



NC Dental Coronal Polishing Course Outline

Date of Class: _____ 8 AM to 4 PM

Location: D.A. Academy of NC 2303 W. Morehead St. Suite# 103 Charlotte, NC 28208

Course Objective: This course is designed to instruct the Dental Assistant II to polish the coronal surfaces of the teeth as provided by the Dental Laws of North Carolina.

- ❖ Coronal Polishing State Board Criteria
- ❖ Abrasive Agents
- ❖ Abrasive Actions
- ❖ Indications for Coronal Polishing
- ❖ Prophylaxis Pastes
- ❖ Effects of or Indications for Polishing
- ❖ Grasp and Fulcrum Techniques
- ❖ Interproximal Surface Polishing (dental floss)
- ❖ Contradictions of Polishing
- ❖ Sterilization of Equipment
- ❖ Special Patient Needs
- ❖ Assessing Polish Success

Clinical Session: This session is designed to instruct a Dental Assistant II to accurately polish Coronal surfaces of the teeth and the student will participate in a clinical environment which will include the use of teeth models. The following instructions will be given:

Proper Operator and Patient positioning

- ❖ Proper Polishing Technique
- ❖ Development of Initial Skills to Perform Selector Polishing

Office trained DA II must verify 3000 hours of dental office employment. All supplies will be provided. Participant must bring to class: A Sterilized hygiene handpiece or a nose cone, slow Speed hand-piece as well as protective eyewear and a scrub lab jacket.



NC Dental Coronal Polishing Registration Application

Program Fee: \$230.00

Please complete & send with attn: Coronal Polishing **to our email:** info@DAAcademyofNC.com

Or mail to: D.A. Academy of NC 1001 E WT Harris Blvd suite E Charlotte, NC 28213

Participant information:

Full Name _____ Job Title _____

Mailing Address _____

City/State _____ Zip Code _____

Email _____ Phone # _____

Employer information:

Employer Name _____

Office Address _____

City/State _____ Zip code _____

Office Email _____

Office Contact Person _____ Office Phone# _____

Payment information:

Circle one please: Check Mastercard Visa Cash

Print Name on card _____

Card# _____ Expires _____

Amount \$ _____ CVC _____ Signature _____

Please make checks payable to: D.A. Academy of NC

Verification of Dental Assistant II Status: *North Carolina State Board of Dental Examiners has ruled that coronal polishing is a legal function for trained Dental Assistant II. To be accepted in D.A. Academy of NC 's Coronal Polishing course, the participant must submit documentation of status as a Dental Assistant II. Please indicate which training you completed to be classified as a Dental Assistant II. Verify successful completion by attaching documentation or having your employer sign below.*



Approved Education and Training Programs

To be classified as a Dental Assistant II, an assistant must meet one of the following criteria:
Successful completion of:

1. An ADA – Accredited Dental Assistant Program and current certification in CPR; **or**
2. One academic year or longer in the ADA accredited Dental Hygiene Program and current certification in CPR; **or** successful completion of;
3. Full-time employment and experience as a chairside assistance for two years (3,000 hours) of the preceding five, during which period the Assistant may be trained in any dental delivery setting an allowed to perform the functions of a Dental Assistant II under the direct control and supervision of a licensed Dentist;
 1. A 3- hour course in sterilization and infection control
 2. A 3-hour course in dental office emergencies;
 3. Radiology training consistent with G.S 90–20 (c)(12) bi-laws of the North Carolina State Board of Dental Examiners; and
 4. Current certification in CPR; or Successful completion of certification examination administered by the Dental Assisting National Board, and current certification in CPR.

I have attached documentation supporting the above is classified as a Dental Assistant II.

Participant printed name _____ Date _____

Participant Signature _____ **And/OR**

I verify that my employee has completed the above requirements and is classified as a Dental Assistant II.

Doctor printed Name _____

Doctor Signature _____

Date _____

Dental License # _____