## Table of Contents

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission and Goals</td>
<td>3</td>
</tr>
<tr>
<td>KVCC Competencies</td>
<td>4</td>
</tr>
<tr>
<td>ADEA Competencies for Entry Level RDH</td>
<td>5</td>
</tr>
<tr>
<td>Accreditation</td>
<td>8</td>
</tr>
<tr>
<td>Dress Code</td>
<td>11</td>
</tr>
<tr>
<td>Dental Hygiene Attendance Policy &amp; KVCC Attendance Standards</td>
<td>13</td>
</tr>
<tr>
<td>Faculty Role</td>
<td>15</td>
</tr>
<tr>
<td>Professional Conduct</td>
<td>16</td>
</tr>
<tr>
<td>Dental Hygiene Oath</td>
<td>17</td>
</tr>
<tr>
<td>ADHA Code of Ethics</td>
<td>18</td>
</tr>
<tr>
<td>Professional Membership</td>
<td>23</td>
</tr>
<tr>
<td>Use of Social Media Guidelines</td>
<td>24</td>
</tr>
<tr>
<td>CMOP 5010 Internet and Computer Network usage</td>
<td>26</td>
</tr>
<tr>
<td>CMOP 5020 Copy Right</td>
<td>28</td>
</tr>
<tr>
<td>CMOP 5050 Social Media</td>
<td>29</td>
</tr>
<tr>
<td>Dental Hygiene Department Structure</td>
<td>30</td>
</tr>
<tr>
<td>Dental Hygiene Advisory Board Committee</td>
<td>31</td>
</tr>
<tr>
<td>FERPA</td>
<td>33</td>
</tr>
<tr>
<td>Scholarship and Other Awards</td>
<td>34</td>
</tr>
<tr>
<td>Estimated Student Expenses</td>
<td>35</td>
</tr>
<tr>
<td>Standards of Practice</td>
<td>36</td>
</tr>
<tr>
<td>Program Related Information</td>
<td>38</td>
</tr>
<tr>
<td>Professionalism Rubric</td>
<td>41</td>
</tr>
<tr>
<td>Patient’s Bill of Rights</td>
<td>42</td>
</tr>
<tr>
<td>Quality Assurance System</td>
<td>43</td>
</tr>
<tr>
<td>Prophylaxis Need for Dental Treatment</td>
<td>45</td>
</tr>
<tr>
<td>Patient Care Classification</td>
<td>48</td>
</tr>
<tr>
<td>Sealant Placement Information</td>
<td>49</td>
</tr>
<tr>
<td>Infection Control for Removable Appliances</td>
<td>50</td>
</tr>
<tr>
<td>Dental Hygiene Dept. Student Agreement</td>
<td>51</td>
</tr>
</tbody>
</table>
**DHY MISSION STATEMENT:**

To provide KVCC Dental Hygiene Program students with evidence-based education and clinical experiences to build their ethical standards and problem-solving skills thus preparing them to become professional hygienists in an evolving health care environment requiring adaption to changing technology, sensitivity to multi-cultural populations, and delivery of patient-centered treatment.

**DHY PROGRAM GOALS:**

1. To provide a broad-based education for dental hygiene students that will enable them to practice effectively in a variety of settings and/or extend their education.

2. To provide theoretical course work and practical experience in the dental hygiene process of care.

3. To provide dental hygiene students with the theory and practice of patient education, technologies, modalities, and strategies that will enable them to motivate patients to obtain, maintain, and enhance their oral health.

4. To continually evaluate and procure updated modalities for the dental hygiene clinic to ensure the availability of state of the art equipment and technologies for practicum experiences.

5. To provide professional development for the dental hygiene faculty to improve their quality of instruction and for oral health care professionals to improve job performance and career advancement.

6. To provide dental hygiene students with theory and practical experiences with and for a diverse patient population.
COMPETENCIES FOR GRADUATION:

1. Apply a professional code of ethics in all endeavors.
3. Record accurate, consistent and complete documentation of oral health services provided.
4. Manage Medical emergencies by using professional judgment, providing life support, and utilizing required CPR and any specialized training or knowledge.
5. Respect the goals, values, beliefs, and preferences of all patients.
6. Utilize methods that ensure the health and safety of the patient and the oral health professional in the delivery of care.
7. Provide community oral health services in a variety of settings.
8. Evaluate the outcomes of community-based programs, and plan for future activities.
9. Systematically collect, analyze, and record diagnostic data on the general, oral, and psychosocial health status of a variety of patients using methods consistent with medicolegal principles.
10. Recognize the relationships among systemic disease, medications, and oral health that impact overall patient care and treatment outcomes.
11. Use patient assessment data, diagnostic technologies, and critical decision making skills to determine a dental hygiene diagnosis, a component of the dental diagnosis, to reach conclusion about the patient’s dental hygiene care needs.
12. Make referrals to professional colleagues and other health care professionals as indicated in the patient care plan.
13. Obtain the patient’s informed consent based on a thorough case presentation.
14. Provided specialized treatment that includes educational, preventive, and therapeutic services designed to achieve and maintain oral health. Partner with the patient in achieving oral health goals.
15. Determine the outcomes of dental hygiene interventions using indices, instruments, examination techniques, and patient self-reports as specified in patient goals.
ADEA COMPETENCIES FOR ENTRY INTO THE PROFESSION OF DENTAL HYGIENE:

Dental hygienists must complete an accredited educational program and qualify for licensure in any state or jurisdiction. They practice in collaboration with dental and other health care professionals in a variety of settings.

**Core Competencies (C)**

C.1  Apply a professional code of ethics in all endeavors.
C.2  Adhere to state and federal laws, recommendations, and regulations in the provision of oral health care.
C.3  Use critical thinking skills and comprehensive problem-solving to identify oral health care strategies that promote patient health and wellness.
C.4  Use evidence-based decision making to evaluate emerging technology and treatment modalities to integrate into patient dental hygiene care plans to achieve high-quality, cost-effective care.
C.5  Assume responsibility for professional actions and care based on accepted scientific theories, research, and the accepted standard of care.
C.6  Continuously perform self-assessment for lifelong learning and professional growth.
C.7  Integrate accepted scientific theories and research into educational, preventive, and therapeutic oral health services.
C.8  Promote the values of the dental hygiene profession through service-based activities, positive community affiliations, and active involvement in local organizations.
C.9  Apply quality assurance mechanisms to ensure continuous commitment to accepted standards of care.
C.10 Communicate effectively with diverse individuals and groups, serving all persons without discrimination by acknowledging and appreciating diversity.
C.11 Record accurate, consistent, and complete documentation of oral health services provided.
C.12 Initiate a collaborative approach with all patients when developing individualized care plans that are specialized, comprehensive, culturally sensitive, and acceptable to all parties involved in care planning.
C.13 Initiate consultations and collaborations with all relevant health care providers to facilitate optimal treatments.
C.14 Manage medical emergencies by using professional judgment, providing life support, and utilizing required CPR and any specialized training or knowledge.

**Health Promotion and Disease Prevention (HP)**

HP.1  Promote positive values of overall health and wellness to the public and organizations within and outside the profession.
HP.2  Respect the goals, values, beliefs, and preferences of all patients.
HP.3  Refer patients who may have physiological, psychological, or social problems for comprehensive evaluation.
HP.4  Identify individual and population risk factors, and develop strategies that promote health-related quality of life.
HP.5  Evaluate factors that can be used to promote patient adherence to disease prevention or health maintenance strategies.
HP.6  Utilize methods that ensure the health and safety of the patient and the oral health professional in the delivery of care.
Community Involvement (CM)

CM.1 Assess the oral health needs and services of the community to determine action plans and availability of resources to meet the health care needs.
CM.2 Provide screening, referral, and educational services that allow patients to access the resources of the health care system.
CM.3 Provide community oral health services in a variety of settings.
CM.4 Facilitate patient access to oral health services by influencing individuals or organizations for the provision of oral health care.
CM.5 Evaluate reimbursement mechanisms and their impact on the patient’s access to oral health care.
CM.6 Evaluate the outcomes of community-based programs, and plan for future activities.
CM.7 Advocate for effective oral health care for underserved populations.

Patient Care (PC)

Assessment
PC.1 Systematically collect, analyze, and record diagnostic data on the general, oral, and psychosocial health status of a variety of patients using methods consistent with medicolegal principles.
PC.2 Recognize predisposing and etiologic risk factors that require intervention to prevent disease.
PC.3 Recognize the relationships among systemic disease, medications, and oral health that impact overall patient care and treatment outcomes.
PC.4 Identify patients at risk for a medical emergency, and manage the patient care in a manner that prevents an emergency.

Dental Hygiene Diagnosis
PC.5 Use patient assessment data, diagnostic technologies, and critical decision making skills to determine a dental hygiene diagnosis, a component of the dental diagnosis, to reach conclusions about the patient’s dental hygiene care needs.

Planning
PC.6 Utilize reflective judgment in developing a comprehensive patient dental hygiene care plan.
PC.7 Collaborate with the patient and other health professionals as indicated to formulate a comprehensive dental hygiene care plan that is patient-centered and based on the best scientific evidence and professional judgment.
PC.8 Make referrals to professional colleagues and other health care professionals as indicated in the patient care plan.
PC.9 Obtain the patient’s informed consent based on a thorough case presentation.

Implementation
PC.10 Provide specialized treatment that includes educational, preventive, and therapeutic services designed to achieve and maintain oral health. Partner with the patient in achieving oral health goals.

Evaluation
PC.11 Evaluate the effectiveness of the provided services, and modify care plans as needed.
PC.12 Determine the outcomes of dental hygiene interventions using indices, instruments, examination techniques, and patient self-reports as specified in patient goals.
PC.13 Compare actual outcomes to expected outcomes, reevaluating goals, diagnoses, and services when expected outcomes are not achieved.
Professional Growth and Development (PGD)

PGD.1 Pursue career opportunities within health care, industry, education, research, and other roles as they evolve for the dental hygienist.
PGD.2 Develop practice management and marketing strategies to be used in the delivery of oral health care.
PGD.3 Access professional and social networks to pursue professional goals.
FORMAL REPORT OF THE COMMISSION ON DENTAL ACCREDITATION
TO THE ADMINISTRATION OF KALAMAZOO VALLEY COMMUNITY COLLEGE
ON THE EVALUATION OF THE DENTAL HYGIENE EDUCATION PROGRAM
Kalamazoo, Michigan*

Introduction

An evaluation of the dental hygiene program offered by Kalamazoo Valley Community College was conducted on September 21-22, 2010 by a committee of the Commission on Dental Accreditation composed of Ms. Carol Hatrick, consultant in dental hygiene and Ms. Darice Pacak, Commission staff representative.

The Commission believes that educational institutions offering curricula supportive to the dental profession assume the obligation and responsibility of affording quality educational opportunities which are based on sound educational principles. Commission objectives are also based on the premise that dental hygiene education programs should strive continually to improve standards of scholarship and teaching consistent with the purpose and methods of postsecondary education. To assist the institution in appraising its educational effectiveness and identifying ways and means by which its endeavors can be strengthened, dental hygiene programs are reviewed periodically by peers in relation to predetermined standards. This peer review of the educational process is based on the program’s self-study and conferences with persons involved in the various components of the program.

This report represents the visiting committee’s findings and conclusions that directly relate to accreditation standards. These are found as appropriate, under headings that parallel the Commission’s Accreditation Standards for Dental Hygiene Education Programs. Only those standards that warrant comments are included; in all other cases, the visiting committee found that the program met or exceeded the minimum standards. The visiting committee found that all standards have been met.

The Commission on Dental Accreditation has discontinued the use of commendations, effective July 26, 2007. As a result, commendations will no longer be cited within site visit reports for programs under the Commission’s purview.

Accreditation History

The dental hygiene program offered by Kalamazoo Valley Community College was initiated in 1971. This was the Commission’s seventh site evaluation of the dental hygiene program. At the time of the site visit, the accreditation status for the dental hygiene education program was “approval without reporting requirements.” Information on the Commission’s previous accreditation of the program follows:

*As approved by the Commission on Dental Accreditation for transmittal February 4, 2011.
<table>
<thead>
<tr>
<th>Date</th>
<th>Basis of Action</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 1971</td>
<td>Written Application</td>
<td>Accreditation Eligible</td>
</tr>
<tr>
<td>May 1972</td>
<td>Site Visit</td>
<td>Conditional Approval</td>
</tr>
<tr>
<td>December 1972</td>
<td>Progress Report</td>
<td>Conditional Approval</td>
</tr>
<tr>
<td>May 1973</td>
<td>Progress Report</td>
<td>Approval</td>
</tr>
<tr>
<td>December 1979</td>
<td>Site Visit</td>
<td>Provisional Approval</td>
</tr>
<tr>
<td>December 1980</td>
<td>Special Site Visit</td>
<td>Provisional Approval</td>
</tr>
<tr>
<td>December 1981</td>
<td>Progress Report</td>
<td>Approval</td>
</tr>
<tr>
<td>December 1985</td>
<td>Interim Report</td>
<td>Approval</td>
</tr>
<tr>
<td>December 1989</td>
<td>Site Visit</td>
<td>Conditional Approval</td>
</tr>
<tr>
<td>December 1990</td>
<td>Progress Report</td>
<td>Approval</td>
</tr>
<tr>
<td>January 1997</td>
<td>Site Visit</td>
<td>Approval</td>
</tr>
<tr>
<td>January 2004</td>
<td>Site Visit</td>
<td>Approval without Reporting Requirements</td>
</tr>
<tr>
<td>September 2010</td>
<td>Site Visit</td>
<td>Approval without Reporting Requirements</td>
</tr>
</tbody>
</table>
Review of Recommendations Cited in the Program’s Previous Site Visit Report

At the time of the Commission’s last evaluation of the program in September 2003, no recommendations were cited.

Compliance with Commission Policies

At the time of the site visit, the visiting committee determined that the program was in compliance with the Commission on Dental Accreditation’s policies on “Third Party Comments” and “Complaints.”

Standard 1. Institutional Effectiveness

The program has documented its effectiveness using a formal and ongoing outcomes assessment process to include measures of dental hygiene student achievement.

Standard 2. Educational Program

The dental hygiene program is presented in four 15-week terms and one 8-week summer term. Upon completion of the program, graduates are awarded an associate of applied science degree. The curriculum has been defined in terms of program goals, general instructional objectives, learning experiences designed to achieve the goals and objectives and evaluation procedures to assess student attainment of the goals and objectives.

Accreditation Status

At its February 4, 2011 meeting the Commission on Dental Accreditation adopted a resolution to continue the accreditation status of “approval without reporting requirements” for the dental hygiene program offered by Kalamazoo Valley Community College.

Publication of Accreditation

The Commission has authorized use of the following statement by institutions or programs that wish to announce their programmatic accreditation by the Commission. Programs that wish to advertise the specific programmatic accreditation status granted by the Commission may include that information as indicated in *italics* below (see text inside square brackets); that portion of the statement is optional but, if used, must be complete and current.

The program in dental hygiene is accredited by the Commission on Dental Accreditation [*and has been granted the accreditation status of “approval without reporting requirements”*]. The Commission is a specialized accrediting body recognized by the United States Department of Education. The Commission on Dental Accreditation can be contacted at (312) 440-4653 or at 211 East Chicago Avenue, Chicago, IL 60611. The Commission’s web address is: [http://www.ada.org/100.aspx](http://www.ada.org/100.aspx)
GUIDELINES FOR PROFESSIONAL APPEARANCE:

Professional appearance and conduct of faculty, students, and staff are responsible for the image created by the Dental Hygiene Department. It is important to have both professional pride and professional respect while promoting the highest standard of professionalism aligned with the American Dental Hygienists’ Association. When working in the clinic, laboratories, or classroom the students, faculty and staff should be clean, well groomed, and wear clean professional clothing at all times. Prescribed clinic attire is worn in the clinic and your name tag should be attached to the clinic attire and visible. Professional appearance and attitude is expected at all times. It is encouraged to support clinical policies that promote a clean and professional appearance within the college.

1. Personal Standards/Student & Instructor
   A. Shower daily and use deodorant
   B. Keep your nails so they are not visible when looking at the palm side of your hand
      1. Do not wear obvious nail polish color
   C. Classroom attire
      1. Acceptable clothing
         a. Washable dress slacks/pants
         b. Washable jeans/denim (including skirts)
         c. Washable skirts or dresses that are no higher than 2” above the knee
         d. Washable t-shirts, blouses, sweaters, or collared shirts
         e. Class voted colored scrub top and scrub bottom
      2. Not acceptable clothing
         a. Pajamas
         b. T-shirts with alcohol advertising or profanity or inappropriate sayings
         c. Midriffs (no skin showing between shirt and bottoms)
         d. Cleavage showing
         e. Tank or halter tops
         f. Any undergarments showing through or around clothing
         g. Any head coverings except those for religious reasons (yarmulkes, etc)
   D. Clinic attire
      1. Clean, not wrinkled, scrub pants and scrub top, style is designated by department
         a. Color voted on by class
      2. Clean white shoes and white socks
         a. Socks must come up to your calf
         b. Shoes only used for clinic and kept in your locker
         c. Not acceptable
            i. Anklets or footie style socks (no show socks)
            ii. No skin from the leg should be visible in the clinic when sitting down
            iii. Open toe sandals/shoes
      3. Instructors' clinic attire
         a. RDH is the same as the students, except color. Color is specific for instructors.
         b. DDS is washable street clothes and white lab coat.
      4. Impermeable gown (provided for you)
         a. Wear your name tag (and radiation badge – EFE students)
      5. Hair is kept out of the field of operation, off the face by
         a. A shorter length or
         b. Tied and held back with some kind of restraint
         c. Wash contaminated hair daily
         d. Facial hair covered with a mask or shield
         e. Not acceptable
            i. Hair falling on your face
            ii. Hair touching the patient’s body
            iii. Hair tie backs or headbands that are not washable
            iv. Fancy hair tie backs that call attention to themselves
6. Jewelry removed from …
   a. Arms and hands
      i. If finger rings DO NOT tear gloves they are acceptable
   b. Face and mouth
   c. Ears
      i. Except post earrings or very small hoops on the lower lobes or tragus are permissible

7. Visible tattoos must be covered

E. Lab attire
   1. Clean scrubs as identified above
      a. Lab coat covering from neck line to waist or longer, long sleeved (any color)
         i. Lab coat is optional, mainly for warmth
   2. Hair is kept out of the field of operation, off the face by
      a. A shorter length or
      b. Tied and held back with some kind of restraint
      c. Wash contaminated hair daily
      d. Facial hair covered with a mask or shield
   3. Jewelry removed from …
      a. Arms and hands
         i. If finger rings DO NOT tear gloves they are acceptable
      b. Face and mouth
      c. Ears
         i. Except post earrings or very small hoops on the lower lobes or tragus are permissible

2. Enforcement
   A. Each time a student is not in accordance with this policy, a note is to be given to the student’s lead instructor.
   
   B. On the first two offenses, the lead instructor is to document the case and give a written warning to the offending student.
   
   C. On the third offense, a review of the dress code policy is to be done between the offending student and his/her lead instructor.
   
   D. On the fourth (or any subsequent) offense, the student is to meet with the Program Director, who will levy a punishment that can consist of anything up to and including a lowering of the student’s clinic grade for the semester.
   
   E. These warnings will be cumulative from the first day the offending student started the DHY program.
DENTAL HYGIENE DEPARTMENT’S ATTENDANCE POLICY:

Class or Clinical cancellation: Should the college be closed due to inclement weather or any other event the clinic will also be closed. It may be necessary for you to make up the missed clinic(s) at a later date(s). College closing notification may be obtained by calling KVCC at 269-488-4750, or on My Valley log in at the “MyLinks” tab click on text messaging service options and follow the links to sign up for automated messages, or local radio and TV coverage.

Class tardiness: You are expected to attend and be on time (no tardiness) for every session; this is a vital part of the educational experience and becoming a professional employee. Students are responsible for all the work, instruction and announcements whether you are present or not. If you miss, see your fellow classmates for material covered. I will put any handouts in your instrument locker. If you have questions or need clarification after you consulted with a classmate, please talk with me.

• You are required to notify me by phone, text, or email of any anticipated tardiness or absence.

Clinical tardiness: You are expected to be on time every clinical day. If you are tardy, you may or may not be allowed to complete the clinical day. Tardiness will be reflected on your clinical evaluation and does impact your grade in the course. If tardiness exceeds 2 you will be required to make an improvement plan.

• You are required to notify the DHY receptionist of an anticipated tardiness.

Clinical attendance: You are expected to attend all of the clinical day. If you are absent from clinic, you will have to make up this time. Predetermined make-up days will not be set forth at the beginning of the semester and it may be made up on a different day of the week. It is possible that you will be charged a fee for completion of any make up days.

• If an absence arises you are required to notify the DHY receptionist and myself and state that you will be absent.

Excessive absences: If you miss 1 (or more) of class time for any unexcused reason this will impact your grade by up to 5%. I will count late arrivals or early departures from class as partial absences. If you often arrive late or leave early, I will ask you to withdraw from the course since those behaviors are usually quite distracting.

Attendance exceptions: Exceptions to my policy may be considered on an individual basis. You must contact me as soon as possible if you have an extenuating and documented situation so that we can discuss your options. Contacting me about missing days does not automatically mean your situation is extenuating.

Included below are KVCC’s attendance standards which can also be found in the KVCC Student Handbook on pages 14-15.

KVCC’S ATTENDANCE STANDARDS:

Students must be registered for the class to attend. Attendance requirements are determined by the course instructor. Students who do not meet the attendance requirement as determined by the instructor may be involuntarily removed from the course and may also risk loss of financial aid.

Students who fail to attend the first scheduled class meeting, or who fail to contact the instructor regarding absence before the first scheduled class meeting may at the option of the instructor, be removed from the course. At the beginning of each course, the instructor will provide students with written attendance requirements. It is the student’s responsibility to consult with the instructor regarding “official absences.” Absences begin to accumulate with the first scheduled class meeting.
Students bear the responsibility of notifying the Admissions, Registration and Records Office when they
discontinue studies in a course or at The College. Discontinuing class attendance and/or notifying the instructor is
not an official drop/withdrawal.

Official absences are those that occur when students are involved in an official activity of The College - i.e., field
trips, tournaments, athletic events - and present an absence-excuse form. Absences for such events shall not count
against the number of absences allowed by an instructor or department.

In the event of the death of an immediate family member, absences for periods of up to one week will not be
counted against the number of absences allowed by an instructor or department. Students should contact the
instructor(s) as soon as possible to arrange for make-up work. Appropriate documentation may be required (for
example, a copy of the obituary or funeral program). In specialized programs that require clinical rotations, this
regulation may not apply.

Religious Holidays

Students shall have the right to observe major religious holidays without penalty or reprisal by any administrator,
instructor, or employee of The College. Absences for such holidays shall not count against the number of
absences allowed by an instructor or department. At least one week before the holiday, students shall submit to
their instructor(s) a written statement that includes both the date of the holiday and the reason why class
attendance is inconsistent with their religious beliefs and duties. Prior arrangements must be made with each
instructor for make-up work. If prior arrangements have been made, the student will not be penalized.

Financial Aid Recipients

Federal regulations require class attendance. You must meet class attendance standards before federal financial
aid disburse to your account. Class attendance standards include participation as defined by each instructor. To
comply with this federal requirement, instructors will be monitoring and reporting your attendance status. Federal
aid recipients reported as not meeting class attendance standards will be administratively dropped from those
classes. In turn, your financial aid award will be reviewed to determine if the reduced number of credit hours will
impact your financial aid eligibility. If an adjustment is required, the aid office will revise your award and notify
you of this action.

Online and Blended Course Attendance

Online: 100% of your coursework will be completed online. You will not be required to attend class on campus
but might be required to take proctored exams at an approved testing center.

Blended: 40-60% of your course attendance will be online. On campus attendance will be required with some
reduced face-to-face time to account for the activities you are responsible for completing online (e.g., laboratory
strategies require on campus attendance while the lecture/discussion portion may be partially online). Campus
attendance will be predetermined and specifically stated and explained in the class schedule and in the instructor’s
class assignment schedule. In addition, you might be required to take proctored exams at an approved testing
center.
RDH/DDS/Faculty Role:

Dental Hygiene Clinical Instructor Job Description
The primary responsibilities of the dental hygiene clinical instructor are in the areas of instruction and remediation of the dental hygiene care process including clinical skills and evaluation of clinical procedures. In addition to these responsibilities, clinical instructors will find themselves performing as role models for students and public relations personnel with patients. On occasion, an instructor will find a need to give direct patient care such as removing a difficult area of calculus as part of a teaching-learning situation.

The periodontal debridement and detoxification procedures are to be evaluated by the dental hygiene clinical instructors. These instructors have been selected because of their knowledge and skills with a wide variety of periodontal instruments. Clinical instruction is more than just locating missed calculus. As a dental hygiene clinical instructor, one of the primary responsibilities is to remediate students’ having difficulties with instrumentation skills. The clinical instructor must be able to remediate students' difficulties in instrumentation skills with all of the instruments in the students’ armamentarium. A valuable dental hygiene clinical instructor identifies technique problems and clearly facilitates the development of effective instrumentation.

Supervising Dentist Job Description
The supervising dentist's primary responsibilities are also in the areas of instruction and remediation, especially for the assessment of oral abnormalities, radiographic interpretations, local anesthesia and nitrous oxide administration. The supervising dentist needs to be available to our dental hygiene faculty, students, and patients for consultations, supervision, and to make referrals as needed. As indicated by a patients’ medical or dental history, the supervising dentist will need to prescribe medications, (i.e., antibiotic pre-medications and antimicrobials for dental hygiene therapy). In addition to these responsibilities, supervising dentists will find themselves performing as role models for students and public relations personnel with patients.

The supervising dentists will be evaluating screening patients which includes their medical history, a quick periodontal and dental assessment to assign the patient to the appropriate clinic. Assessing and evaluating the dental charts and radiographic interpretation chartings.

As described in our emergency care procedure, the supervising dentist will be the Emergency Director during emergency situations in our clinic.

Faculty Responsibilities
It is important as faculty members of the dental hygiene department that we consistently enforce the rules and have knowledge of the general information. If a student is not abiding by the appropriate regulations and behaving in a professional manner, it is our role to correct the situation. Your professional judgment is important. Adjustments may be made simply by communicating the information to the student and documenting it on their clinic evaluation form. However, if the inappropriate behavior does not cease, you have the authority to dismiss the student from a classroom, lab, or clinical setting. Likewise, you have the authority to warn patients and dismiss them as well from our clinic if inappropriate conduct is deemed. Dismissal would be the solution of choice for any form of substance abuse. The program director should be notified of any situation that has the potential for dismissal or following a dismissal situation.
EXPECTED PROFESSIONAL CONDUCT FOR DHY FACULTY, STAFF, AND STUDENTS:

Excerpt from ADHA CODE OF ETHICS

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.

Guarantee self-determination of the patient.

Confidentiality
We respect the confidentiality of patient 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.

To hold in confidence or secret information entrusted by the patient.

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

To ensure the trust that patients and society have in dental hygienists.

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

To do no harm to the patient.

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

To benefit the patient.

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 healthcare.

To be fair to the patient.

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

To tell the truth; not to lie to the patient.
DENTAL HYGIENE OATH:

In my practice as a dental hygienist,
I affirm my personal and professional commitment
To improve the oral health of the public,
To advance the art and science of dental hygiene,
And to promote high standards of quality care.
I pledge continually to improve my professional
Knowledge and skills, to render a full measure
Of service to each patient entrusted to my care,
And to uphold the highest standards of professional
Competence and personal conduct in the interest
Of the dental hygiene profession and the public it serves.
ADHA's 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 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 for our ethics.

Universality
The principle of universality expects 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 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 patient 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 patient trust and understand that public trust in our profession is based on our actions and behavior.

Non-maleficence
We accept our fundamental obligation to provide services in a manner that protects all patients 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 healthcare.

Veracity
We accept our obligation to tell the truth and expect 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 Patients...
- 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 patients without discrimination and avoid action toward any individual or group that may be interpreted as discriminatory.
- Hold professional patient relationships confidential.
- Communicate with patients in a respectful manner.
- Promote ethical behavior and high standards of care by all dental hygienists.
- Serve as an advocate for the welfare of patients.
- Provide patients with the information necessary to make informed decisions about their oral health and encourage their full participation in treatment decisions and goals.
- Refer patients to other healthcare providers when their needs are beyond our ability or scope of practice.
- Educate patients about high-quality oral health care.
- Recognize that cultural beliefs influence patient decisions.

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 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, responsible, 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 a 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 healthcare 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 patients 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 specification 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 the research of others accurately and objectively, drawing conclusions that are supported by the data presented and seeking clarity when uncertain.
• Critically evaluate research methods and results before 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.
PROFESSIONAL MEMBERSHIPS include:

American Dental Hygienist Association (ADHA)
Student Membership has a fee

Ready to join? If you are currently enrolled in an accredited dental hygiene program or pursuing a complementary baccalaureate or graduate degree from an accredited college or institution of higher education, you are qualified to apply for student membership. Join today to start enjoying the benefits of membership.

Once you obtain your license, it’s time to change your student membership to a professional membership. Simply log in to our members-only site. All you need to do is add your dental hygiene license number and start enjoying professional membership benefits. It is FREE to upgrade your membership and your renewal date remains the same.

Note: We are moving away from paper applications for student membership. This will ensure we have the best data possible, and we’ll save a few trees! Students must register and renew their memberships online by visiting our members-only website, http://mymembership.adha.org/, or by clicking the “join now” button above.

Dental hygiene programs that register a group must first have students register online, and create a member ID number. Please include that number on the roster form when submitting payment(s) to be processed for membership.

American Dental Education Association (ADEA)
ADEA Membership is FREE for Allied Dental Students of Member Programs.

Activate your free ADEA membership at adea.org/join

ADEA has many opportunities for you to evolve as an allied dental student:
Networking opportunities with peers and allied dental professionals
Recognition through ADEA scholarships, fellowships and awards
Continued dental hygiene education information for after graduation
Leadership through involvement in the ADEA Council of Students, Residents and Fellows
Subscriptions to dental education community and policy newsletters
Online access to MedEd PORTAL and the esteemed ADEA Journal of Dental Education
USE OF SOCIAL MEDIA GUIDELINES:

Students, whether in private capacity or in an academic capacity, may potentially be viewed by patients, classmates, faculty, employers, and other personal or professional contacts. As a result you are encouraged to be thoughtful regarding postings and online activities since such activities can impact your career as well as the Dental Hygiene profession in general. Further, inappropriate social media behavior may have negative implications related to licensure and employment opportunities.

Students are required to comply with: 1) CMOP 5050 Prescribed Use of Social Media; 2) CMOP 5010 Acceptable Use Policy for the Internet and the KVCC Computer Network; and 3) CMPO 5020 Copyright Compliance

In order to help students understand and avoid postings which may be viewed as inappropriate in other contexts, the following guidelines are provided to assist students in minimizing the risks of using social media.

1. **Be courteous.** Never resort to personal attacks, harassment, cultural insensitivity, or discrimination in expressing your opinions in a social media setting. Social Media use has been linked to cyber bullying and cyber stalking, both of which can be very dangerous.

2. **Respect the privacy of others.** Do not disclose private information about KVCC employees, faculty, students, clinical staff, alumni or other members of the college community. This includes, but is not limited to, posting names, posting descriptions of situations or the posting of pictures or videos without the direct consent of any of these individuals. Do not say anything about someone else that you would not want said about yourself. Social networks are in the public realm and are not appropriate venues for the discussion or dissemination of private matters.

3. **Be appropriate.** Indecent exposure via social media and photos of students drinking and partying can diminish professionalism in oneself, the Department of Dental Hygiene, and the College. Do not post any pictures or videos that would portray oneself unprofessionally. It is also not appropriate to “friend” your instructors on Facebook.

4. **Use good judgment.** Be thoughtful, accurate, relevant and respectful. It is important to remember that students are subject to the same laws, professional expectations, and guidelines when interacting online as they would be in person.

Generally try to avoid airing grievances. Social networks are often not the best forums for raising grievances that might be better addressed in other venues or handled privately.

1. **Respect the College.** Students should not post content or otherwise speak on behalf of the College or the Department of Dental Hygiene unless expressly authorized by the College to do so. Additionally, students must not use the KVCC name, trademarks or logos.

2. **Be accurate and transparent.** Have facts and consent before posting. If you notice an error or inaccuracy, correct the mistake quickly. If the mistake draws further issues notify the Director of the Department for help with a correction as soon as possible.

3. **Remember that your interactions are not private so think before posting.** The internet is an unsecured, publicly accessible network. Nothing posted on the internet is truly private so users should have no expectation of privacy in the use of social media network sites and other Internet resources. Users should take into consideration the lack of anonymity and should exercise sound judgment. Anything put online can easily be shared and re-shared, and archiving systems can preserve even content that has been deleted after posting. Content posted openly and privately now may appear in search results for many years to come. Post only content you are comfortable sharing with the general public, including current and future employers.
4. **Maximize your online privacy settings.** When using Facebook, Twitter, Instagram, etc. regularly review your settings to maximize your privacy. There is NEVER an expectation of privacy when you are on the WEB. Invite friends with care—who do you really want to associate with as a student member of KVCC Dental Hygiene Department?

5. **Social Media Platform.** Know the terms of service of your social media platform. Be sure to understand and follow the terms of service of any platform used. Remember that some social media platforms may retain postings so even if you have closed your account and deleted your postings from your own computer, the documents may still be available through the service provider or from other individuals who accessed or received your postings.

6. **Use appropriate citations.** When using or posting online material that includes direct or paraphrased quotes, thoughts, ideas, photos, or videos, always include citations.

Examples of postings which may be viewed as inappropriate and/or negatively impact employment and licensing opportunities:

- Posing in lingerie and having photos posted to a website.
- Posing in your dental hygiene uniform, in the KVCC clinical facilities, and posting this on your Facebook site where there are other photos displayed that are inappropriate.
- Posting photos of you with alcohol, especially if you are a minor.
- Discussing other students in postings in a manner that is disparaging and/or that violates their privacy.
CMOP 5010

Acceptable Use Policy for the Internet and the KVCC Computer Network

Kalamazoo Valley Community College has made available to its students, faculty, staff and administrators certain electronic technology. This policy is applicable to any member of the KVCC community, whether at a KVCC facility or elsewhere, and refers to all electronic technology resources, whether networked, stand-alone or shared (collectively referred to herein as "computer systems").

The use of KVCC's computer systems is a privilege and must fall within acceptable use as outlined in this policy. KVCC will periodically make determinations on whether specific uses of KVCC's computer systems are consistent with the acceptable use policy, and KVCC may revoke individual access at any time if appropriate use is violated.

Nothing in this policy shall preclude KVCC or a KVCC department from implementing separate conditions of use. Such conditions shall be deemed to supplement, rather than to replace, this policy.

Computer Systems

KVCC's computer systems include all approved electronic technology resources, equipment and software. Equipment includes, but is not limited to, computers, drives, printers, scanners, networks, video and audio recorders, cameras, photocopiers, telephones, modems and other related technological resources. Software includes, but is not limited to, computer software, and print and non-print resources. Networks include, but are not limited to, all voice, video and data systems, including KVCC's internal network and KVCC's Internet access.

KVCC's Management of Computer Systems

KVCC is responsible for the management of the hardware, structure of and authorized software used on its computer systems. This includes, but is not limited to:

1. Assigning and removing user accounts on the network(s);
2. Maintaining and repairing equipment that comprises the network(s);
3. Selecting software that the network will support;
4. Communicating the Acceptable Use Policy;
5. Defining the privileges and responsibilities of users;
6. Providing resources that support the mission of KVCC; and
7. Providing training opportunities on the use, care and application of KVCC computer systems, including training in new technologies, software and media.

KVCC is not responsible for resources or information obtained from third party websites or actions taken by users that do not support the purposes of KVCC. In addition, KVCC is not responsible for lost data, delays, nondeliveries, misdeliveries, or service interruptions caused by the user's negligence, technology failures or acts of nature. If the KVCC computer systems fail, KVCC will make every reasonable attempt to restore any information lost as a result of the failure, but KVCC cannot guarantee that all information will be fully restored to its systems.

User Privileges and Responsibilities

Access to KVCC's computer systems is a privilege granted by KVCC to students, faculty, administrative personnel, and others. Users are responsible for respecting the rights of other users, applicable laws and the integrity of the systems. KVCC reserves the right to limit or restrict users' computer system privileges.
Users of KVCC computer systems may:

1. Use all authorized hardware and software for legitimate educational purposes and for which they have received training.
2. Access information from outside resources for legitimate educational or employment purposes, provided such access does not otherwise violate KVCC policies and procedures.
3. Access KVCC networks and the Internet for legitimate educational or employment purposes, provided such access does not otherwise violate KVCC policies and procedures.

Users of KVCC equipment are responsible for:

1. Utilizing technology only for legitimate educational or employment purposes consistent with the educational mission of KVCC.
2. Maintaining the privacy of passwords.
3. Keeping all inappropriate and/or dangerous files and information from entering KVCC's computer systems.
4. Consulting with the Information Technologies Department before downloading or installing any software on KVCC's computer systems.
5. Preventing hardware and software from being removed from KVCC's premises without prior written consent from the office of information technologies. The office of information technologies will maintain a list of employees with authorization to remove hardware and software from the premises.
6. Maintaining the integrity of the e-mail system for legitimate educational or employment purposes consistent with the educational mission of KVCC.
7. Keeping all food and drink away from KVCC computer systems.
8. Adhering to all copyright laws and guidelines and avoiding plagiarism.
9. Adhering to KVCC's rules, including network etiquette, established for the use of KVCC's computer systems.

**Monitoring of Computer Usage**

KVCC may monitor, where allowed by law, the usage of its computer systems. As such, users should have no expectation of privacy with respect to use of KVCC computer systems.

Monitoring shall include, but is not limited to:

1. Calculating time spent using the Internet or email system;
2. Determining specific Internet sites accessed;
3. Accessing, intercepting, reviewing, copying, and deleting any communications, images, or messages sent, received or stored on the system; and
4. Disclosing any communications or messages sent, received or stored on the system to a third party -- such as law enforcement -- as KVCC deems appropriate.

While monitoring may be conducted without any notice, it will not be conducted without the prior authorization of the appropriate vice president. Such authorization shall also include written justification.

**Prohibited Activity**

Individuals are prohibited from using KVCC computer systems to do any of the following:

1. Engage in political lobbying.
2. Promote personal business, private business or product advertisement except on the college's provided employee swap meet site.
3. Harass or discriminate against others.
4. Gain unauthorized access to computer systems, information or programs.
5. Plant any type of virus, worm or malware on any computer system.
6. Use, send or solicit information that contains profanity, obscenity, discriminatory language, vulgarities or other inappropriate language or graphics.
7. Reveal any personal, confidential or private information about other individuals, such as home addresses and phone numbers other than by authorized personnel. This includes viewing confidential, private or personal information in the presence of individuals not authorized to view or access such information or leaving such information on the computer screen when away from the computer so other individuals may view or access such information.
8. Misrepresent yourself as someone else.
9. State that you represent someone else or Kalamazoo Valley Community College without appropriate authority and consent.
10. Use someone else's username or password, or allow someone else to use your username or password.
11. Develop, download, view, send or solicit pornography.
12. Download or share pirated songs, movies or software.
13. Order or make a commitment to pay for any goods or services on behalf of KVCC without proper authorization.
14. Violate any copyright, patent, licensing, contract or unfair trade law.
15. Violate any other federal, state or local law, including all educational privacy laws and laws relating to prohibiting slander and libel.
16. Conduct any activity that exposes KVCC to potential litigation or expenses, or violates any other KVCC rule or regulation.
17. Install KVCC-owned software on personally-owned computers unless KVCC's software agreement permits such use.
18. Interfere with the intended use of KVCC's computer systems, including, but not limited to, service attacks or hacking activities.
19. As it relates to KVCC staff, troubleshoot, repair or install software on an individual's personally-owned computer unless specifically authorized.

KVCC specifically deems any of the above-mentioned activities to constitute just cause for disciplinary action up to and including non-reappointment, discharge, dismissal, suspension, expulsion, termination and/or legal action.

Response to Violations of this Policy

Response by KVCC to student activities that violate this policy will be in accordance with KVCC's disciplinary procedures as outlined in the student handbook.

Response by KVCC to faculty, staff and administrative personnel activities that violate this policy shall be in accordance with the respective contractual, collective bargaining or other employment-related remedies, including, but not limited to, possible termination.

As appropriate and necessary, KVCC may also advise the appropriate law enforcement officials of any illegal activity discovered during the monitoring of the use of its computer systems.

CMOP 5020

Copyright Compliance

Kalamazoo Valley Community College is committed to adhering to all applicable laws regarding intellectual property. All faculty, staff, and students are required to comply with Title 17 U.S. Code, the United States Copyright Act; the Digital Millennium Copyright Act of 1998; and, the Technology, Education, and Copyright Harmonization (TEACH) Act of 2002.
CMOP 5050

Prescribed Use of Social Media

PURPOSE

The purpose of this policy is to provide general guidelines and limitations to Kalamazoo Valley Community College's official presence on various social media sites, including, but not limited to, Facebook, Twitter, YouTube, Flickr, etc.

KVCC's social media presence is intended to provide the college community, employees and students with a venue to share thoughts, ideas and experience through discussions, postings, photos, and videos. Publication to these sites shall be in conformance with established state and federal regulations as well as with Institutional policy.

When an employee, department, faculty member or official student organization or club creates a page that is affiliated with Kalamazoo Valley Community College, the Director of Administrative Computing must be notified.

Oversight of all KVCC affiliated pages is the responsibility of the Director of Administrative Computing and that individual, or designee, will randomly review pages to ensure Institutional policies are being followed and that the pages are being developed and maintained in accordance with the best interests of the College.

RESPONSIBLE PARTIES

The Office of Information Technologies is the primary administrator for KVCC's official presence on social media sites.

Individual departments and representatives of student clubs/organizations desiring to establish a social media site must contact the Director of Administrative Computing before developing any pages and/or accounts.

PROHIBITED ACTIVITY

Individuals using KVCC's social media sites shall not:

1. Post any content which is threatening or obscene.
2. Violate intellectual property rights or privacy laws.
3. Post any content which is injurious or illegal.
4. Represent personal opinions as being endorsed by KVCC or any of its subsidiary organizations.
5. Knowingly post any content which is misleading or false.
6. Post any content which may violate local, state, or federal laws and regulations.

DISCLAIMER

Kalamazoo Valley Community College reserves the right to remove content that it deems threatening, obscene, a violation of intellectual property rights or privacy laws, is otherwise injurious or illegal or which materially disrupts the learning environment at the Institution and/or involves substantial disorder or invasion of the rights of others.
## DENTAL HYGIENE DEPARTMENT STRUCTURE:

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<th>Program Director</th>
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<th>DDS Clinicians</th>
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<td>• Kim Grubka</td>
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<td>• Brandy Zantello</td>
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DENTAL HYGIENE ADVISORY COMMITTEE:
Committee Member Information
April 17, 2017

Name: Dr. Daniel Bonine
Credentials: DDS
Job Title: Dentist
Company: West Kalamazoo Dental Care
Address: 200 Turwill Lane
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Phone: 269-381-4435
Alt Phone: 
Email: 
Term Start: Fall 2015
Term Length: 3-year
Member Type: Industry Rep.

Name: Ms. Ashleigh Colpetsir
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Term Start: Fall 2016
Term Length: 3-year
Member Type: KVCC FT Faculty

Name: Dr. Terence Comar
Credentials: DDS
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Term Length: 3-year
Member Type: Industry Rep.

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Term Length: 3-year
Member Type: KVCC PT Faculty

Name: Mrs. Sandra Glista
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Term Length: 3-year
Member Type: Industry Rep.

Name: Mrs. Kimberly Grubka
Credentials: RDH, EdM
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Term Start: Fall 2015
Term Length: 3-year
Member Type: KVCC FT Faculty

Name: Ms. Cindy Hapman
Credentials: RDH
Job Title: Hygienist
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Portage, MI 49024
Phone: 269-345-1707
Alt Phone: 
Email: cindy.hapman@excite.com
Term Start: Fall 2016
Term Length: 3-year
Member Type: Industry Rep.
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<td>RDH, BS</td>
<td>Adjunct Faculty</td>
<td>KVCC</td>
<td>6767 W. O Ave. Kalamazoo, MI 49003</td>
<td>269-488-4370</td>
<td>269-598-3414</td>
<td><a href="mailto:khatfield@kvcc.edu">khatfield@kvcc.edu</a></td>
<td>Fall 2016</td>
<td>3-year</td>
<td>KVCC PT/EFE Faculty</td>
</tr>
<tr>
<td>Mrs. Melissa Houchin</td>
<td>RDH</td>
<td>Hygienist</td>
<td></td>
<td>5420 Heathrow Ave. Kalamazoo, MI 49009</td>
<td>269-929-2347</td>
<td></td>
<td><a href="mailto:melissamenz@hotmail.com">melissamenz@hotmail.com</a></td>
<td>Fall 2015</td>
<td>3-year</td>
<td>Industry Rep.</td>
</tr>
<tr>
<td>Mrs. Melissa Hudson</td>
<td>RDH</td>
<td>Hygienist</td>
<td>Carrie Lintner, DDS</td>
<td>197 Timber Ridge Dr. Kalamazoo MI, 49006</td>
<td>269-344-9006</td>
<td>269-492-8902</td>
<td><a href="mailto:mhudson@kvcc.edu">mhudson@kvcc.edu</a></td>
<td>Fall 2015</td>
<td>3-year</td>
<td>Industry Rep.</td>
</tr>
<tr>
<td>Ms. Erika Jackson</td>
<td>RDH, BS</td>
<td>Hygienist</td>
<td>Dr. Aaron Wilson, DDS</td>
<td>7928 Kingston Dr. Portage, MI 49002</td>
<td></td>
<td></td>
<td><a href="mailto:eejack42609@yahoo.com">eejack42609@yahoo.com</a></td>
<td>Fall 2015</td>
<td>3-year</td>
<td>Industry Rep.</td>
</tr>
<tr>
<td>Dr. Carmy Michael</td>
<td>DDS</td>
<td>Owner</td>
<td>Kalamazoo Valley Dental Care</td>
<td>4025 W Main St #102, Kalamazoo, MI 49006</td>
<td>269-388-5832</td>
<td>269-271-5050</td>
<td><a href="mailto:carmymichael@gmail.com">carmymichael@gmail.com</a></td>
<td>Fall 2016</td>
<td>3-year</td>
<td>Industry Rep.</td>
</tr>
<tr>
<td>Mrs. Samantha Reidenbach</td>
<td>RDH, MA</td>
<td>Faculty-Dental Hygiene</td>
<td>KVCC</td>
<td>6767 W. O Ave. Kalamazoo, MI 49003</td>
<td>269-488-4237</td>
<td>269-808-5599</td>
<td><a href="mailto:sreidenbach@kvcc.edu">sreidenbach@kvcc.edu</a></td>
<td>Fall 2016</td>
<td>3-year</td>
<td>KVCC FT Faculty</td>
</tr>
<tr>
<td>Ms. Rebecca Van Horn</td>
<td>RDH, BA</td>
<td>Sales &amp; Clinical Researcher</td>
<td>Waterpik &amp; UIC IHRP</td>
<td>1320 Astor Chicago, IL 60610</td>
<td>312-482-9011</td>
<td>312-505-1554</td>
<td><a href="mailto:vanhornr@sbcglobal.net">vanhornr@sbcglobal.net</a></td>
<td>Winter 2016</td>
<td>3-year</td>
<td>Industry Rep.</td>
</tr>
</tbody>
</table>
FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA):

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.
- Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
  - School officials with legitimate educational interest;
  - Other schools to which a student is transferring;
  - Specified officials for audit or evaluation purposes;
  - Appropriate parties in connection with financial aid to a student;
  - Organizations conducting certain studies for or on behalf of the school;
  - Accrediting organizations;
  - To comply with a judicial order or lawfully issued subpoena;
  - Appropriate officials in cases of health and safety emergencies; and
  - State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

For additional information, you may call 1-800-USA-LEARN (1-800-872-5327) (voice). Individuals who use TDD may use the Federal Relay Service.

Or you may contact us at the following address:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202-8520
SCHOLARSHIPS AND OTHER AWARDS:

The first two awards are awarded annually:

JANIS SCOTT CRANDALL DENTAL HYGIENE SCHOLARSHIP – Eligible applicants must have successfully completed the first year of the Dental Hygiene Program, have a minimum 3.0 GPA and demonstrate financial need.

FRANK A. HEATH AND JANE S. HEATH MEMORIAL SCHOLARSHIP - A scholarship awarded in memory of Dr. Frank Heath and Jane Heath to an outstanding dental hygiene student.

There are a few scholarships specific to students going into health fields:

RICHARD M. EUSTICE FAMILY EDUCATIONAL FUND – Eligible applicants must be enrolled in a health-related program. Must have completed at least 24 credit hours at KVCC and have a minimum 3.0 GPA. Must be a Portage Public School graduate with preference given to Portage Northern.

RICHARD MARGELIS MEMORIAL SCHOLARSHIP – Eligible applicants must be enrolled in a Science or Health-related Program. Must be enrolled full-time and have completed at least 12 credit hours at KVCC and have a minimum 3.0 GPA. Documented need required.

HARRY AND RHODA MOHLER MEMORIAL SCHOLARSHIP - An endowed scholarship funded in memory of Harry and Rhoda Mohler by their family. Recipient must be a student who demonstrates need according to the KVCC Financial Aid Office in a health related field.

DR. CALVIN PETERS SCHOLARSHIP – Eligible applicants must be pursuing a program of study in one of the following areas: Human Services, Social Work, Teaching, or Health Careers. Applicants must have completed at least 24 credit hours at KVCC with a minimum 3.0 GPA. Preference given to students pursuing a Bachelor and above degree. Documented need required.

DIXIE THOMAS MEMORIAL SCHOLARSHIP – This scholarship is designed to assist students in a health-related program, with books and supplies

CHARLES W. AND MARJORIE EWALD SMITH ENDOWED SCHOLARSHIP

CARL RASMUSSEN VOCATIONAL TECHNICAL SCHOLARSHIP

Also, our Carl D. Perkins program is another great resource for DHY students. The application must be submitted by the third day of the semester (it is on a different application schedule than the scholarships listed above). The application can be found on our website:

https://www.kvcc.edu/admissions/finaid/1617forms/SpPopFirst1617.pdf
### ESTIMATED KVCC STUDENT EXPENSES:

**KVCC Tuition Rates**
- In-District $100.00/Contact Hour
- Out-of-District $172/Contact Hour
- Out-of-State $231.00/Contact Hour
- International $261.00/Contact Hour

#### Semester 1 Fall
- Tuition (In-district) $1,800.00
- Enrollment Fee $31.50
- General Fee $78.50
- Books & Teeth Set $750.00
- **Semester subtotal** $2,660.00

#### Semester 2 Winter
- Tuition (In-district) $1,900.00
- Enrollment Fee $31.50
- General Fee $78.50
- Books $330.00
- **Semester Subtotal** $2,340.00

#### Semester 3 Summer
- Tuition (In-district) $900.00
- Enrollment Fee $31.50
- General Fee $78.50
- Books $80.00
- **Semester Subtotal** $1,090.00

#### Semester 4 Fall
- Tuition (In-district) $2,100.00
- Enrollment Fee $31.50
- General Fee $78.50
- Books $330.00
- **Semester Subtotal** $2,540.00

#### Semester 5 Winter
- Tuition (In-district) $2,000.00
- Enrollment Fee $31.50
- General Fee $78.50
- Books $360.00
- **Semester Subtotal** $2,470.00

#### Miscellaneous (Required)
- Instruments (Semester 1) $2,000.00
- Uniforms (Semester 1) $100.00
- Safety Glasses (Semester 1) $15.00
- AHA “BLS Provider” CPR Certification $100.00
- Health Physical $100.00
- Live Scan Fingerprinting $60.00
- Flu shots (yearly) $80.00
- TB tests (yearly) $100.00
- Drug Screens (yearly) $50.00
- Immunizations or Titters (prn) $250.00
- **Miscellaneous Subtotal** $2,855.00

#### Licensure Exams
- NBDH Exam $400.00
- CDCA Full Exam $975.00
- CDCA Local Anesthesia Exam $140.00
- CDCA N₂O/O₂ Exam $135.00
- **Licensure Exam Subtotal** $1,650.00

**TOTAL APPROXIMATE COST** $15,605.00
STANDARDS OF PRACTICE:

Standard 1: Assessment
Dental hygiene students at KVCC are expected to systematically collect, analyze and document the oral and general health status and patient/patient needs. The dental hygiene student will conduct a thorough, individualized assessment of assigned patients/patients with or at risk for oral disease or complications. Our assessment process requires ongoing collection of data and interpretation of relevant data. Data will be documented in our computer software program currently supplemented by a paper file for documentation necessary for teaching and learning of the dental hygiene process of care.

- Patient History
- Comprehensive clinical evaluation
- Risk assessment

Standard 2: Dental Hygiene Diagnosis
Dental hygiene students at KVCC are expected to utilize their data collection to identify existing or potential oral health problem(s) that they are educationally qualified and will be licensed to treat. The dental hygiene student creates a dental hygiene diagnosis by analyzing the collected data and utilizing critical decision making skills in order to reach conclusions about the patient/patients dental hygiene treatment needs and the patient’s self-care needs.

- Data assessment
- Dental hygiene care addressing patient needs
- Dental hygiene diagnosis as a part of overall dental treatment plan

Standard 3: Planning
Dental hygiene students at KVCC are expected to recommend goals and establish expected outcomes based on patient needs, expectations, values, and current scientific evidence. The dental hygiene treatment plan is based on the assessment findings, the dental hygiene diagnosis, and the patient/patient’s input/commitment.

- Dental hygiene intervention
- Coordinate resources to facilitate comprehensive quality care
- Collaboration with other health care providers including dentists
- Presentation and documentation of treatment plan to patient
- Concise and understandable explanation of planned treatment, intervention, anticipated outcomes, options, and patient commitment
- Informed consent and/or informed refusal

Standard 4: Implementation
Dental hygiene students at KVCC are expected to implement the delivery of dental hygiene services based on the dental hygiene care plan in a manner that minimizes risk, optimizes oral health, being proactive with current technological advancements.

- Dental hygiene care plan implementation with patient/caregiver
- Modifications as needed and obtaining consent
- Use of appropriate communication skills for a variety of patients
- Maintenance care confirmation and scheduling

Standard 5: Evaluation
Dental hygiene students at KVCC are expected to evaluate the outcomes of their dental hygiene care. The evaluation process includes the use of measureable assessment criteria to determine whether goals are met or need to be altered. The dental hygiene student is expected to use critical thinking skills to determine when additional diagnostics, treatment, referral, education and continuing care are needed. In addition, the dental hygiene student will document the changes in treatment or patient self-care appropriately communicates this to the patient/patient.

- Assessment criteria to evaluation outcomes
- Communication to other health care providers involved regarding outcomes
- Collaboration to determine need for additional diagnostics, treatment, referral, education, and
continuing care based on treatment outcomes and self-care behaviors

**Standard 6: Documentation**

Dental hygiene students at KVCC are expected to complete and accurately record all collected data, treatment planned and provided, recommendations, and other information relevant to patient care and treatment. The dental hygiene student is expected to follow ethical and legal responsibilities of record keeping, be compliant with HIPAA regulations, and protect the confidentiality of patient information. In addition, the dental hygiene student will document patient/patient failed appointments and other inappropriate behaviors that may constitute a violation to their responsibilities as identified in our Patient Bill of Rights and Responsibilities.

- Documentation of all components of the dental hygiene process of care
- Objective documentation of interactions between patient and KVCC student(s), clinicians, and staff
- Accurate and legible recording
- Ethical and legal responsibilities met during record keeping
- Compliance with HIPAA
- Respects and protects confidentiality of patient information

These Standards were adapted from the *Standards for Clinical Dental Hygiene Practice*, ADHA
PROGRAM RELATED INFORMATION:

Communication:
The dental hygiene department is committed to having several mechanisms to provide the student the opportunity
to give feedback related to courses, faculty, staff, and the entire dental hygiene program. You are encouraged to
discuss concerns or give input to lead instructors of your courses in a timely fashion to allow for resolutions or
necessary changes. Course related feedback is best if given directly to the lead instructor. Program and clinical
related feedback could be discussed in your clinical small group sessions, with your lead instructor or the
department chair.

Student Responsibilities:
Any information about a specific patient is confidential. You may share this information only with an instructor or
classmate(s) in an appropriate setting.

You will represent yourself as a KVCC dental hygiene student only when performing in that capacity. Acting in
any unethical manner may result in failure of the course.

Attitude involves behaviors, including professional, social and personal, that reflect how you interact with others.
In addition to competence in basic dental hygiene skills, what makes you professional as a dental hygienist is how
you interact with people. Behaviors which are disruptive, disrespectful, or otherwise deemed inappropriate in the
classroom, lab, or clinic will result in point reductions, dismissal from the classroom, lab, or clinic, and may result
in course failure.

Academic dishonesty and misconduct will be treated seriously. At a minimum it will result in loss of credit for the
assignment. The obvious maximum penalty is 0.0 for the course. Due Process as outlined in the KVCC student
handbook will be followed. Refer to the college handbook for examples of both academic dishonesty and
misconduct activities.

Academic Dishonesty1
Students are required to be honest and forthright in their academic endeavors, and failure to do so constitutes
academic dishonesty and is a violation of College policy.

Academic Misconduct2
Academic misconduct is the intentional violation of college policies by tampering with grades or taking part in
obtaining or distributing any part of a test prior to or following its administration.

The stringency of this policy regarding student responsibilities is understandable when read in the context of an
educational program preparing individuals for a health career where the safety and well-being of the public are
largely dependent upon the knowledge and ethical behavior of the student-practitioner. Both academic dishonesty
and misconduct precludes the instructional faculty's ability to declare prospective graduates to be competent,
reliable, and ethical.

Laboratory and Clinical Competence:
You are expected to master the procedures outlined in your clinical courses to either laboratory or clinical
competence. Laboratory competence means you will become proficient in performing the procedure during
laboratory simulations. Clinical competence means you will become proficient in performing the procedure on
patients. A fellow student may be a patient. There are only a few procedures that you may solely demonstrate
laboratory competence prior to graduation. For these few procedures, students/graduates may need to consult
with a dentist or dental hygienist for assistance when first performing these procedures intra-orally.

The procedures listed below are required to laboratory competency only. However, enrichment credit (points) may be

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earned for demonstrating these procedures to clinical competence. This may be accomplished in our clinic or a private dental office. If completed in a dental office, the dentist must sign an affiliation agreement with us prior to your performing the procedure intra-orally. The dentist will be your supervisor.

- Dental dam placement
- Periodontal dressing
- Overhang removal
- Amalgam polishing
- Suture removal
- Placement of temporary sedative dressing
- Removal of temporary sedative dressing
- Laboratory competence solely required for graduation. You may need to consult with a dentist or dental hygienist for assistance when first performing these procedures intra-orally.

All other procedures in your clinical courses are required to clinical competence.

**Program Progression:**
You progress through the dental hygiene program in a sequential pattern. First semester course work must be successfully complete before progressing to the second semester. A 2.0 grade is required in all science, health career, and dental hygiene courses. You have only one opportunity to re-enter the first semester of the dental hygiene program should you stop out, withdraw, or fail. To re-enter the first semester courses, you will need to be readmitted to the dental hygiene program by completing the application packet required of potential candidates. You will be required to retake the dental hygiene courses listed in the first semester.

If you stop out, withdraw, or fail later semesters, you will need to be reinstated to the dental hygiene program by contacting the Program Director and filling out appropriate paperwork. Should you stop out, withdraw, or fail more than one time, you will not be reinstated.

**Program Completion and Graduation Information:**
You are responsible for obtaining a petition for graduation. Forms may be obtained online @kvcc.edu and must be filed with the Vice President for Student and Instructional Services. This petition must be filed one semester prior to program completion.

You will be asked to evaluate the dental hygiene program as a student, and later as graduates. Your thoughtful feedback is essential for the dental hygiene program to evaluate and modify the dental hygiene curriculum.

**National Board and Regional Board Examinations and Licensure:**
When you are in your last semester of dental hygiene course work, you will receive information regarding the applications for testing and licensure. You may submit the licensure application prior to completion of your program to the Board of Dentistry. Fees must accompany the application along with a copy of your CPR certification.

In addition, prior to completion, you should request an official transcript be sent to the State of Michigan if you desire a license in Michigan. When completing this request, mark the box on the form where it states "after degree is posted". Not marking the appropriate box will generate sending an official transcript without your degree status delaying the licensure process.

**Job References and Recommendations:**
Information regarding employment opportunities, resume writing, etc., are available through Student Success Center. As you begin your final semester, you should contact them for assistance with job placement.

Occasionally, they have information regarding job openings for dental assisting while you are a student. Some employers need part-time assistants and work around student schedules.

**Employer Survey:**
An employer Survey is provided to your employer for completion. This information is critical for the dental hygiene department to evaluate and modify curriculum. Names of employees are not requested. You will be asked to give permission for this survey. The survey is conducted through KVCC’s Research Department. Results are summarized by them and given to the appropriate administrators and department chair.
Informal Student Appeal Process:
As described in the KVCC Student Handbook, this informal process does not take the place of the formal Student Appeal Process. It is an attempt to resolve concerns for all involved in a constructive and timely manner. The informal process is as follows:

1. Discuss your concerns with the instructor or staff member directly. If you are uncomfortable with this or feel that the problem is not resolved, see the lead instructor or the dental hygiene department chair.
2. If the problem is not resolved with the lead instructor, discuss it with the dental hygiene department chair.
3. If the problem is not resolved to your satisfaction, you will be referred to the Dean of Health and Public Services.
4. If the problem is not resolved to your satisfaction with the Dean, you may initiate the formal Student Appeal Process with the Student Relations Coordinator. This process is described in the KVCC Student Handbook.

Health Status:
As a student at KVCC, you are not an employee of any of the affiliated agencies where you are assigned as a student clinician, nor are you an employee of KVCC. Therefore, you are responsible for any injury or illness you may incur. It is recommended that you have your own health insurance.

Transportation/Housing:
You are expected to maintain reliable transportation throughout the dental hygiene program. You are responsible to arrange your own transportation to and from all agency sites.

Should the college be closed due to inclement weather, scheduled off-campus community clinic rotations will not meet. In the event of such a cancellation, it may be necessary for you to make up that clinical assignment at a later date. Notification of College closure may be obtained by calling KVCC's Inclement Weather number, 269-488-4750 or through radio, TV coverage, text message, or www.kvcc.edu after 6:00 a.m.

Housing is not available through KVCC. Information regarding housing is available at the Student Services Information desk.

Liability Insurance:
Student liability insurance is provided by the College.

Locker Room:
You will be assigned a locker for storing your clinic attire, books, coat, etc. The lockers accommodate one or two students. They have assigned padlocks for security reasons. We strongly recommend locking your belongings in your locker and not leaving items out in the locker room.

Dental Hygiene Clinic:
The dental hygiene clinic is located in room 1280/90. We have guidelines that need to be followed when you are in the clinic area for common courtesy and the safety and well-being of everyone.

In addition to the clinic attire protocol and Infection and Hazard Control Protocol, you will need to:

1. Adhere to the no food or drink policy in the clinic.
2. Prepare your operatory at least fifteen minutes prior to your appointment time.
3. Remain in the clinical area while waiting for patients. The receptionist via the computer scheduling program will notify you of your patient’s arrival.
4. Avoid congregating near the receptionist's desk which inhibits traffic flow.
5. Request help from the clinicians, or receptionist with equipment malfunctions.
6. Call the receptionist if you cannot attend your assigned clinic time. (Should an absence or tardiness occur, you are responsible for making up the time during another clinic session.)
Professionalism Rubric

Name: __________________________       Course: ________________  Date: ______________

The loss of professionalism course points is at the discretion of the instructor.

Seriousness of an offense or repeated offenses may result in an increased number or total loss of professionalism course points.

A loss of course points for lack of professionalism per offense is as follows:

<table>
<thead>
<tr>
<th>Single course point offenses</th>
<th>Multiple or total course point offenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tardiness</td>
<td>Unethical behavior of any kind</td>
</tr>
<tr>
<td>Disruptive classroom behavior (i.e. side communications, cellphone usage)</td>
<td>Cheating, academic dishonesty/misconduct, or misconduct of any kind</td>
</tr>
<tr>
<td>Inappropriate verbal or nonverbal communication (i.e. back talk, eye-rolling)</td>
<td>Failure to report cheating, academic dishonesty/misconduct, or misconduct of any kind</td>
</tr>
<tr>
<td>Failure to follow instructions, rules, and regulations</td>
<td>No call/no show (not informing instructor of absence prior to class time)</td>
</tr>
<tr>
<td>Failure to follow dress code</td>
<td>Dishonesty, lack of integrity or veracity</td>
</tr>
<tr>
<td>Failure to follow social media or online etiquette</td>
<td>Disrespect of a fellow classmate, instructor or staff</td>
</tr>
<tr>
<td>Failure to use class time wisely or work as a team</td>
<td>Not accepting of constructive criticism or fair negative feedback</td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
</tr>
</tbody>
</table>

**Repetitive single course point offenses**

Deductions: ____/5 course points

Instructor Comments:

Student signature: __________________________       Date: ______________

Instructor signature: __________________________       Date: ______________
KALAMAZOO VALLEY COMMUNITY COLLEGE  
Dental Hygiene Department  
Patient Bill of Rights and Responsibilities

AS A COMPREHENSIVE DENTAL HYGIENE CARE PATIENT, YOU HAVE THE RIGHT TO:

1. Have care provided by a student dental hygienist under the supervision of an attending instructor every time you receive dental hygiene treatment.

2. Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, source of payment, or a history of communicable disease. A decision to isolate or exclude a patient shall be made only in accordance with Board Policy CMOP4010. (Available upon request.)


4. Request complete and current information about your oral health condition.

5. Informed consent regarding all dental hygiene treatment planned for you, including recommended treatment, alternate treatment, options to refuse treatment and the risks of no treatment.


7. Expect all people involved in your care to use appropriate infection controls.

8. Emergency care in a timely manner.

9. Discuss issues involving your account.

10. Obtain a copy of your dental hygiene record for which the clinic can charge a reasonable fee.

PATIENT RESPONSIBILITIES:

1. Give honest and complete answers to appropriate questions.

2. Be considerate of, cooperative with, and respectful to your assigned dental hygiene student, attending instructors, and staff. Inappropriate behaviors such as rudeness, harassment of any kind, misconduct, and lack of cooperation will not be tolerated.

3. Be prompt for appointments and stay for the entire appointment time. We expect 24-hour notice of cancellation.

4. Patients who “no show” an appointment 3 times may be dismissed as a patient.

5. Pay for services.

6. Follow through on mutually agreed treatment, referrals, and home care instructions.

I have read and understand my rights and responsibilities as a patient at Kalamazoo Valley Community College Dental Hygiene Department.

___________________________________________________  
Print Name Date

___________________________________________________  
Signature Date
QUALITY ASSURANCE SYSTEM:

Begins with interview by the receptionists during appointment scheduling

- Data entry into computer
- Critical medical history questions
- Critical interpretation of patient wants/needs
- Finding needs of outside agency when referred
- Communicating appointment times, length of appointment including it may take multiple appointments, and a range of possible fee for service
- Forwarding information to assigned dental hygiene student via computer notes
- Forwarding information to DDS for prescription needs prior to appointments
- Patients 13 years of age or younger will be scheduled for an appointment with a hygiene student
- Patients 14 years of age or older will be scheduled a screening appointment to determine appropriate clinic level.
- Existing patients that have not been here for 2 years or more will be scheduled a screening appointment

Screening Appointment, The patient will be:

- Seen by 2 students and the DDS
- Review of medical history
- Cursory screening for obvious lesions and pathologies
- Classifying the patient for appropriate clinic level looking at the following assessments: calculus deposits, PSR, BOP grade, number of teeth, complexity of dental chart, and treatment considerations
- Radiographs will be prescribed by the DDS if needed.

During patient care: DHY student completes the Oral Exam using the items below, followed by a thorough evaluation by the clinical instructor. Agreed upon treatment is written and authorized by the clinical instructor.

Use of data collection materials

- Consistent computer software program
- Supplemental paper forms e.g. nutritional assessment, tobacco cessation, caries risk factors

Use of the Dental Hygiene Care Plan

- Use of patient care worksheet(s)
- Presumptive diagnosis page
- Intervention page
- Patient informed consent/refusal
- Agreed upon goals
- Agreed upon DHY services documented (treatment plan)
- Generation of assessment form data

Use of the Treatment Plan

- DHY services provided and evaluated by the clinical instructor
- Narrative section for documentation
- Computer note section for documentation
- Generation of assessment form data
- Patient satisfaction survey encouraged
Use of Clinical Instructor

- Will provide student evaluation for entire appointment
- Will review patient’s paper & electronic chart for completeness at end of clinic day
- Patients going through screening process will have a minimum of 4-5 individuals assessing/evaluating their oral health

Use of TalEval Grading System

- Instructors input evaluation information after student/patient conduct
- Helps with student growth in clinic
- Helps with faculty calibration

Use of patient surveys

- Feedback for our overall program/clinical improvement
**PROPHYLAXIS NEED FOR DENTAL TREATMENT:**

**Table 1**  
CARDIAC CONDITIONS ASSOCIATED WITH THE HIGHEST RISK OF ADVERSE OUTCOME FROM ENDOCARDITIS FOR WHICH PROPHYLAXIS WITH DENTAL PROCEDURES IS REASONABLE

1. Prosthetic cardiac valve or prosthetic material used in valve repair
2. Previous endocarditis
3. Cardiac transplantation recipients with cardiac valvular disease
4. Congenital heart disease (CHD) only in the following categories*:
   - Unrepaired cyanotic CHD, including those with palliative shunts and conduits
   - Completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or catheter intervention, during the first six months after the procedure†
   - Repaired CHD with residual defects at the site or adjacent to the site of a prosthetic patch or prosthetic device (which inhibit endothelialization)

*Except for the conditions listed above, antibiotic prophylaxis is not recommended for any other form of CHD.
†Prophylaxis is reasonable because endothelialization of prosthetic material occurs within six months after the procedure.

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**Table 2**  
DENTAL PROCEDURES FOR WHICH ENDOCARDITIS PROPHYLAXIS IS REASONABLE FOR PATIENTS IN TABLE 1

All dental procedures that involve manipulation of gingival tissue or the periapical region of teeth, or perforation of the oral mucosa*

*Antibiotic prophylaxis is NOT recommended for the following dental procedures or events: routine anesthetic injections through noninfected tissue; taking dental radiographs; placement of removable prosthodontic or orthodontic appliances; adjustment of orthodontic appliances; placement of orthodontic brackets; and shedding of deciduous teeth and bleeding from trauma to the lips or oral mucosa.

Circulation. 2007; 116:1745. ©2016, American Heart Association, Inc.²
<table>
<thead>
<tr>
<th>Situation</th>
<th>Agent</th>
<th>Adults</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral</td>
<td>Amoxicillin</td>
<td>2 g</td>
<td>50 mg/kg</td>
</tr>
<tr>
<td>Unable to take oral medication</td>
<td>Ampicillin OR</td>
<td>2 g IM or IV</td>
<td>50 mg/kg IM or IV</td>
</tr>
<tr>
<td></td>
<td>Cefazolin or ceftriaxone</td>
<td>1 g IM or IV</td>
<td>50 mg/kb IM or IV</td>
</tr>
<tr>
<td>Allergic to penicillins or ampicillin – oral</td>
<td>Cephalexin*† OR Clindamycin OR Azithromycin or clarithromycin</td>
<td>2 g 600 mg 500 mg</td>
<td>50 mg/kg 20 mg/kg 15 mg/kg</td>
</tr>
<tr>
<td>Allergic to penicillin or ampicillin and unable to take oral medication</td>
<td>Cefazolin or ceftriaxone* OR Clindamycin</td>
<td>1 g IM or IV 600 mg IM or IV</td>
<td>50 mg/kg IM or IV 20 mg/kg IM or IV</td>
</tr>
</tbody>
</table>

IM indicates intramuscular; IV intravenous.
* Or other first- or second-generation oral cephalosporin in equivalent adult or pediatric dosage.
† Cephalosporins should not be used in an individual with a history of anaphylaxis, angioedema, or urticaria with penicillins or ampicillin.

Table 4 ADA PREVENTION OF ORTHOPAEDIC IMPLANT INFECTION CLINICAL PRACTICE GUIDELINE PROTOCOL RECOMMENDATIONS

Management of patients with prosthetic joints undergoing dental procedures

Clinical Recommendation:
In general, for patients with prosthetic joint implants, prophylactic antibiotics are not recommended prior to dental procedures to prevent prosthetic joint infection.

For patients with a history of complications associated with their joint replacement surgery who are undergoing dental procedures that include gingival manipulation or mucosal incision, prophylactic antibiotics should only be considered after consultation with the patient and orthopedic surgeon.* To assess a patient’s medical status, a complete health history is always recommended when making final decisions regarding the need for antibiotic prophylaxis.

Clinical Reasoning for the Recommendation:
- There is evidence that dental procedures are not associated with prosthetic joint implant infections.
- There is evidence that antibiotics provided before oral care do not prevent prosthetic joint implant infections.
- There are potential harms of antibiotics including risk for anaphylaxis, antibiotic resistance, and opportunistic infections like Clostridium difficile.
- The benefits of antibiotic prophylaxis may not exceed the harms for most patients.
- The individual patient’s circumstances and preferences should be considered when deciding whether to prescribe prophylactic antibiotics prior to dental procedures.

*In cases where antibiotics are deemed necessary, it is most appropriate that the orthopedic surgeon recommend the appropriate antibiotic regimen and when reasonable write the prescription.

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CLINIC INFORMATION for PATIENT ASSIGNMENTS:

Patients are assessed for calculus classification (CC), Periodontal Skill Level (PSL), and ease of charting the dental chart (DC); the patients are then assigned to the appropriate clinic.

CC – Calculus Classification

<table>
<thead>
<tr>
<th>Class</th>
<th>Description</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Slight to no calculus</td>
<td>Primarily requires de-plaquing &amp; little to no scaling.</td>
</tr>
<tr>
<td>I</td>
<td>Any amount of supragingival calculus</td>
<td>Supragingival calculus extending only slightly below the free gingival margin. Granular, white &amp; chalky in nature. Any location in the mouth</td>
</tr>
<tr>
<td>II</td>
<td>Moderate calculus</td>
<td>Subgingival calculus that is clickable/“qualifying” involving less than half the dentition. Any location in the mouth.</td>
</tr>
<tr>
<td>III</td>
<td>Heavy calculus</td>
<td>Subgingival calculus involving more than half of the dentition. Calculus is Clickable/ “Qualifying”, Ledges, Bands.</td>
</tr>
<tr>
<td>IV</td>
<td>Heavy calculus</td>
<td>Subgingival calculus involving more than half of the dentition. Clickable/ “Qualifying”, Ledges, Bands, and includes the Tenacious nature of calculus.</td>
</tr>
</tbody>
</table>

DHY 129 – CC 0, I, or II; ease of removal up to minimal challenging factors
DHY 139 – CC 0, I, II, III, or IV; ease of removal up to minimal challenging factors
DHY 249 – all CC’s and difficulty
DHY 259 – all CC’s and difficulty

PSL – Periodontal Skill Level

A modified PSR is used along with the Grade of BOP to determine which clinic the patient would be assigned.

<table>
<thead>
<tr>
<th>Skill Level</th>
<th>PSR Code</th>
<th>Treatment Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Code 0</td>
<td>Suitable preventive care should be given as well as a review of daily plaque control habits</td>
</tr>
<tr>
<td>I</td>
<td>Code 1</td>
<td>Individualized oral hygiene instruction should be reinforced with the client. Appropriate therapy, including subgingival plaque removal should be performed.</td>
</tr>
<tr>
<td>II</td>
<td>Code 2</td>
<td>Individualized oral hygiene instruction and appropriate therapy, including subgingival plaque removal, as well as the removal of calculus and the correction of plaque-retentive margins and restorations should be performed.</td>
</tr>
<tr>
<td>III</td>
<td>Code 3*</td>
<td>A comprehensive periodontal examination and charting are necessary to determine an appropriate care plan. This examination and documentation should include the following: identification of probing depths, mobility, gingival recession, mucogingival problems, furcation involvement, and radiographs.</td>
</tr>
<tr>
<td>IV</td>
<td>Code 4*</td>
<td>A comprehensive periodontal examination and charting are necessary to determine an appropriate care plan. This examination and documentation should include the following: identification of probing depths, mobility, gingival recession, mucogingival problems, furcation involvement, and radiographs. It can be assumed that complex treatment is required.</td>
</tr>
</tbody>
</table>

DHY 129 – PSR codes 0, 1, 2, 3, or 4 with BOP localized/generalized grade 1 or 2 or localized grade 3 or 4
DHY 139 – PSR codes 0, 1, 2, 3, or 4 with all grades of BOP
DHY 249 – PSR codes 0, 1, 2, 3, or 4 with all grades of BOP
DHY 259 – PSR codes 0, 1, 2, 3, or 4 with all grades of BOP

DC

The DC is assessed to determine the ease or challenging factors associated with the charting of a patient’s dental chart.

DHY 129 – with increasing numbers of challenging factors student will need instructor guidance
DHY 139 – with increasing numbers of challenging factors student will need instructor guidance
DHY 249 – all DC’s and difficulty
DHY 259 – all DC’s and difficulty
CRITERIA FOR SELECTING TEETH FOR SEALANT PLACEMENT

Following are the criteria for selecting teeth for sealing.

A sealant is **indicated** if:
- A deep occlusal fissure, fossa or lingual/buccal pit is present, especially if it catches the tine of the explorer.

A sealant is **contraindicated** if:
- Patient behavior does not permit use of adequate dry-field techniques throughout the procedure.
- There is an open occlusal carious lesion.
- Caries exist on other surfaces of the same tooth.
- A large occlusal restoration is already present.

A sealant is **probably** indicated if:
- The fossa selected for sealant placement is well isolated from another fossa with a restoration.
- The area selected is confined to a fully erupted mesial fossa, even though the distal fossa is impossible to seal due to inadequate eruption.
- An intact occlusal surface is present where the contralateral tooth surface is carious or restored; this is because teeth on opposite sides of the mouth are usually equally prone to caries.
- There is an incipient lesion in the pit and fissure; this decision would be a matter of professional judgment.

OTHER CONSIDERATIONS IN TOOTH SELECTION

When oral health is more of a factor than cost-benefit, all teeth meeting the above criteria should be sealed and resealed as needed. Where cost benefit is critical and priorities must be established, such as occurs in many public health programs, ages 3 and 4 years are the most important times for sealing the eligible deciduous teeth; ages 6 to 7 years for the first permanent molars; and ages 11 to 13 years for the second permanent molars and premolars. Sealants appear to be equally retained on occlusal surfaces in primary, as well as permanent teeth. They should be used in fluoridated areas, as well as in nonfluoridated areas. Sealants should be placed on the teeth of adults if there is evidence of existing or impending caries susceptibility, as would occur following excessive intake of sugar or as a result of a drug- or radiation-induced xerostomia. In all cases it is the disease susceptibility of the tooth that should be addressed, not the age of the individual.

CLINICAL PROTOCOL

Sealants will have a 1 year guarantee. Sealants which require replacement within 1 year of placement will be replaced free of charge. Sealants requiring replacement outside of the 1 year guarantee will be charged accordingly.

Students will be eligible for free sealant placement during lab competencies **only**: Sealants placed on students outside of lab (i.e. clinic) will be charged accordingly.
INFECTION CONTROL for REMOVABLE APPLIANCES

I. Disinfection of removable partials/dentures and orthodontic appliances
   a. Place in a zip-lock bag filled with tartar and stain removal solution (non-toxic)
   b. Place in the smaller ultrasonic cleaner for 10 to 14 minutes
   c. Remove appliance from solution in bag with gloved hands
      i. Inspect for absence of accretions
      ii. If accretions are still present place in ultrasonic for another 14 minutes
      iii. If accretions are still present carefully remove with a hand scaling instrument
   d. Discard solution and bag immediately
   e. Rinse the appliance thoroughly under running water
   f. Soak appliance in cup filled with an anti-microbial mouth rinse and return to patient

II. Abrasive powders and pastes are not recommended for cleaning appliances.

III. Educate patients on daily care of oral appliance; soak appliance without metal for 5 to 10 minutes or overnight for those appliances that have metal.
   a. Alkaline hypochlorite if no metal on appliance
      i. Sodium hypochlorite (bleach), calgon (detergent), and water
      ii. 1 tbsp of bleach, 1 tsp detergent, 4 ounces water
      iii. Soak no more than 10 minutes
   b. Alkaline peroxide if metal is on appliance
      i. Hydrogen peroxide and sodium bicarbonate (baking soda)
Dental Hygiene Department Student Agreement

I, _____________________________________________________, understand that to achieve a minimum satisfactory grade in coursework and to be retained as a student in the Dental Hygiene Department, I must fulfill the following requirements:

1. Adhere to all program requirements in effect at the time of my entry into the program, or which become effective during my education in the program.

2. Adhere to the KVCC policies and procedures that are identified in the KVCC Student Handbook in addition to policies and procedures found in the DHY Student/Faculty and Risk Management Handbook.

3. Spend a minimum of three hours of preparation time for every hour spent in a didactic class.

4. Establish professional rapport with faculty staff, colleagues, and patients.

5. Demonstrate courtesy, tact, and consideration for others.

6. Demonstrate care and concern for patient welfare, providing total patient care to all patients and adhering to the policy of Dental Patient Rights.

7. Follow instructions.

8. Accept and apply constructive feedback.

9. Demonstrate appropriate personal hygiene and professional appearance.

10. Be prepared for each class as designated in each Class Assignment Schedule (CAS) and/or as the instructor indicates.

11. Be prepared for each clinical session by satisfactorily researching and assessing the patient’s needs and recording such information on the appropriate clinic forms.

12. Be present, prompt, and prepared for all assigned clinical sessions, small groups, special events, and classes.

13. Be responsible to call the dental hygiene office and all course instructor when I am unable to be present at any class, lab, small group, or special event. A reason for the absence must be given.

14. Take the initiative to consult my instructor concerning missed assignments and to make up all assignments as per objectives discussed.

15. Initiate a conference with the appropriate faculty, should my performance in any class assignment, quiz, or examination be unacceptable, failing, or borderline to failing.

16. Be responsible for reviewing safety data sheets (SDS) prior to using said materials.

17. Turn all required paperwork needed by the Program Director or course instructor by the due date.

18. Successfully complete all portions of the curriculum, including enrichment clinics.


20. No Eating or Drinking in the clinic at all times.

I further understand that the following may result in probation or dismissal from the program:

1. Violations of the Principles of Ethics of the ADHA or the Dental Hygienist’s Pledge (documents in the Dental Hygiene Student/Faculty Handbook) and/or failure to demonstrate professional conduct.
2. Violation of KVCC student handbook policy on Student Rules, Regulations and Disciplinary Standards.

3. Violation of clinic or laboratory policies related to patient or operatory safety and protection including appropriate testing, immunization and vaccinations.

4. Failure to reach minimum competency in clinical evaluations as determined by frequency of occurrence, seriousness of the infraction and major deficiencies in a given area of performance.

5. Failure to correctly handle medical/dental information of the patients; divulging or releasing name, medical/dental history, medical/dental condition, medical/dental treatment, or other information of any patient without the expressed written consent of the patient or the authorized patient representative.

6. Failure to maintain accurate and complete dental records of all patients under the student’s care.

7. Earning one or more academic probation units or receiving a 0.0 in any dental hygiene course (see the Department’s Academic Achievement and Misconduct Policy).

8. Failure to pass any criminal background check.

9. Failure to qualify for or participate in a required clinical rotation.

10. Receiving any dental hygiene course notes, materials, or assessments (study questions/objectives, quiz/exam questions or answers, abstracts, reports, projects, etc.) from former students or other entities.

I understand that if I am placed on probation or dismissed from the program, I have an opportunity to meet with the course instructor and Program Director. Should I wish to appeal the decision of the department to place me on academic probation or dismiss me from the dental hygiene program, I may follow the college’s appeal procedure. The accepted protocol is as follows:

1. Talk with the instructor and Program Director first.
2. If not satisfied talk with the Dean of Health and Public Service
3. If not satisfied talk with the Student Relation Coordinator and start the appeals process that is outlined in the KVCC student manual under the Student Appeal Process.

I understand that all dental hygiene courses have prerequisites that must be met before a student can progress in the program. Therefore, if I am dismissed from the program, I must withdraw from the program even though the appeal process may not be completed. Should the appeal decision fall in my favor, I understand I will be offered a position in the dental hygiene program with a revised curriculum plan. This position will begin immediately following the semester I was dismissed. However, it will take place in the following academic year; and I may be required to repeat or audit certain dental hygiene courses.

I have had an opportunity to read and discuss this document with a least one member of the dental hygiene faculty of KVCC, and I agree to adhere to all aspects of this Student Agreement.

__________________________________________________
Student Signature

____________________________________________________
Student Name (printed)

____________________________________________________
Date

Note: This copy is to be signed and turned in to the DHY Program Director during the Fall semesters (each year) as indicated in the DHY 119 Module 1 course material and DHY 249 CAS.