

## APPLICATION for Competitive Edge Dental Assisting Academy

\*By filling out the application below you are giving CEDAA permission to run a background check in order to assure there are no legal reasons the state of TN would deny your license, upon completion of our program.

### CONTACT INFO:

Legal First Name:

Legal Last Name:

What name do you prefer to go by:

Email:

Best phone #

DOB mm/dd/yyyy:

Are you currently 18 or older? Y/N

Street Address:

Unit:

State:

Zip code:

Do you have a current US issued photo ID? Driver's License or Passport (circle)

Are you a US Citizen? Y/N

SSN#

### HEALTH:

Are you currently Pregnant? Y/N

Do you have Heart Disease, Lung Disease, Kidney Disease, Diabetes, or ANY Autoimmune Disorder? Y/N  
Explain, if Yes:

Dental Assisting requires a high level of energy, a lot of up and down movements & transitions, and good hand dexterity. These attributes aren't required for admission to our program but recommended to be highly employable within the dental field. If you would foresee any of these being a problem for you, please elaborate:

Please email to: [cedentalassisting@gmail.com](mailto:cedentalassisting@gmail.com)

## STUDENT EXPECTATIONS:

- Provide a valid US Gov't issued photo ID (Driver's License or Passport) prior to class
- Provide your Social Security Number prior to class
- A High School Diploma, GED, College Transcripts/Degree to be provided prior to class
- Transportation to Class and Externships
- I have access to a computer and WI-FI for weekly Homework Assignments, Study, and Reading
- I will Conduct Myself in a Professional Manner during Class and Externships
  1. Positive Attitude
  2. Attendance to Classes and Scheduled Externships
  3. Timeliness to Classes and Externships
  4. No Cell Phone Use during Class or Externships
  5. Professional Interactions with Students, Staff, & Patients
- I will Maintain a Professional Appearance during Class and Externships
  1. Tattoos/Piercings Covered
  2. Hair Tied Up or Pulled Back/ Well Groomed Fascial Hair for Males
  3. Short Fingernails
  4. No Excessive Odors (perfume, cologne, smoke, body odors, etc.)
  5. Scrubs to be Worn Pressed and Clean with Comfortable Closed Toe Shoes
  6. No Jewelry
- I understand that I will have to abide by any expectations set forth by the state of TN regarding COVID regulations for Dental offices. This may include, but not limited to, wearing a mask the entire time while in class and possibly wearing an N95 mask (provided) to see all patients.
- Student is Responsible for Arranging and Attending 32 Hours of Externships within the Dental Field before Graduating from CEDAA. Documentation will be Required.
- Access to a Computer and Internet
- I understand that I would be training for a field that has a high exposure rate to COVID and agree to take all precautions needed to help protect myself and others including wearing a mask during class hours and possibly an N95 mask while seeing patients. (please read the Covid Release on the application below for further information about risk and exposure to Covid in a dental setting).

I Agree that I will Meet or Exceed ALL of the above Expectations:

Signature / Date

Printed Name

## Photo Release

I understand and give my permission that it is ok to take for the institution to take photo's and use my likeness for the purposes of training, education and marketing. Signature \_\_\_\_\_

Please email to: [cedentalassisting@gmail.com](mailto:cedentalassisting@gmail.com)

## COVID RELEASE FOR COMPETITIVE EDGE DENTAL ASSISTING ACADEMY, LLC & LAKEVIEW DENTAL ARTS, LLC

Even after following protocols set forth by the American Dental Association and the TN Dental Association, I understand that it is still possible to contract COVID in both an academic setting and in a dental office. In fact, by the very nature of dentistry, professionals within the dental field are placed in a high-risk group in regards to exposure to COVID. This is because, for many dental procedures, a patient's saliva is aerosolized by the dental drill or other equipment. This aerosolized saliva can carry COVID particles and dental providers are in close proximity to these aerosols.

I understand that I am training for a profession that has an elevated risk of exposure to COVID. In fact, despite barriers and disinfection procedures, there is an elevated risk of exposure to COVID simply by being in a dental office. I understand that neither Competitive Edge Dental Assisting Academy, LLC, nor LakeView Dental Arts, LLC, nor ANY other dental office I choose to do an externship in will be held liable for me contracting COVID or any other infectious disease.

I agree that if I experience any of the below symptoms, I will contact CEDAA immediately and will volunteer to get tested to assure the health of other faculty and students:

- Fever
- Shortness of breath
- Cough
- Flu-like symptoms including GI upset, headache, fatigue
- Recent loss of taste or smell
- Sore throat

CEDAA will make every attempt to make up any missed work with a Dr's excuse if I were to test positive for COVID or be waiting on the results of a COVID test after I experienced symptoms.

In order to minimize the risk of exposure to other students and faculty I agree:

- I will not knowingly come in contact with any person positively diagnosed with COVID
- I will not travel outside the US 14 days prior to classes beginning, nor while classes are occurring
- I will not travel domestically within the US by commercial airline, bus, or train 14 days prior to classes beginning, nor while classes are occurring. I will not travel to any area that is a COVID hotspot without wearing a mask in public settings while training with CEDAA.

I have been informed that CEDAA has to abide by regulations which may shut down educational institutions due to COVID-19. Every attempt to complete this coursework by working with students will be made. COVID-19 may also impact the availability of externships available. If this were to become the case after every avenue is exhausted, CEDAA would accept 32 externship hours at a place of employment after being reregistered with the state as an RDA.

Printed Name:

Signature:

Date:

Please email to: [cedentalassisting@gmail.com](mailto:cedentalassisting@gmail.com)

