

presenting YANKEE since 1976

### **Application Guide**



# ON THE JOB TRAINING PROGRAM FLOWCHART



(If not licensed by 6 months STOP WORKING until licensed)

### REGISTRATION GUIDE On-the-Job Trainee (OJT) Dental Assistant

#### RECRUITMENT

A candidate must:

- Be 18 years of age or older
- Have a Social Security Number

#### **2 OJT PATHWAYS EXIST:**

1. QUICK START OJT (candidates that have never worked in dentistry)

A candidate may start assisting upon submitting:

- Notice of Intent (NOI) to BORID creates a 6-month waiver of DA registration
  - o Complete/Submit NOI Form (page 3) to BORID.
  - Allowed only for OJT candidates that have never worked in <u>any</u> dental office position (even front desk).
  - o These OJT's must complete the registration steps A & B (outlined below) before the <u>expiration</u> of the 6-month NOI waiver period.
- 2. **REGISTRATION AS OJT** (candidates that <u>have</u> worked in dentistry before)

A candidate must wait for license after:

- STEP A: Take required BORID courses:
  - o Hands on CPR/BLS Course
  - o Online Infection Control Course
  - o Online Jurisprudence Exam (75% minimum score)
  - o Optional Radiology Course (waived by indicating DA will not take radiographs)
- STEP B: Submit Dental Assistant Application to BORID

#### **STEP A: TAKING REQURED BORID COURSES:**

- HANDS ON CPR/BLS COURSE
  - o Find a local course near you at massdentalassisting.org/training
- ONLINE INFECTION CONTROL COURSE
  - o Take this free course: https://www.train.org/cdctrain/course/1092544/details
- ONLINE JURISPRUDENCE EXAM (20 QUESTIONS 75% MINIMUM SCORE)
  - o Request an exam by email BORID at admin@state.ma.us.

### REGISTRATION GUIDE On-the-Job Trainee (OJT) Dental Assistant

- OPTIONAL RADIOLOGY COURSE
  - o Take one of these courses:
    - Boston University Dental School Continuing Education
      - gsdmce@bu.edu
      - Tel: (617) 358-6882
    - Springfield Technical Community College
      - workforcetraining@stcc.edu
      - Tel: 413-755-4225
      - https://studentwebsvr.stcc.edu:9016/Student/InstantEnrollment/Search?keyword=WDEN-001
    - DANB's Radiation Health and Safety (RHS) exam: <a href="https://www.danb.org/exams/exam/rhs-exam">https://www.danb.org/exams/exam/rhs-exam</a>
  - o Or submit radiology waiver form (see page 4)

Check for course offerings hosted by the MDS: <a href="www.massdental.org/Learning/MDS-Webinars">www.massdental.org/Learning/MDS-Webinars</a>.

If you still need help finding a course, call the MDS Member Assistance Center (MAC) at 800.342.8747.

#### STEP B: SUBMIT DENTAL ASSISTANT APPLICATION TO BORID:

Complete the OJT licensing process at:

- www.mass.gov/how-to/apply-for-a-dental-assistant-license.
- Pay \$60 fee.
- Note that a CORI check is done by BORID before issuing licenses.

## Notice of Intent On-the-Job Trainee (OJT) Dental Assistant

Applicants must be over 18, and must have a Social Security number. Submit this form to Board of Registration in Dentistry prior to starting training.

| OJT candidate name:   |                               |
|---|-------------------------------|
| OJT email:  |                               |
|   |                               |
| OJT Start Date (do not start before submitting to BORID):                             |                               |
| Supervising dentist name:   |                               |
| Supervising dentist's license number:   |                               |
| Supervising dentist email:  |                               |
| Supervising dentist phone:  |                               |
| The following must be completed by supervising dentist:                               |                               |
| The following must be completed by supervising dentist.                               |                               |
| I attest the applicant has never practiced or been licensed as a<br>dental assistant  | dentist, dental hygienist, or |
| I attest the applicant has completed CDC Guidelines for Infection care Setting course | on control in Dental Health-  |
| ☐ I attest the applicant has completed BLS CPR class                                  |                               |
| Supervising Dentist Signature:  | _ Date:                       |
| Applicant Signature:  | _ Date:                       |
| Notarized signature and seal:   | _ Date:                       |
| Mail completed, notarized form to:  |                               |
| D. J. C   |                               |

Mail completed, notarized form to: Board of Registration in Dentistry 239 Causeway Street Suite 500 Boston, MA 02114

Keep copy of form for your records.



# Attestation Form DA Will Not Expose Radiographs

A Dental Assistant is prohibited from taking radiographs if a BORID approved radiology course has not been completed.

| OJT candidate name:   |       |  |
|---|-------|--|
| OJT email:  |       |  |
| OJT Start Date (do not start before submitting to BORID):                                 |       |  |
| Supervising dentist name:   |       |  |
| Supervising dentist's license number:   |       |  |
| Supervising dentist email:  |       |  |
| Supervising dentist phone:  |       |  |
| The following must be completed by supervising dentist:                                   |       |  |
| ☐ I attest the applicant will not be exposing radiographs until certification is acquired |       |  |
| Supervising Dentist Signature:  | Date: |  |
| Applicant Signature:  | Date: |  |
| Notarized signature and seal:   | Date: |  |

Mail completed, notarized form to: Board of Registration in Dentistry 239 Causeway Street Suite 500 Boston, MA 02114

Keep copy of form for your records.

