Rev. February 2020

Dental Hygiene

First Year

Annual Required Documentation for

Clinical Placement

KEEP YOUR ORIGINALS!

September 1st, 2020

☐ Campus Health Centre—Communicable Disease Screening Form (submit to Campus Health Centre)

☐ WHIMIS Certificate (submit to Clinical Coordinator)

- http://aixsafety.com/wp-content/uploads/articulate_uploads/WHMIS-2015-AIX-Safety-V3/story_html5.html

September 30th, 2020

☐ CPR - Level "HCP/BLS" only

☐ Standard First Aid

☐ Campus Health Clearance Card

☐ School of Health, Human Care & Wellness Contact Information Form

☐ "Worker Health and Safety Awareness in 4 Steps" Certificate

- http://www.labour.gov.on.ca/english/hs/elearn/worker/index.php

How to Submit Clinical Placement Documentation

1.0 The following documents **must** be submitted to the **Clinical Coordinator** of the School of Health, Human Care and Wellness by the assigned deadlines via one of the following avenues:

1.1 In person: Place hardcopies (photocopies) in an envelope to drop off in person to office C222f. Print **your name, student number, program of study and the semester** you are entering on the front and address it to the following:

Attn: Lisa Snider

Clinical Coordinator

Room C222f

1.2 Email: Scan and email all documents including **your name, student number, program of study and the semester** you are entering in the body of the email to:

Lisa.Snider@canadorecollege.ca

1.3 Documents to Submit to Clinical Coordinator:

1. Valid CPR – Level "HCP"
2. Valid Standard First Aid
3. Campus Health Clearance Card
4. School of Health, Human Care and Wellness Contact Information Form
5. "Worker Health and Safety Awareness in 4 Steps" Certificate
6. WHIMIS Certificate

2.0 **Only** The **"Campus Health Center Communicable Disease Screening form"** will be faxed independently of other documents directly to the Campus Health Center via:

2.1 Campus Health Centre Fax: **705-495-7909**

2.2 In person at the Campus Health Centre office **B205**

N.B. DO NOT submit Originals – only submit photocopies of documents, Originals must be retained by student.

Completing Clinical Placement Documents

Campus Health Centre Communicable Disease Screening Form

The form can be found at https://www.canadorecollege.ca/experience/wellness/health-centre then clicking on "Learn More", or at the end of this package. **This form should be filled out in full by your family physician or Health Care Practitioner prior to beginning the semester**. You may also be required to obtain your immunization record from your local Health Unit. The completed form **must be returned to Campus Health Centre via fax (705-495-7909) or in person to room B205 by September 1, 2020.** There may be additional costs associated if you require additional immunizations or your current immunization levels are not sufficient. If you have any questions regarding immunization requirements, the form, or costs, please contact the Campus Health Centre at 705-474-7600 ext. 5261. Make an appointment at the Campus Health Centre in September to review your immunizations and obtain a Clearance Card prior to the deadline of September 30th, 2019. There is a $35 administrative fee to purchase your Clearance Card from the Campus Health center which will then be submitted to the Clinical Coordinator as a photocopy of both the front and back sides of the card.

CPR – Level "HCP"

It is the responsibility of the student to obtain a valid CPR Level "HCP" certificate to be cleared for clinical placement. The cost of this certification is the responsibility of the student. Failure to present a certificate will result in denial of access to practicum placement. The School of Health, Human Care and Wellness **does not** accept online certification for CPR, as the training session must have a hands on component delivered by an approved health care training agency. Recertification of CPR is required on an **annual basis.** CPR certificates are only considered valid by the School of Health, Human Care and Wellness for one year from the date of issue, regardless of the expiry date provided on the card. Valid CPR certificates must have an issue date after June 1st, 2020.

Standard First Aid

It is the responsibility of the student to complete a Standard First Aid training course. The cost of this certification is the responsibility of the student. Students are required to submit a photocopy of their Standard First Aid certificate to the Clinical Coordinator. The three year expiration date indicated on the card will be honoured in the Dental Hygiene program.

School of Health, Human Care and Wellness Contact Information/Release of Information Form (SOH)

The SOH form is available at the end of this welcome package. You can also receive a copy of this form by emailing the Clinical Coordinator (Lisa.Snider@canadorecollege.ca). This form must be completed and submitted to the Clinical Coordinator allowing the School of Health, Human Care and Wellness to disclose personal information as needed to our affiliate partners.

Worker Health and Safety Awareness in 4 Steps

You must complete the "Worker Health and Safety Awareness in 4 Steps" training module available on the Ontario Ministry of Labour website found at this link:

http://www.labour.gov.on.ca/english/hs/elearn/worker/index.php

This training must be completed annually as per the Ontario Ministry of Labour legislation. Please print **two copies** of your certificate upon completion (one copy for your records, one to submit to the Clinical Coordinator).

WHIMIS

You must complete the online WHIMIS Module annually. The module can be found at:

http://aixsafety.com/wp-content/uploads/articulate_uploads/WHMIS-2015-AIX-Safety5/story_html5.html

Upon completion print **two copies** (one for your records and one to submit to the Clinical Coordinator) by September 1, 2020.

Dental Hygiene Student Contact Information Sheet/Consent for Release of Information

Placements for the Dental Hygiene Program are coordinated by Canadore College School of Health, Human Care & Wellness. By signing this document, you authorize Canadore College to share required personal information with our affiliate partner organizations for the sole purpose of arranging academic placements in order to meet the curriculum requirements of the Dental Hygiene Program. This release will be in effect until the completion of, or withdrawal from, this program.

Signature:_____ **Date:**_____

Name: _____

Phone Number(s): _____

_____

Email Address:
(Please provide email you check most often) _____

Address while Attending School: _____

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_____

Home Address: _____

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