



Your first step to a NEW career!

CORONAL TOOTH POLISHING

Date of Class: _____

9:00 am – 5:00 pm (7 Hours)

Lecture Session: NC Dental U- Main Lecture Room

This course is designed to instruct the dental assistant II to polish the coronal surfaces of teeth as provided by the Dental Laws of North Carolina. The didactic session will include the following:

- *Coronal Polishing State Board Criteria*
 - *Abrasive Agents*
 - *Abrasive Action*
- *Indications for Coronal Polishing*
 - *Prophylaxis Pastes*
- *Effects of/Indications for Polishing*
 - *Grasp and Fulcrum Techniques*
- *Interproximal Surface Polishing (dental floss)*
 - *Contraindications of Polishing*
 - *Sterilization of Equipment*
 - *Special Patient Needs*
 - *Assessing Polishing Success*

Clinical Session:

This session is designed to instruct the Dental Assistant II to accurately polish coronal surfaces of teeth. The students will participate in a clinical environment which will include the use of teeth models. In addition, course participants will be both recipients and providers of direct treatment procedures in laboratory portions of the course. The following instruction will be given:

- *Proper Operator and Patient Positioning*
 - *Proper Polishing Technique*
- *Development of Initial Skills to Perform Selective Polishing*

Office Trained DAII's must verify 3,000 hours of dental office employment. All supplies will be provided. **PARTICIPANT MUST BRING TO CLASS: a sterilized hygiene hand-piece OR a nose cone slow speed hand-piece, as well as protective eyewear and a scrub jacket.**

REGISTRATION INFORMATION

Program Fee \$225

FAX REGISTRATION TO: 888-494-8114

**** Please make copies for more than one registrant**

Student's Name _____
First Middle Initial Last

_____/_____
Employer Name Employer Street Address

_____/_____
Preferred Mailing Address (if different from Employer's) Office Contact/Manager

Office # _____ Office FAX _____ Student's # _____

E-mail _____

PAYMENT MUST BE INCLUDED WITH REGISTRATION TO BE VALID

Amount to be charged- \$225

Circle one method please: Personal Check/Money Order MASTERCARD VISA DISCOVER AM/EX

Card # _____ Expires ____/____ 3 digit security code _____

Billing Address: _____ Zip _____

Signature of card holder _____ Printed name _____

