

Regis College Main Campus 235 Welleslev Street Weston, MA 02493

Regis Dental Center 1432 Main Street Waltham, MA 02451

Manikin Exam: All student candidates participating in the CDCA Clinical Examination at this site are assessed a \$150.00 facility fee in a bank check or money order made payable to Regis College. In addition to the facility fee, all candidates who plan to utilize ultrasonic inserts and low speed hand pieces belonging to the Regis College Dental Center must leave a \$200.00 security deposit that will be returned to the candidate upon returning the hand pieces. This can be a personal check. The personal check will be returned upon return of the handpiece.

COVID related information: Please wear a mask upon entering the building and be aware of social distancing. You will be called two days before exam date and two days after exam date to check on your medical condition. Complete the medical questionnaire on 7/24/20 (see attached) and return via email on 7/24/2020 to dentalcenter@regiscollege.edu

On the day of the exam:

- <u>Call 781-768-7250 from your car on arrival to the Regis College Dental Center.</u>
- Your temperature will be taken on entering the reception area.
- You will be asked a series of medical screening questions.
- You will then be escorted to your assigned unit and directed to wash your hands.

*If you are ill on the day of the exam, please do not attend.

Social distancing will be maintained.

Wear mask at all times.

Candidates are responsible for providing their own:

Level 1 isolation gown Magneto Ultrasonic inserts/Steri-mate

Gloves Piezo Inserts Level 3 Mask/face shield/safety glasses/loupes Pens, pencils

Instruments Cassettes

Regis College will provide:

Slow speed handpiece (deposit required) **Barriers**

Prophy angle disposable Gauze, cotton rolls Prophy paste A/W syringe tips **Dental floss**

The Regis College Dental Center is located at 1432 Main St, Suite 120, Waltham, MA. Park directly behind the building (do not use Visitor's spaces) and call 781-768-7250 before entering the building.

For additional questions regarding the CDCA examination at Regis College contact: Denise Tétreault RDH M Ed

denise.tetreault@regiscollege.edu

CDCA Coordinator Regis College

Tel. (781) 768-7255



Regis College Dental Center 1432 Main Street, Suite 120 Waltham, MA 02451 781.768.7250

dentalcenter@regiscollege.edu

Name:		
Date of birth:		
*Phone number:		
(*please provide a phone number where you can be reached two days prior to and two d		
after the examination)		
Please circle or <mark>highlight</mark> "Yes" or "No" for the following		
Do you have a fever (100.4° F or greater) or have you	Yes	No
felt hot or feverish in the past 14-21 days?		
Are you experiencing shortness of breath or other	Yes	No
difficulties breathing?		
Do you have a cough?	Yes	No
Do you have any other flu-like symptoms, such as	Yes	No
gastrointestinal upset, headache, or fatigue?		
Have you experienced a loss of taste or smell?	Yes	No
In the past 14 days, have you had close contact with a	Yes	No
person known to be infected with the novel		
coronavirus (COVID-19)?		
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Signature:	Date:	
For internal use only:		
Prior to examination – verbal screening:		
Recorded by:		
Post examination – verbal screening:		
Recorded by:	Date:	