



Supragingival Scaling for the Dental Assistant

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This course is designed for experienced dental assistants to expand their skills in preventive dentistry and provide didactic, laboratory and clinical instruction in supragingival scaling and polishing. Learning experiences are designed in accordance with the Kansas State Dental Practice Act as defined by the Kansas Dental Board.

This course includes review of dental anatomy and terminology, radiography, infection control, nutrition, periodontal disease, dental caries, principles of instrumentation, communication skills and risk management. Didactic, lab and clinical experiences include coronal polishing, supragingival scaling, fluoride treatment, charting, patient instruction, instrument use and sharpening. After successful completion of the course, a Certificate of Course Completion will be issued.

Enrollment is on a first-come, first-served basis after prerequisites are met. Formation of classes depends upon sufficient enrollment. WATC reserves the right to cancel or postpone classes regardless of advertised starting date.

Class Information

Supragingival Scaling for the Dental Assistant – 4 Credit Hours (90 Clock Hours)

Dates: May 19-21, May 26-28, June 2-4, June 9-11, June 16-18, June 23-25, 2011

Times: Thursdays 4:00 pm – 8:00 pm, Fridays 8:00 am – 5:00 pm, Saturdays 8:00 am – 12:00 noon

Cost: \$687.79

Location: WATC Southside Center, Room D117, E. 47th St S, Wichita, KS

Book: *Essentials of Dental Hygiene*, Copper & Wiechmann, ISBN 0-13-094104-2
(Available at WATC Bookstore, Southside Center or other book retailer)

Prerequisites:

- Graduate of an accredited Dental Assistant programs **and** CDA **and** 6 months experience, or;
- CDA **and** two years experience, or;
- Three years of chairside dental assisting experience within the previous five years.

Registration Information

Registration Dates: April 18, 2011 – May 18, 2011

Register By Mail: WATC Southside Center, Attn: Lourdes Vázquez
4501 E. 47th St. S
Wichita, KS 67210

ALL required documentation and course costs must be presented at the time of registration.

REGISTRATION FORM
Supragingival Scaling for the Dental Assistant
Course Dates: May 19 – June 25, 2011

Name _____ SSN# _____
First Middle Last

Address _____
Street City State Zip Code

Home Phone _____ Business Phone _____

Dental Office _____

Registration Checklist:

- Complete Guest Application for Admission (*not required for graduates of the WATC Dental Assistant program*)
- Complete Registration Form
- Copy of one of the following
 - Transcript showing completion of an accredited Dental Assistant program **and** current CDA card **and** letter from employer (*6 months experience*) , or;
 - Current CDA card **and** letter from employer (*2 years minimum experience*), or;
 - Letter from employer stating minimum of three years of current chairside dental assistant work experience.
- Course Cost - \$631.79 (*make checks payable to WATC*)

All documentation and fees must be submitted to complete registration and reserve a space.