



CURRICULUM AND DEMOGRAPHIC INFORMATION—DENTAL ASSISTING

Institution: _____

Address: _____

Address: _____

Contact Name: _____

Title: _____

Contact E-Mail: _____

Office Phone: _____

(Check all that Apply)

Accreditor: ABHES CAAHEP ACICS ACCET ACCSC Other (Please Name) _____

Current Certification Agency Used: AMT DANB NCCT NHA Other (Please Name) _____

Does the program include the following content areas ?

Office assisting skills: Yes No Dental sciences: Yes No

Clinical procedures: Yes No Dental radiography: Yes No

By checking this box, and typing my name below, I am electronically signing this document.

Date

Return this form to AMT by e-mail to srp@americanmedtech.org or fax at 847-789-9462.

CONTINUED ON PAGE 2—Minimum Program Requirements



CURRICULUM AND DEMOGRAPHIC INFORMATION—DENTAL ASSISTING

Minimum Program Requirements — check all areas below, under **highlighted** titles, which apply to your curriculum:

OFFICE ASSISTING SKILLS - Office Procedures	✓	ETHICS/PROFESSIONAL CONDUCT	✓	DENTAL ANATOMY/ TERMINOLOGY	✓
Telephone protocol and courtesy	<input type="checkbox"/>	Identify state/federal regulatory agencies	<input type="checkbox"/>	Terminology – suffixes / prefixes	<input type="checkbox"/>
Appointment control and recall	<input type="checkbox"/>	Professional behavior and appearance	<input type="checkbox"/>	Tooth anatomy and supporting structures	<input type="checkbox"/>
Insurance – third party payments	<input type="checkbox"/>	Professional responsibilities	<input type="checkbox"/>	Head, Neck and Oral anatomy	<input type="checkbox"/>
Inventory procedures	<input type="checkbox"/>	Patient confidentiality	<input type="checkbox"/>	Pathology	<input type="checkbox"/>
Financial record keeping	<input type="checkbox"/>	Malpractice	<input type="checkbox"/>	LOCAL ANESTHESIA	✓
Filing of records	<input type="checkbox"/>	Federal regulation	<input type="checkbox"/>	Preparation / delivery and disposal	<input type="checkbox"/>
PATIENT MANAGEMENT / COMMUNICATION	✓	PATIENT EDUCATION	✓	Contraindications	<input type="checkbox"/>
Psychology – recognize indicators of personal stress	<input type="checkbox"/>	Patient instruction – brushing and flossing	<input type="checkbox"/>	DENTAL MATERIALS	✓
Team concepts – establish and maintain rapport	<input type="checkbox"/>	Recognize plaque formation and implications	<input type="checkbox"/>	Restorative/Impression/Gypsum Abrasives/Waxes	<input type="checkbox"/>
Patient motivation – treatment and prevention	<input type="checkbox"/>	Health history – obtain and document	<input type="checkbox"/>	Physical properties and applications	<input type="checkbox"/>
MEDICAL EMERGENCIES	✓	CHAIRSIDE PROCEDURES	✓	RADIOLOGY – Principles and Theory	✓
First Aid	<input type="checkbox"/>	Position of dentist, patient and assistant	<input type="checkbox"/>	Terminology	<input type="checkbox"/>
Vital signs	<input type="checkbox"/>	Aspiration and retraction	<input type="checkbox"/>	Fundamental concepts	<input type="checkbox"/>
Health history	<input type="checkbox"/>	Instrument transfer	<input type="checkbox"/>	RADIOLOGY – Techniques and Application	✓
Emergency protocol	<input type="checkbox"/>	Manipulation of chair side materials	<input type="checkbox"/>	Exposure	<input type="checkbox"/>
INFECTION CONTROL	✓	Intra and extra-oral charting	<input type="checkbox"/>	Evaluation	<input type="checkbox"/>
Sterilization procedures and aseptic techniques	<input type="checkbox"/>	Hazards	<input type="checkbox"/>	RADIOGRAPH – Processing and Mounting	✓
Contaminated waste and OSHA guidelines	<input type="checkbox"/>	LABORATORY	✓	Processing	<input type="checkbox"/>
Microbiology	<input type="checkbox"/>	Safety	<input type="checkbox"/>	Mounting	<input type="checkbox"/>
Infection control	<input type="checkbox"/>	OSHA guidelines	<input type="checkbox"/>	SAFETY	✓
CLINICAL PROCEDURES – Instruments and Equipment	✓	Manipulation of lab materials	<input type="checkbox"/>	Requirements and equipment	<input type="checkbox"/>
Identification and usage	<input type="checkbox"/>	Equipment	<input type="checkbox"/>	State and federal radiation safety laws	<input type="checkbox"/>
Hand pieces, rotary and power instruments	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>		<input type="checkbox"/>
Compressor and suction units	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Procedural trays	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Sterilization	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>