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# Expanded Duty Dental Assisting

## Program Information Session



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# Completely view this information presentation

Please view this presentation in its entirety.  
It contains very important information on regarding  
the Expanded Duty Dental Assisting Program.



# What does a dental assistant do?

Expanded Duty Dental Assisting is exciting and challenging yet very rewarding. By making this career choice, you will not only be involved in the highly respected field of dentistry but you will also be in a position to make great changes in people's lives and self esteem. Much value is placed on a person's appearance and smile. If a person has unsightly or missing teeth or bad breath due to gum disease, their self worth is diminished. A trip to the dentist is necessary to improve these conditions.



# What does a dental assistant do?

As an Expanded Duty Dental Assistant, you will have the opportunity to make a potentially stressful trip to the dentist a relaxing one as well as help improve their self esteem by helping to repair their smile! As an Expanded Duty Dental Assistant, you will be able to not only perform duties that assist the dentist while working on patients, you will also be able to take x-rays, provide patient education, and perform many other procedures on a one-on-one basis with the patient.



# South Carolina Labor Law



South Carolina law does not **require** dental assistants who work full- or part-time to receive formal training, education or dental assisting specific certifications.



South Carolina law does **recognize** formal training, education or dental assisting specific certifications by outlining two levels of dental assistant and their job descriptions.



Follow the link below to see the difference in job descriptions. Scroll down to section 39-12 and 39-13



<file:///E:/115/SC%20Law/3.23.15%20SC%20Board%20of%20Dentistry%20Ch%2039.pdf> Scroll to Sections 39-12 and 39-13



# What does this mean?

It means that because formal education is not required, a dental assistant who is working on you today could have been working at a non-dental assisting job yesterday. And yes, that same person will also be sterilizing the instruments that are going into your mouth today after they were in someone else's mouth yesterday!





# What do I need to do to be accepted into the EDDA Program?

- 🦷 Complete application to Horry Georgetown Technical College, forward high school transcripts, and meet with New Student Enrollment Advisor
- 🦷 Take the pre-requisite courses:
  - 🦷 BIO 112 Anatomy and Physiology
  - 🦷 ENG Communications I
- 🦷 Completely view this information presentation and links
- 🦷 Sign and return Viewing Verification document
- 🦷 Contact Professor Pam Moyers to obtain your observation documents

# What do I need to do to be accepted into the EDDA Program?

- ✂ Complete your 15 hours of observation
- ✂ Answer the four short answer questions included in your observation documents
- ✂ Return your observation documents to the Admissions Department on the Conway Campus
- ✂ May not have more than two unsuccessful attempts in an EDDA curriculum General Education course.

# Contact Professor Pam Moyers to obtain your observation documents

- ✓ Later in the presentation, you will be provided a link to send Professor Moyers an e-mail requesting your paperwork required for your 15 hours of observation.
- ✓ Be sure and use an e-mail address you check regularly.
- ✓ Please put in the subject line of your e-mail your name and the words "Observation Packet"
- ✓ Keep in mind that I am not always in my office nor am I always on campus. It may take a day or two to get the information to you. I will reply as soon as I can!



# Complete your 15 hours of observation

Your observations **MUST** be in two general practice dental offices

- They must do cleanings and fillings on adults
- Do not go to a specialist such as an oral surgeon or children's dentist.

Your 15 hours will be split between these two offices as explained on the next slide

# Your 15 hours will be split between these two offices like this

Area of office	Description of activity	Number of hrs in each office	Total number of hours
Business office	Patient records, telephone calls, appointment control, etc.	1	2
Hygiene area	Teeth cleaning, x-rays, fluoride treatment	1	2
Operative	Dentist and assistant work together to restore teeth.	5½	11

# Things to look for during observations

- ✓ When observing in the business office and hygiene area, notice how each part of the dental office is interrelated. It takes teamwork for a dental office to run smoothly and efficiently.
- ✓ When observing the dentist and dental assistant, notice how things are done, steps are taken without any words being spoken.
- ✓ That dental assistant anticipates the next step and is ready.



# So what does this mean?

- ❖ The appointment runs much smoother and is without delay.
- ❖ The patient isn't in the chair as long = happy patient!
- ❖ Happy patient = Referrals so practice will grow
- ❖ Happy patient and growing practice = Happy dentist
- ❖ Happy dentist = Happy YOU!

The dental assistant without  
the formal education  
doesn't know the procedures,  
instruments,  
and materials to  
anticipate  
the next step.

# Return your observation documents to Admissions

- ❖ The person who completes admissions for the Expanded Duty Dental Assisting program is on the Conway campus.
- ❖ I would advise you take your packet there yourself.
- ❖ If you take it to Admissions on another campus, you are depending on Inter-campus courier to make the delivery and it doesn't run everyday.





**Dental Assisting National Board, Inc.**  
*Measuring Dental Assisting Excellence®*

While SC doesn't require a dental assisting specific certification, the program does.

You will take a national certification examination administered by the **Dental Assisting National Board (DANB)**

The exam has three sections and the program has three semesters

We take a portion of the exam during Exam Week at the end of each semester

We must go to a Pearson Professional testing center in Charleston or Columbia



**Dental Assisting National Board, Inc.**  
*Measuring Dental Assisting Excellence®*

Each semester, you take a course that prepares you for that semester's exam

Semester	EDDA Course	DANB Exam
Fall	Dental Radiography	Radiation Health and Safety Exam <b>(RHS)</b>
Spring	Office Rotations	Infection Control Exam <b>(ICE)</b>
Summer	All courses in the curriculum	General Chairsides Exam <b>(GC)</b>



**Dental Assisting National Board, Inc.**  
*Measuring Dental Assisting Excellence®*

**The Dental Assisting National Board  
exam you take at the end of each  
semester will be the  
**FINAL EXAM**  
for the class that  
prepares you for it.**



# DANB Application Fees

Applications and payments for each exam must sent to the DANB home office 2 months in advance!

Semester	Exam	Application Fee	Approximate date of mailing
Fall	RHS	\$175.00 *	September 20
Spring	ICE	\$175.00 *	February 20
Summer	GC	\$200.00 *	May 20

\* Application fees are controlled by DANB  
and are subject to change

# Other fees you need to be aware of!

- ☑ Please read the [Student Information Packet](#)
- ☑ Please visit the program website for other expenses, curriculum display and other information
- ☑ [HGTC Expanded Duty Dental Assisting program home page](#)

**Please print out the following page,  
complete all information requested,  
and return to Mrs. Moyers. You may  
scan it and attach to an e-mail**

**[pamela.moyers@hgtc.edu](mailto:pamela.moyers@hgtc.edu)**

**or mail it to:**

**Horry Georgetown Technical College**

**ATTN: Pam Moyers**

**3501 Pampas Drive**

**Myrtle Beach, SC 29577**

I have viewed this Information Session PowerPoint for the HGTC Expanded Duty Dental Assisting program. I have also gone to the links within this presentation and read that information as well. In doing so and with my signature below, I verify that I understand the information provided in this presentation and in the links within this presentation. I understand that I may contact Mrs. Moyers, Program Director, should I have any questions using her e-mail address. I understand also that I will not receive my observation documents until I return this sheet completed to Mrs. Moyers.

[pamela.moyers@hgtc.edu](mailto:pamela.moyers@hgtc.edu)

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Signature

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Date

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Name Printed

---

Student "H" Number

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Student e-mail address



# If you have questions...

Please contact me by e-mail

[Pamela.moyers@hgtc.edu](mailto:Pamela.moyers@hgtc.edu)

*I look forward to working with you in the coming year. I hope to share my love for dentistry with you and that you will grow to love it as much as I do!*

*Ms. Moyers*