

**Program Policy Agreement
Dental Assisting Program**



1. Receipt of Indian Hills Community College Dental Assisting Program Policy Manual

I have reviewed and acknowledge that I have unlimited access to the dental assisting program policy manual online found on the Dental Assisting web page. I understand I am responsible to read the Dental Assisting Program Policy Manual completely and will be held accountable for complying with all policies and procedures of the Dental Assisting Program. It is my responsibility to ask for clarification from the Program Director regarding any policy or procedure I do not understand. I will read new policies or procedures that are issued by the program. I understand that I am also responsible to read and comply with the general student policies of IHCC.

2. Receipt of Dental Assisting Clinical Education Guide

I understand that I will receive and review the dental assisting clinical education guide during winter term prior to attending clinicals. I agree and understand that I am responsible to comply with all policies and procedures within the Clinical Education Guide. It is my responsibility to ask for clarification regarding any policy I do not understand.

3. Responsibility for Conduct and Actions as a Dental Assisting Student

I understand that having been admitted to the IHCC Dental Assisting Program, I am held responsible for my conduct and actions as a Dental Assisting student. I understand that breach of IHCC or the Dental Assisting Program policies or the Dental Assisting code of ethics may result in consultation, and perhaps probation, suspension or dismissal depending on the nature of my actions. I understand that client safety, privacy and dignity are of the highest priority in Dental Assisting.

4. Titles VI and XII of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972

I understand that IHCC complies with Titles VI and XII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and other federal laws and regulations; and does not discriminate on the basis of race, color, national origin, sex, age, religion, handicap, or status as a veteran in any of its policies, practices, or procedures. This includes, but is not limited to admissions, employment, financial aid and educational services. I understand I may follow the grievance procedure guidelines, if I wish to file a complaint.

5. Medical Treatment

I understand I am responsible for payment for any medical treatment that may be necessary (occurring on or off IHCC campus) and is not covered under the provisions of the Iowa Code.

6. Computer User Agreement

As a condition of using the IHCC computer equipment, I agree not to use the equipment to duplicate copyrighted software in violation of its end user's license agreement, whether it is my personal copy or is owned by IHCC. I assume liability for any copyright infringements caused by me.

Name: _____

Signature: _____ Date: _____