

UNIVERSITY of the FRASER VALLEY
Certified Dental Assistant Program

CONSENT AND WAIVER
Adult Participation in Certified Dental Assistant Public Clinic

I, _____, of (mailing address) _____

British Columbia, **ACKNOWLEDGE** that I voluntarily choose to participate in the Certified Dental Assistant program at the University of the Fraser Valley. The purpose of the public clinic is to provide Certified Dental Assistant students with the opportunity to learn proper methods of:

- a) polishing clinical crowns and applying topical fluoride (approved by the dentist);
- b) taking dental radiographs (approved by the dentist);
- c) placing sealants (approved by the dentist);
- d) applying desensitizing agents (approved by dentist);
- e) providing oral health instructions;
- f) other practice sessions ongoing during the clinical course.

I ACKNOWLEDGE that I am aware that the purpose of the screening dentist in their scrutiny of my teeth prior to my participation in the said public clinic is to determine my suitability to receive the limited dental services outlined at (a) to (f) above, and **is not a substitute for regular care by my own dentist.**

I am aware that the University is collecting and storing my personal information that I am providing to it. This collection and storage is authorized pursuant to the *University Act* and in accordance with the *Freedom of Information and Protection of Privacy Act*. This information will only be used for the purpose of teaching and education by the faculty and students of the Certified Dental Assisting program at the University. My records may also be reviewed by the CDAC (Commission on Dental Accreditation of Canada) for assessment purposes. Further, I consent to the University disclosing my personal information to the dentist named on page 1 of this form.