students need to be aware that:

- \* Clearance for clinical while a student
- \* Graduation from the program
- \* Successful passage of licensing or registration exams

does not guarantee graduates will be eligible for employment at some agencies. Employment eligibility is determined by the hiring policies at each health care agency.

Accepted Fall 2015  
Revised January 2024



# Clinical Participation Requirements

## For Your Information—will sign on campus

WITCC uses external affiliated agencies for clinical experiences for our students. Affiliated agencies may impose requirements for students in order that they be allowed access to clinical experience. Additional expenses will be the student's responsibility.

Students may be required to provide the following information to external affiliated agencies:

- Health Screening/Immunizations
- CPR—BLS American Heart Association
- Mandatory Reporter—Adult and Child
- Criminal and Abuse Background Checks
- Drug Test: Students may need to consent for drug testing and release of that information to external affiliating agencies for clinical experience. Western Iowa Tech Community College is uncertain of what drugs may be screened.

The **student should maintain copies** of the documents listed above. *Affiliating agencies may require the student to provide a copy of the documentation.*

Revised January 2023

## NOTICE AND RELEASE - READ CAREFULLY BEFORE SIGNING

I, the undersigned student in a health occupations program at Western Iowa Tech Community College, understand that participation in a clinical experience is part of the health occupations program and that participation in a clinical experience includes working at an affiliating agency. I further understand that affiliating agencies have the right to establish requirements for participation in clinical experience. I understand that I am responsible for providing copies of the documentation requested by the affiliated agency. I understand and agree that if I am rejected for participation in a clinical experience by an affiliating agency or if I refuse to submit to checks or tests that are required by an affiliating agency in order to participate in a clinical experience, I may be unable to complete my program of study and graduate from a health occupations program. I hereby release Western Iowa Tech Community College, its employees, and all affiliating agencies from any liability with regard to my participation in a clinical experience and decisions made concerning my participation in a clinical experience.

Print name: \_\_\_\_\_

Student's Name \_\_\_\_\_ Program \_\_\_\_\_ Date \_\_\_\_\_



# WESTERN IOWA TECH COMMUNITY COLLEGE

## DENTAL ASSISTING PROGRAM

### DOCUMENT OF INFORMED CONSENT

For Your Information—will sign on campus

***Student Participating as Subjects or as Patient Simulators (client/patient)***

In simulated labs, students are expected to serve as the clinician and the client/patient. Students are advised that in participating in a course of this nature, there may be a need to expose the body to enhance learning. The dignity of students and faculty will be protected at all times.

- A safe environment must be maintained at all times
- Respect, dignity and confidentiality must be maintained at all times
- If a student is unable to perform as either a clinician or client/patient due to medical reasons, it is the student's responsibility to inform the Dental Assisting Program faculty. The student will still be responsible for learning the requisite material.

***I hereby agree to the above stated terms.***

Print name: \_\_\_\_\_

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

Student ID: \_\_\_\_\_

Date: \_\_\_\_\_







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

## IOWA CORE PERFORMANCE STANDARDS

Iowa Community colleges have developed the following Core Performance Standards for all applicants to Health Care Career Programs. These standards are based upon required abilities that are compatible with effective performance in health care careers. Applicants unable to meet the Core Performance Standards are responsible for discussing the possibility of reasonable accommodations with the designated institutional office. Before final admission into a health career program, applicants are responsible for providing medical and other documentation related to any disability and the appropriate accommodations needed to meet the Core Performance Standards. These materials must be submitted in accordance with the institution's ADA Policy.

CAPABILITY	STANDARD	SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)
<b>Cognitive-Perception</b>	The ability to gather and interpret data and events, to think clearly and rationally, and to respond appropriately in routine and stressful situations.	<ul style="list-style-type: none"> <li>Identify changes in patient/client health status</li> <li>Handle multiple priorities in stressful situations</li> </ul>
<b>Critical Thinking</b>	Utilize critical thinking to analyze the problem and devise effective plans to address the problem.	<ul style="list-style-type: none"> <li>Identify cause-effect relationships in clinical situations</li> <li>Develop plans of care as required</li> </ul>
<b>Interpersonal</b>	Have interpersonal and collaborative abilities to interact appropriately with members of the healthcare team as well as individuals, families and groups. Demonstrate the ability to avoid barriers to positive interaction in relation to cultural and/or diversity differences.	<ul style="list-style-type: none"> <li>Establish rapport with patients/clients and members of the healthcare team</li> <li>Demonstrate a high level of patience and respect</li> <li>Respond to a variety of behaviors (anger, fear, hostility) in a calm manner</li> <li>Nonjudgmental behavior</li> </ul>
<b>Communication</b>	Utilize communication strategies in English to communicate health information accurately and with legal and regulatory guidelines, upholding the strictest standards of confidentiality.	<ul style="list-style-type: none"> <li>Read, understand, write and speak English competently</li> <li>Communicate thoughts, ideas and action plans with clarity, using written, verbal and/or visual methods</li> <li>Explain treatment procedures</li> <li>Initiate health teaching</li> <li>Document patient/client responses</li> <li>Validate responses/messages with others</li> </ul>
<b>Technology Literacy</b>	Demonstrate the ability to perform a variety of technological skills that are essential for providing safe patient care.	<ul style="list-style-type: none"> <li>Retrieve and document patient information using a variety of methods</li> <li>Employ communication technologies to coordinate confidential patient care</li> </ul>
<b>Mobility</b>	Ambulatory capability to sufficiently maintain a center of gravity when met with an opposing force as in lifting, supporting, and/or transferring a patient/client.	<ul style="list-style-type: none"> <li>The ability to propel wheelchairs, stretchers, etc. alone or with assistance as available</li> </ul>
<b>Motor Skills</b>	Gross and fine motor abilities to provide safe and effective care and documentation	<ul style="list-style-type: none"> <li>Position patients/clients</li> <li>Reach, manipulate, and operate equipment, instruments and supplies</li> <li>Electronic documentation/keyboarding</li> <li>Lift, carry, push and pull</li> <li>Perform CPR</li> </ul>
<b>Hearing</b>	Auditory ability to monitor and assess, or document health needs	<ul style="list-style-type: none"> <li>Hears monitor alarms, emergency signals, auscultatory sounds, cries for help</li> </ul>
<b>Visual</b>	Visual ability sufficient for observations and assessment necessary in patient/client care, accurate color discrimination	<ul style="list-style-type: none"> <li>Observes patient/client responses</li> <li>Discriminates color changes</li> <li>Accurately reads measurement on patient client related equipment</li> </ul>
<b>Tactile</b>	Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature and texture	<ul style="list-style-type: none"> <li>Performs palpation</li> <li>Performs functions of physical examination and/or those related to therapeutic intervention</li> </ul>
<b>Activity Tolerance</b>	The ability to tolerate lengthy periods of physical activity	<ul style="list-style-type: none"> <li>Move quickly and/or continuously</li> <li>Tolerate long periods of standing and/or sitting as required</li> </ul>
<b>Environmental</b>	Ability to tolerate environmental stressors	<ul style="list-style-type: none"> <li>Adapt to rotating shifts</li> <li>Work with chemicals and detergents</li> <li>Tolerate exposure to fumes and odors</li> <li>Work in areas that are close and crowded</li> <li>Work in areas of potential physical violence</li> <li>Work with patients with communicable diseases or conditions</li> </ul>

*Reviewed and Approved April 2018*

### **Student Information**

Be sure to answer and then sign all personal information on the top of the WITCC Clinical Health Evaluation.

### **Health Care Provider Completes The Following:**

This part of your WITCC Clinical Health Evaluation is to be completed by a medical doctor, a nurse practitioner or a physician's assistant. **No other forms will be accepted.**

#### **Flu:**

- Required to be uploaded during flu season, September through March (optional for Dental Assisting students)

**Covid-19** – May be required by clinical affiliates. You will need to provide one of the following:

- vaccination dates
- signed decline form, which will be approved or declined by affiliate

**Measles/Mumps/Rubella (MMR)** – You will need to provide one of the following:

- two vaccination dates
- positive titre for measles, positive titre for mumps and a positive titre for rubella

**Tetanus/Diphtheria/Pertusis (Tdap)** – A Tdap is current for 10 years.

**Chickenpox** – You will need to provide one of the following:

- two vaccination dates
- positive titre

**Hepatitis B (Hep B)** – You will need to provide one of the following:

- vaccination dates
- positive titre
- signed decline form, which will be approved or declined by affiliate

**Tuberculosis** – You will need to provide one of the following:

- Tuberculosis Skin Test (TST) – An initial baseline two-step TST is required. The second TST can be given one week to one year after the first TST, as long as the first TST has not expired. A TST is current for one year. The first and second TST must be turned in before the start of clinical.
- If you have had a past positive TST, you will need to provide documentation of a negative chest x-ray. If the negative chest x-ray is more than one year old, you will also need to turn in a TB Symptom Assessment form.
- Negative TB QuantiFeron

**Students: Please upload completed health forms to the electronic health tracking compliance system.**



## Information About Hepatitis B Vaccine

**NOTE:** This form should be discussed with the physician of your choice, *signed and returned with all other health forms.*

### The Disease

Hepatitis B is a viral infection caused by Hepatitis B virus (HBV) which causes death in 1-2% of infected patients. Most people with Hepatitis B recover completely, but approximately 5-10% become chronic carriers of the virus. Most of these people develop chronic active hepatitis and cirrhosis. HBV also appears to be associated with the development of liver cancer.

### The Vaccine

Hepatitis B vaccine is produced from the plasma of chronic HBV carriers. The vaccine consists of purified, inactivated Hepatitis B antigen. It has been extensively tested for safety and efficiency in large scale clinical trials with human subjects. A high percentage of healthy people who receive three doses of vaccine achieve protection against Hepatitis B. Persons with immune-system abnormalities, such as dialysis patients, have less response to the vaccine. Full immunization requires 3 doses of vaccine over a six-month period, although some persons may not develop immunity even after 3 doses. There is no evidence that the vaccine has ever caused Hepatitis B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of immunization. The duration of immunity is unknown at this time.

### Possible Vaccine Side Effects

The incidence of reported side effects is low. A small percentage of persons receiving the vaccine experience tenderness and redness at the site of injection. Low grade fever may occur. Rash, nausea, joint pain, and mild fatigue have also been reported. Few cases of serious side effects have been reported with the vaccine, including Guillain-Barre Syndrome, although the possibility exists that more serious side effects may be identified with more extensive use.

You may check with your insurance company concerning coverage.

**If you have any questions about Hepatitis B or the Hepatitis B vaccine, please discuss with your physician.**

## Consent Form

I have discussed with my physician and have read the above statement about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of Hepatitis B vaccination. I understand that I must have 3 doses of vaccine to confer immunity. However, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I **request** that it be given to me. My decision is voluntary. I understand that all arrangements for receiving the vaccine are my responsibility.

	Date	Lot #	Site	Nurse
_____	(1) _____	_____	_____	_____
Name of Person to Receive Vaccine (Please Print)				
_____	(2) _____	_____	_____	_____
Signature of Person Receiving Vaccine				
_____	(3) _____	_____	_____	_____
Date Signed				

**UPLOAD TO THE ONLINE HEALTH COMPLIANCE TRACKER**

## Information About Hepatitis B Vaccine

**NOTE:** This form should be discussed with the physician of your choice, *signed and returned with all other health forms.*

### The Disease

Hepatitis B is a viral infection caused by Hepatitis B virus (HBV) which causes death in 1-2% of infected patients. Most people with Hepatitis B recover completely, but approximately 5-10% become chronic carriers of the virus. Most of these people develop chronic active hepatitis and cirrhosis. HBV also appears to be associated with the development of liver cancer.

### The Vaccine

Hepatitis B vaccine is produced from the plasma of chronic HBV carriers. The vaccine consists of purified, inactivated Hepatitis B antigen. It has been extensively tested for safety and efficiency in large scale clinical trials with human subjects. A high percentage of healthy people who receive three doses of vaccine achieve protection against Hepatitis B. Persons with immune-system abnormalities, such as dialysis patients, have less response to the vaccine. Full immunization requires 3 doses of vaccine over a six-month period, although some persons may not develop immunity even after 3 doses. There is no evidence that the vaccine has ever caused Hepatitis B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of immunization. The duration of immunity is unknown at this time.

### Possible Vaccine Side Effects

The incidence of reported side effects is low. A small percentage of persons receiving the vaccine experience tenderness and redness at the site of injection. Low grade fever may occur. Rash, nausea, joint pain, and mild fatigue have also been reported. Few cases of serious side effects have been reported with the vaccine, including Guillain-Barre Syndrome, although the possibility exists that more serious side effects may be identified with more extensive use.

You may check with your insurance company concerning coverage.

**If you have any questions about Hepatitis B or the Hepatitis B vaccine, please discuss with your physician.**

## Decline to Accept

I have discussed with my physician and have read the above statement about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of Hepatitis B vaccination. I understand the benefits and risks of the Hepatitis B vaccine and I do not wish to receive the vaccine.

Name of Person Declining Vaccine (Please Print)

Signature of Person Declining Vaccine

Date Signed

UPLOAD TO THE ONLINE HEALTH COMPLIANCE TRACKER

# Confidentiality Agreement

**Please read and sign the following statement**  
**For Your Information—will sign on campus**

In accordance with the Health Insurance Portability and Accountability Act (HIPAA), it is the policy of WITCC that confidentiality and privacy of information is of utmost importance for health occupations students. Confidential information is any client, physician, employee, and business information obtained during the course of your clinical experiences associated with WITCC. Please read and sign the following confidentiality statement.

I will treat all confidential information as strictly confidential, and will not reveal or discuss confidential information with anyone who does not have a legitimate medical and/or business reason to know the information. I understand that I am only permitted to access confidential information to the extent necessary for client care and to perform my duties. Information that may be construed as a breach of confidentiality includes but is not limited to:

- 1) client's name and other identifying information
- 2) client's diagnosis
- 3) type of care being provided
- 4) reason for seeking health care services, treatment, and response to treatment
- 5) personal problems or actions

I will not access, use or disclose confidential information in electronic, paper, or oral forms for personal reasons, or for any purpose not permitted by agency policy, including information about co-workers, family members, friends, neighbors, celebrities, or myself. I will follow the required procedures at all agencies to gain access to my own confidential patient information.

In preparing papers, presentations, and other course work I will de-identify protected health information. I will not remove any individually identifiable health information from the facilities in which I am completing my clinical experience. The following are guidelines to be followed in order to be compliant with standards.

- The HIPAA Privacy Rule allows health care providers to use and disclose Protected Health Information (PHI) without a patient's written authorization for purposes related to treatment, payment, and health care operations. It further defines "health care operations" to include *"to conduct training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers."*
- **Minimal Information:** The amount of PHI used must be the minimum amount necessary to conduct the training. Allowable information can include race, age, other medical conditions, prior medical conditions, and other background information only if necessary to accomplish the prescribed assignment. **Do not include the patient's name and medical record number. In addition, do not talk about other identifying characteristics, for example the patient's job, job title, where they work, where they live, their community activities, etc.**

I agree to use all confidential information and the information systems of the facilities I am assigned in accordance with facility policy and procedure. I also understand that I may use my access security codes or passwords only to perform my duties and will not breach the security of the information systems or disclose or misuse security access codes or passwords. I will also make no attempt to misuse or alter the information systems of the facilities in any way.

I understand that I will be held accountable for any and all work performed or changes made to the information systems or databases under my security codes, and that I am responsible for the accuracy of the information I input into the system. I understand that violation of such policies and procedures may subject me to immediate termination of association with any facility, as well as civil sanctions and/or criminal penalties.

Any student who fails to maintain confidentiality and/or directly violates confidentiality may risk expulsion from the program in which they are enrolled.

*I have read and understand the WITCC confidentiality policy and agree to abide by the policy as written above.*

Student ID: \_\_\_\_\_

Print name: \_\_\_\_\_

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

Date: \_\_\_\_\_

Reviewed 2/2022



# Social Media Policy

For Your Information—will sign on campus

Western Iowa Tech Community College supports the use of technology inside and outside the classroom. This support comes with the expectation that students in WITCC programs will uphold the legal and ethical standards of their prospective professions and the WITCC Health Science programs when using such technology, including social media. State and Federal laws regarding privacy, such as HIPAA and FERPA, apply to all communication, whether educational or personal.

Students may not post or otherwise publish confidential or protected information. No information identifying a patient, patient situation, or clinical facility may be posted on any social media platform. Social media platforms include, but are not limited to: Facebook, LinkedIn, Snapchat, YouTube, Twitter, Instagram, TikTok, or any other social media platform in the future. Student use of photography and/or recording devices is prohibited in all classroom, laboratory and clinical sites, unless formal permission from the instructor of record is granted in advance.

Students are expected to maintain professional boundaries in their communication with others. Students should not give healthcare advice on social media platforms. Students should not “follow” or become a patient’s “friend” on a social media platform.

Any violation of this policy must be promptly reported to the program facility. Disciplinary actions, up to and including student removal, will be taken accordingly. Students may be banned from the clinical facility, and/or subject to immediate expulsion from the Health Science Program. Students may also be subject to civil and/or criminal actions.

Student ID: \_\_\_\_\_

Print name: \_\_\_\_\_

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

Date: \_\_\_\_\_

Reviewed 2/2022



***Academic Review Procedure  
Program/Course Appeal Process  
Health Sciences Programs***

This process provides students with a mechanism to channel concerns related to departmental/program policies and procedures within the Health Sciences Department. These may include concerns and/or violations of department, program, course, laboratory, and/or clinical policies and procedures.

**Step 1: Informal Process:**

- Students are encouraged to discuss specific concerns with the course instructor involved within five (5) instructional days of occurrence of the issue. This is in an effort to resolve issue(s) by a prompt and effective means with free and informal communications.
- If at this point, the issue(s) is/are not resolved to the mutual satisfaction of both parties, the student should proceed to the formal process **Step 2**.
- Documentation of the discussion will be generated. (i.e. email, verbal, phone, etc.)

***Step 2: Formal Process:*** (Student, Course Instructor)

- Student may initiate a formal appeal process by submitting the “Student Appeal Process Form” detailing the policy they’re appealing, as well as the reason for their appeal request, to the appropriate instructor.
  - Appeal process form must be submitted within five (5) instructional days of the informal process meeting.
- Instructor will initiate a formal conference with a student to discuss and develop a plan of action related to academic performance, behavior, or discipline.
  - Schedule meeting with student within five (5) instructional days of receiving written notification.
  - Documentation will be completed on the “Student Conference Form”
  - Instructor will submit completed “Student Appeal Process Form” to the Associate Dean of Health Sciences or the designated program administrator.
- If the issue is not resolved, the student may initiate **Step 3** of the appeal process.

***Step 3: Formal Process:*** (Student, Department Administrator, or Associate Dean of Health Sciences)

- If issue is not resolved between student and instructor, the student will request an appointment with the Associate Dean of Health Sciences or designated program administrator within five (5) instructional days.
  - The student will submit a “Student Appeal Process Form” detailing the policy they’re appealing, as well as the reason for their appeal to the Associate Dean of Health Sciences.
  - Associate Dean of Health Sciences or designated program administrator will provide appeal decision within five (5) instructional days.
  - Associate Dean or designated program administrator will review all documentation.
  - Associate Dean or program administrator will send formal written notice to student within five (5) days from step 2.
- If the issue is not resolved, the student may initiate **Step 4** of the appeal process.

***Step 4: Formal Process:*** (Health Sciences Review Committee)

- If the issue is not resolved, the student may petition to meet with the Health Sciences Review Committee within five (5) instructional days of appeal decision notice from Associate Dean of Health Sciences or designated program administrator.
  - Student will email request to the Associate Dean of Health Sciences to schedule a meeting with the Health Sciences Review Committee within five (5) instructional days of appeal decision notice.
  - Student will submit all documentation related to the issue for the Health Sciences Review team to the Associate Dean of Health Sciences or designated program.
- Health Sciences Review Committee (Associate Dean of Health Sciences and/or Health Administrator; 2 health instructors; 1 student)
  - Committee will convene meeting within five (5) instructional days of request.
  - Committee will review documentation and receive testimony from all parties.
  - Committee will render a decision and/or resolution within five (5) days
  - If the student is not satisfied with the resolution, they may initiate the college “Academic Review Procedure.”

***Step 5: Formal Process:*** (College Academic Review Procedure)

- Students may initiate the college “Academic Review Procedure.” For procedural steps, refer to the “College Catalog” and/or “Student Handbook.”

Adopted 12/10/2018  
Approved Academic Council 11/24/2015  
Revised January 2024

**WESTERN IOWA TECH COMMUNITY COLLEGE  
HEALTH SERVICES PROGRAMS  
STUDENT – INSTRUCTOR CONFERENCE RECORD**

**Student Name** \_\_\_\_\_ **STUDENT ID** \_\_\_\_\_

**Program** \_\_\_\_\_ **Course** \_\_\_\_\_ **Date** \_\_\_\_\_

**SUMMARY OF CONFERENCE**

\_\_\_\_\_ **Academic (GPA)**      \_\_\_\_\_ **Laboratory**      \_\_\_\_\_ **Clinical**      \_\_\_\_\_ **Personal**

**WITCC Instructor Summary of Conference:**

**Plan of Action and/or Referrals:**

**WITCC Instructor Plan of Action and/or Referrals:**

**Student Comments: (Use back of sheet if needed):**

\_\_\_\_\_  
**Instructor Signature (if necessary)      Date**

\_\_\_\_\_  
**Signature of Student      Date**

Revised January 2024  
Reviewed and approved 2020



**WESTERN IOWA TECH COMMUNITY COLLEGE  
HEALTH SCIENCE PROGRAMS  
STUDENT APPEAL PROCESS FORM**

**Student Name:** \_\_\_\_\_ **Student ID** \_\_\_\_\_

**Program** \_\_\_\_\_ **Course** \_\_\_\_\_ **Date** \_\_\_\_\_

**Statement of the issue (policy or procedure) must address the following (attach the following):**

- State which policy or procedure you are appealing.
- Clearly and concisely state/describe the resolution you are seeking.
- When did you first become aware of the issue?
- Identify any extenuating circumstances related to the issue.
- What steps have you already taken to address the issue?
- Identify resources or supports that may help you improve or correct the issue.

**Resolution (check one):**

- ☐ Issue resolved
- ☐ Issue not resolved; student advised to move to next step – Program Administrator or Associate Dean of Health Sciences.
- ☐ Issue not resolved; student advised to move to next step – Health Science Review Committee.
- ☐ Issue not resolved; student advised of the College Academic Review Procedure.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Indicates only that student has prepared the documentation and consulted with the instructor.

**\*Instructor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*-Administrator Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Indicates only that student has consulted with Instructor and/or Program Administrator or Associate Dean of Health Sciences and does not indicate, express, or imply approval.

Revised January 2024  
Adopted 12/10/2018  
Approved Academic Council 11/24/2015





# Signature Sheet of Understanding

**I have reviewed and understand the Dental Assistant Program Admission Information Booklet and agree to abide by these policies.**

**I have also reviewed and understand the WITCC Student Handbook and agree to abide by these policies.**

Print name: \_\_\_\_\_

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

Student ID: \_\_\_\_\_

Date: \_\_\_\_\_