

**Fox Valley Technical College
Dental Hygiene and Dental Assisting
Technical Standards**

In order to assist students to successfully complete the Dental Hygiene or Dental Assisting Program, FVTC has developed a set of objective technical standards. Students will be asked to sign a form stating whether they are able to meet the technical standards, with or without accommodations, as stated in this document. Students in the Dental Hygiene and Dental Assisting Programs must be able to demonstrate critical, logical and analytical thinking while also possessing motor, auditory and visual skills that enable them to meet the certificate objectives and perform job duties required by the profession. It is the intent of Fox Valley Technical College (FVTC) to fully comply with Section 504 of the Rehabilitation Act of 1974 and the Americans with Disability Act (ADA) of 1990. (In accordance with the ADA and Section 504, FVTC does not provide students with personal devices and services).

If a student enters the Dental Hygiene or Dental Assisting Program based on falsification of records related to their ability to meet the technical standards, he/she may face disciplinary actions.

PROGRAM SKILL LEVEL Specific Ability Required for Technical Skills Attainment	APPLICATION TO DENTAL CLINICAL Activities Including but Not Limited To
GROSS MOTOR COORDINATION	
<ul style="list-style-type: none"> • Balancing • Bending • Stooping • Crouching • Kneeling 	<ul style="list-style-type: none"> • Twisting • Turning • Grasping - Firm/Strong • Reaching Forward • Reaching Overhead
FINE MOTOR COORDINATION	
<ul style="list-style-type: none"> • Eye-hand coordination • Eye-hand-foot coordination • Grasping – Light • Finger Dexterity • Pinching 	<ul style="list-style-type: none"> • Simultaneous use of hand, wrist, and fingers • Fine motor skills • Dominate and non-dominate hand, wrist, and fingers
ENVIRONMENT & PHYSICAL ENDURANCE	
<ul style="list-style-type: none"> • Works Indoors • Working in confined spaces • Use computer • Works independently • Works with others • Wear safety glasses • Wear face mask/face shield • Wear Protective Clothing 	<ul style="list-style-type: none"> • Exposure to irritating particles • Exposure to toxic or caustic chemicals • Exposure to excessive noises • Exposure to radiation or electrical energy • Exposure to solvents, grease, or oils • Exposure to vibration • Exposure to flames/burning items
PHYSICAL STRENGTH	
<ul style="list-style-type: none"> • Ability to Push and Pull Up to 20 pounds 	<ul style="list-style-type: none"> • Ability to Lift and Carry Up to 20 pounds
MOBILITY	
<ul style="list-style-type: none"> • Standing • Walking 	<ul style="list-style-type: none"> • Sitting for long periods of time

SMELL	
<ul style="list-style-type: none"> • Detect Odors 	<ul style="list-style-type: none"> • Detect differences between environment odors
READING	
<ul style="list-style-type: none"> • Complex Reading 	<ul style="list-style-type: none"> • Proofread
VISION	
<ul style="list-style-type: none"> • Acuity, near • Acuity, far • Depth Perception 	<ul style="list-style-type: none"> • Color Vision • Field of Vision
HEARING	
<ul style="list-style-type: none"> • Hear Normal Conversation • Hear Telephone Conversation • Hear Auditory Alarms (monitors, fire alarms, call bells) 	<ul style="list-style-type: none"> • Hear Vital Sounds (blood pressure)
TACTILE	
<ul style="list-style-type: none"> • Ability to distinguish subtle vibration and touch through skin 	<ul style="list-style-type: none"> • Ability to identify the subtle difference in surface characteristics
MATH	
<ul style="list-style-type: none"> • Complex skills (Algebra) • Simple skills (Basic Math) 	<ul style="list-style-type: none"> • Document numbers in records
INTERPERSONAL SKILLS	
<ul style="list-style-type: none"> • Respect and value cultural differences • Collaborate with others 	<ul style="list-style-type: none"> • Establish rapport with patients and peers • Provide service to and interact with diverse patients
COMMUNICATION SKILLS	
<ul style="list-style-type: none"> • Speak, read, and write English • Listen and comprehend spoken and written English • Public Speaking 	<ul style="list-style-type: none"> • Verbal Conversation • Exhibit and comprehend nonverbal cues • Interact as a member of the healthcare team • Follow verbal and written directions • Provide clear verbal instruction to patients
EMOTIONAL STABILITY	
<ul style="list-style-type: none"> • Adapt to change • Accept feedback appropriately • Accept responsibility for own actions 	<ul style="list-style-type: none"> • Establish professional relationships • Maintain composure with multiple responsibilities • Adapt to stressful situations in clinical settings
CRITICAL THINKING	
<ul style="list-style-type: none"> • Comprehend and follow instructions • Interpret oral, written diagrammatic instructions • Adapt decisions based on new information 	<ul style="list-style-type: none"> • Ability to perform repetitive tasks • Ability to perform complex tasks • Follow processes from start to finish • Application of knowledge and skills
ANALYTICAL THINKING	
<ul style="list-style-type: none"> • Solve Problems • Transfer knowledge between situations • Use short and long term memory • Coordinating • Analyzing 	<ul style="list-style-type: none"> • Ability to complete responsibilities • Draw valid conclusions • Ability to make decisions without immediate supervision • Prioritize tasks to ensure completion of assigned work

**FOX VALLEY TECHNICAL COLLEGE
DENTAL HYGIENE and DENTAL ASSISTING PROGRAM**

**TECHNICAL STANDARDS CRITERIA
Statement of Understanding**

For students with a disability, reasonable accommodations are available. Reasonable modifications are defined as modifications or adjustments that allow individuals with disabilities to gain equal access and have equal opportunities to participate in FVTC's courses, services, activities, and use of the facilities. To be eligible for disability-related services/accommodations, students must have a documented disability. This documentation must be provided by a licensed professional, and qualified in the appropriate specialty area. The College is also not obligated to provide an accommodation that poses an undue financial or administrative burden to the College or poses a direct threat to the health and/or safety of others.

Examples of accommodations allowed, without disability documentation: supportive back brace or other supportive braces that does not impede required movement or interfere with infection control policies, hearing aids, glasses, and/or contacts. Other student-suggested accommodations will require approval of the Program Chair, the Disabilities Specialist, and the Department of Health Services. All requests should be approved BEFORE the student has enrolled in the program. Any accommodation cannot substantially alter the requirements of the program or inflict an undue burden on the respective program and clinical sites.

If after the start of class a student status changes and the student can no longer meets all of the required above named program technical standards; it is the student's responsibility to notify their instructor of any changes in their inability to perform and of the technical standards listed here. The College is required to keep these documents on file.

The Americans with Disabilities Act of 1991 (42 U.S.C. 12101, et seq.) and Section 504 of the Rehabilitation Act of 1973 (29 U.S.C 794) prohibits discrimination of persons because of her of his disability. In keeping with these laws, colleges of the Wisconsin Technical College System (WTCS) make every effort to insure a quality education for students. The purpose of this document is to ensure that students acknowledge that they have been provided information on the technical standards of a student in the Dental Hygiene or Dental Assisting program. In addition, information was given to the student on reasonable accommodations to meet the Technical Standards at this time.

_____	I have read and understand the <i>Technical Standards Criteria</i> specific to a student in the Dental Hygiene or Dental Assisting Program
initials	
_____	I am able to meet the <i>Technical Standards</i> presented with or without accommodation.
initials	
_____	I was provided with information concerning accommodations or special services, if needed at this time.
Initials	

Name of Student (Please print)

Student ID#

Signature of Student

Date