

Student,

Thank you for your interest in our continuing education healthcare courses. Below you will find pre-admission information relevant to our Dental Assistant training. This application packet **must be completed and submitted in one email** to the CE Health Sciences department at [CEHealthcare@collin.edu](mailto:CEHealthcare@collin.edu) **no later than two weeks before to the start of class**. We do not accept paper applications. There are free phone apps to download (such as Genius Scan) that will scan and convert documents to a pdf.

**A background report free of felonies and certain classes of misdemeanors, and a clean drug screen are required for approval into all clinical courses.** Please submit completed application forms, vaccine printout from Bluestar Diagnostics, and copies of your ID and Basic Life Support Card via e-mail to [CEHealthcare@collin.edu](mailto:CEHealthcare@collin.edu).

Applications are reviewed several times a week by our review committee. After the review, students will be emailed for a live interview via Zoom.

Thanks again, and we look forward to working with you on your healthcare career goals!

Sincerely,

The CE Health Sciences Team

## Checklist

### Step 1:

- Go to Bluestar Diagnostics for a background check. See page 7 for detailed instructions. **A background report free of felonies and certain classes of misdemeanors is required for entrance into the course.**
- Go to Bluestar Diagnostics to submit for a drug test. Map and instructions are on page 7. **A clear drug screen is required for entrance into the course.**
- Results of these 2 checks are provided directly to Collin College in about 3 days.

### Step 2:

- All students must submit all vaccine documentation to Bluestar Diagnostics for verification, not Collin College. See page 7 for a map and detailed instructions. The cost for this service is determined by Bluestar Diagnostics. BlueStar Diagnostics determine which vaccines are accepted or may need to be repeated in accordance with the CDC guidelines.

Required vaccines are:

- MMR – 2 doses (in accordance with CDC requirements) or positive titers through bloodwork
- Varicella – 2 doses (in accordance with CDC requirements) or positive titers through bloodwork
- Hepatitis B – 2 doses (in accordance with CDC requirements) or positive titers through bloodwork
- Tetanus – 1 dose within the past 10 years
- Tuberculosis – negative skin test or chest X-ray within the past 12 months
- Flu – current year’s flu vaccine (Sept-April)

These vaccines can be obtained at your doctors’ office, the county health department, Bluestar Diagnostics, and some pharmacies.

### Step 3:

- Copy the front and back of your Basic Life Support card.
  - If you do not have a card, please visit [https://vssb.collin.edu/PROD/baninst1.CC\\_S\\_CEWEB\\_VIEW\\_courseInfo?pageid=EMSP1020](https://vssb.collin.edu/PROD/baninst1.CC_S_CEWEB_VIEW_courseInfo?pageid=EMSP1020) as we offer this course frequently. You will need to register and pay for the course, attend class and pass your exams to receive your BLS card and be eligible for participation in one of the training programs.
  - This course must follow American Heart Association guidelines and **MUST** include a hands-on skills assessment. Courses that are taken fully online will **not** be accepted.

### Step 4:

- Complete the application information on page 3, circle the course you want, sign and date the bottom.
- Read the Waiver, Release & Indemnification Agreement on page 4. Enter your name in the first blank, and complete the box of information at the bottom of the page.
- Read the Clinical Rights and Expectations on page 5. Enter the date, sign and print your name at the bottom of the page.
- For Dental Assistant students only**, complete the Communicable Disease Form on pg 6.
- Complete short answer questions on pages 8-9.

### Step 5:

- Submit all documentation to the CE Health Sciences Department. We need:
  - Application packet,
  - Vaccine printout from Bluestar Diagnostics,
  - Copy of State issued ID,
  - Copy of Basic Life Support card.

### Step 6:

- Completion of essay questions
- Interview – arranged by Program Manager with student.



Name: \_\_\_\_\_

CWID: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_

Preferred phone: \_\_\_\_\_

Other languages: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Course Start Date: \_\_\_\_\_

By signing below, I agree to the following conditions:

\_\_\_\_\_ I have attached the required documentation for consideration, including the vaccine printout from Bluestar Diagnostics.

\_\_\_\_\_ I have read and understand the rules and regulations of the college and the program and will abide by these as terms of my continuation in the program.

\_\_\_\_\_ The information I have given in this application is factual, and I understand that falsification of any required documentation will result in the denial of my application or removal from class.

\_\_\_\_\_ I understand that I must obtain and pay for liability insurance prior to attending class. I understand this insurance is NOT health insurance. This insurance is provided through Collin College and will be charged to my account at the point of registration. (Fee ranges from \$5-\$13, depending on date of enrollment.)

\_\_\_\_\_ I have read and understand the potential for exposure to blood or other potentially infectious materials (information available at <http://www.cdc.gov/hepatitis/HBV/index.htm>) or exposure to inhalation of airborne microorganisms (smallpox, tuberculosis, latex...) and I will not hold Collin College liable for any accidental exposure I may experience.

\_\_\_\_\_ I have read and understand the terms related, and release Collin College and its employees from any liability.

\_\_\_\_\_ I understand that this type of course/career has specific physical requirements, which may include lifting up to 25 pounds.

\_\_\_\_\_ I understand that if I don't successfully complete and pass each requirement for admissions, my application will be declined.

\_\_\_\_\_ I understand that enrollment in these courses is limited, and seats will be awarded in date order based on those students who complete, turn in, and pass all pre-admission requirements.

\_\_\_\_\_ I understand that I must successfully complete competencies in the classroom portion of my training and maintain at least 90% classroom attendance to pass the course and be eligible for clinicals.

\_\_\_\_\_ I agree to the terms as laid out by the Student Handbook, located at <https://www.collin.edu/studentresources/personal/studenthandbook.html>. I understand if I do not follow the terms laid out by the Student Handbook could result in referral to the Dean of Students and possible expulsion. I understand if this happens at any time during the course, I will not receive a refund. I understand that any of the following can be grounds for dismissal from the course, effective immediately with no refund: Not maintaining a passing grade of 75% or higher; attendance falling below 90%; dishonorable conduct as stated in the Student Handbook; as ordered by the Dean of Students.

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

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

Collin College is an equal opportunity institution that provides educational and employment opportunities without discrimination, including harassment, on the basis of race, color, religion, sex, national origin, age, disability, veteran status, or other legally protected class.

**WAIVER, RELEASE & INDEMNIFICATION AGREEMENT**

I, \_\_\_\_\_, being of legal age, have voluntarily agreed to participate in an Externship (the “Externship”) at: **Externship Site TBD** (the “Facility”). In consideration for being permitted to participate in the Externship, I, acting individually & on behalf of my children, parents, heirs, successors, assigns, personal representatives & estate, hereby agree as follows:

1. **Release from Liability.** I hereby release, acquit, & forever discharge the Facility, Collin College & their respective employees, agents, servants, officers, directors, trustees, owners, affiliates & representatives (in their official & individual capacities) (collectively, the “Released Parties”) from any & all liability whatsoever for any & all damages, losses, or injuries, including death, to persons or property or both, including but not limited to any claims, demands, actions, causes of action, damages, costs, expenses & attorneys’ fees, which arise out of, during, or in connection with my participation in the Externship, including, but not limited to, any damages, losses, or injuries to persons or property or both which may be sustained or suffered by me or any person in connection with my association with, participation in, or travel to & from, & in conjunction with the Externship.
2. **Indemnification.** I hereby agree to indemnify, defend, & hold harmless the Released Parties from any & all liability, loss or damages they or any of them incur or sustain as a result of any claims, demands, damages, actions, causes of action, judgments, costs or expenses including attorneys’ fees, which result from, arise out of, or relate to my participation in, or travel to & from, & in conjunction with, the Externship.
3. **Severability.** I agree that this Waiver, Release, & Indemnification Agreement is intended to be as broad & inclusive as permitted by the laws of the State of Texas, & if any portion hereof is held invalid, it is agreed that the balance hereof shall, notwithstanding, continue in full legal force & effect.
4. **Representations.** I release & discharge the Facility from all responsibility & liability for all injuries, illnesses, medical bills, charges, or similar expenses I may incur while participating in the Externship.
5. **No Employment.** I understand & agree that my relationship with the Facility is not one of employer/employee. None of the benefits provided by an employer to an employee, including but not limited to minimum wage & overtime compensation, workers’ compensation insurance & unemployment insurance & other employee benefits, shall be available from or through the Facility to me.

**I HAVE CAREFULLY READ THIS WAIVER, RELEASE & INDEMNIFICATION AGREEMENT. I FULLY UNDERSTAND ITS CONTENTS & SIGN IT OF MY OWN FREE WILL. I UNDERSTAND THAT BY SIGNING THIS AGREEMENT I AM GIVING UP VALUABLE LEGAL RIGHTS.**

Name (Last, First, M.I.)	Date
Address	Telephone
City, State, Zip	Signature
In case of emergency, please notify (NAME)	
Relationship	Telephone

**Clinical Rights & Expectations**

1. I understand a background report free of felonies and certain classes of misdemeanors and a clear drug screen is required for entrance into the externship course.
2. As a student, my behavior at site is to be professional. If, after clinical hours have begun, I am asked to leave site due to poor performance, behavior, attitude, or insubordination, Collin College is under no obligation to find me another site. The obligation held by Collin College will have been fulfilled, & my tuition will not be refunded.
3. I understand that I am expected to arrive at my site with all necessary paperwork (skills checklist, timesheet, & personal identification). I will arrive at least 10 minutes prior to my interview and/or shift start time.
4. Once my clinical hours have begun, I will take initiative with tasks & be open to instruction & new techniques. I will be coachable in all aspects of the profession.
5. Timesheets are due every week. I will have them signed by my site supervisor & will return them to Collin College each week.
6. After completing my assigned hours within the timeframe of my clinical, I will submit my completed & approved skills checklist to my instructor. If I am not able to complete my hours prior to the end-date of my course, I will need to submit a Request for Extension.
7. My site supervisor will have the opportunity to submit an evaluation upon the completion of my hours. The evaluation may be given by the site supervisor directly to the Collin College instructor who will then review it with me. Poor performance on this evaluation will result in a grade of No-Pass (NP).
  - a. If the NP is due to poor behavior & I would like an opportunity to earn a Pass-Competency (PC) for the clinical, I will be required to enroll in Health Career Success, then repeat the clinical. Repeats of all classes will require new registration & payment in full.
  - b. If the NP is due to poor performance on skills & I would like an opportunity to earn a Pass-Competency (PC) for the clinical, I will be required to repeat the full course or a remediation course, then repeat the clinical. Repeats of all classes will require new registration & payment in full.

I have read the above rights & expectations & will comply with the best of my ability.

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Student Signature

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Date

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Student Printed Name

**Collin College  
Dental Assistant Program  
Communicable Disease Statement  
Student/Faculty Blood borne Exposure Agreement Form**

This document is a waiver and release of liability for the Collin County Community College District (“CCCCD”), its Board of Directors, its officers, agents, employees, and assigns.

I have been informed and am fully aware of the risks of exposure to blood and body fluids and the potential risk for transmission of blood borne and other infectious diseases during patient care activities. I do hereby WAIVE and RELEASE any and all liability, and agree to hold CCCCCD, its Board of Directors, its officers, agents, employees, and assigns harmless, for any and all death, bodily injury, sickness, illness, disease, contagion, mental anguish and emotional distress, or property damage, on or off CCCCCD property, or suit which I may or can have against them on account of exposure and/or treatment to blood or bodily fluids. Understanding my risks, I agree to treat all patients as assigned to me, regardless of the current medical state of the patient. If I refuse to treat any patient, I realize that my academic success may be affected by my decisions.

**I HAVE READ, UNDERSTOOD AND AGREE TO THE CONDITIONS AS DESCRIBED ABOVE. THIS WAIVER AND RELEASE IS BINDING ON MY PERSONAL REPRESENTATIVES AND ASSIGNS.**

I represent that I am 18 years of age or older and that I am signing this document of my own free will.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**Bluestar Diagnostics Student Background Check Instructions**

All students applying for admission to specific healthcare programs must complete a student background check through Bluestar Diagnostics. **The cost of this service is set by Bluestar Diagnostics. A background report free of felonies and certain classes of misdemeanors is required for entrance into the course.**

Typical background reports will take 2-4 business days to complete. All information is considered confidential and as such will not be used for any purposes other than to determine an applicant's eligibility.

**Bluestar Drug Screening Instructions**

Organization/Company Collin College – Continuing Education in accordance with their policies hereby require you to go to Bluestar to complete drug screening. **The cost of this service is set by Bluestar Diagnostics. A clear drug screen is required for approval into the course.**

**Bluestar Diagnostics of Plano**  
**720 E. Park Blvd #102**  
**Plano, TX 75074**  
**469-609-6409**

**Bluestar Vaccine Verification Instructions.**

Go to Bluestar Diagnostics and submit all of your vaccine documentation. These documents should not be submitted to Collin College. **Submit copies only, documents will not be returned. Bluestar Diagnostics determine which vaccines are current and which may need to be repeated in accordance to the CDC guidelines. Vaccines can be administered at the county health department, your doctor's office, BlueStar Diagnostics, or at some pharmacies.**

Bluestar Diagnostics will collect documentation on the following vaccines:

- MMR – 2 doses (in accordance with CDC requirements) or positive titers through bloodwork
- Varicella – 2 doses (in accordance with CDC requirements) or positive titers through bloodwork
- Hepatitis B – 2 doses (in accordance with CDC requirements) or positive titers through bloodwork
- Tetanus – 1 dose within the past 10 years
- Tuberculosis – negative skin test or chest X-ray within the past 12 months
- Flu – current year's flu vaccine (Sep-Apr)

This documentation will be collected by Bluestar Diagnostics, verified, and consolidated into a standardized format. **The cost of this service is set by Bluestar Diagnostics.** Collect the vaccine printout form from Bluestar and submit via email to [cehealthcare@collin.edu](mailto:cehealthcare@collin.edu) along with your other paperwork.

**Short answer questions. Maximum score of 5 points each, observing grammar, spelling, and content.**  
**Please limit responses to 100-250 words.**

**What would you do in an instance where you made a medical or dental mistake? Explain your answer in 100-250 words.**

**Working in healthcare, you will have access to private patient information. Explain in 100-250 words how you would protect the confidentiality of the patient.**



**A doctor/dentist has said to you, “Please check on Ms. Smith in room 2. We are waiting for her blood pressure to lower to a safe level to begin treatment.” How would you respond? (Think about effective communication.) Explain your answer in 100-250 words.**

**What would you do in a situation if you saw your physician, dentist, nurse, or supervisor participating in an unethical practice? Explain your decision in 100-250 words.**