



## Dental Assistant Training Program

SPONSORED BY ILLINOIS PRIMARY HEALTH CARE ASSOCIATION

### Health Center Sublicensing Agreement

#### Overview:

Illinois Primary Health Care Association (IPHCA) is working to expand the safety net oral health workforce in Illinois by providing a Dental Assistant (DA) training program for Federally Qualified Health Centers and other qualifying health systems with a physical presence in Illinois (Health Center Clients). To achieve this objective, IPHCA has licensed a proprietary curriculum from another entity which has granted IPHCA a limited right to use and disseminate the curriculum to Health Center Clients. Under this Sublicense Agreement, IPHCA will offer an online curriculum so Health Center Clients may train DAs through an externship, on-the-job training model. Health Center Clients will recruit trainees from the local community or current staff who wish to become DAs. While the curriculum is intended to be completed within 12–16-weeks, Health Center Clients can customize lesson modules which may impact how long it takes to complete the curriculum. Trainees will engage in online curriculum modules that include tests to measure knowledge. The modules are all mostly self-paced. Trainees will receive all hands-on training within the Health Center Client which employs the trainees. The Health Center Clients will be responsible for designating staff to oversee the hands-on teaching and supervision component of the training.

The curriculum covers 37 modules which can be customized based on Health Center Clients' needs. Content includes sterilization/disinfection, dental terminology, chairside assisting, radiography/imaging, vital signs, the oral exam, assisting with surgery, pharmacology, anesthesia, restorative dentistry, prosthodontics, pediatrics, patient engagement, and more. Each module consists of readings, skill videos, short answer assessments, and learning review quizzes. There are enough modules to support approximately one-years' worth of DA learning/training. Health Center Clients will be able to select which modules they wish their DA trainees to take and the order in which those models are accessed. Modules may be used to support continuing education and training after the initial training period is complete.

#### Curriculum Requirements:

By participating in the curriculum and executing this sublicense, Health Center Client agrees:

- A) to pay to IPHCA \$1,500 per trainee at the time a trainee registers.
- B) to provide IPHCA with proof of employment for each registered DA trainee by way of monthly pay stubs or similar documentation showing that the Health Center client employs and pays the DA trainee while the trainee is participating in the curriculum. IPHCA must receive such proof of employment before it can release coursework to the Health Center Client. For this curriculum to remain operational at each Health Center Client's site, each trainee must be a PAID employee of the Health Center Client while the curriculum and training is ongoing.
- C) to facilitate and ensure that each DA trainee completes and submits to IPHCA a demographics survey provided by IPHCA before curriculum may be accessed.

- D) to facilitate and ensure that each DA trainee completes and submits to IPHCA a survey provided by IPHCA every 6 months to check and record the trainee's then-current employment status for at least 2 years after completion of curriculum.
- E) to create, and share with IPHCA, a Dental Assistant Training Plan that includes the specific modules each Health Center Client will have its DAs complete, the proposed timing for training, how and when the DA trainee will take the courses, and how the hands-on portion will be completed.
- F) to commit its leadership and dental staff to providing hands-on training during the course of the provided DA curriculum.
- G) to ensure that all trainees complete all health center required modules and quizzes. IPHCA will supply the module completion reports to each Health Center Client.
- H) to report to IPHCA the number of patients who have received services from each new DA who participated in the curriculum in the DA's first six months of supervision-free care.
- I) that this curriculum is proprietary in nature and belongs to another entity which has granted IPHCA a limited right to access and sublicense the curriculum. As a result, no Health Center Client or trainee will own, or have a right to copy or share with any third party, the curriculum nor any of the curriculum's modules or features.
- J) to notify IPHCA immediately if it has suffered a data breach or learns that the curriculum or any of its component parts has, or may likely have been, improperly copied, shared or otherwise compromised.
- K) that module links are personalized for each trainee and cannot be shared with additional trainees or any other person or entity.
- L) that it is responsible for making available a textbook and any additional equipment or supplies a trainee needs to complete the curriculum.

By participating in the curriculum, each trainee agrees:

- A) to complete a demographics survey before starting the curriculum.
- B) to complete a survey every 6 months after starting the curriculum and continuing for at least 2 years after completing the curriculum to record the trainee's then-current employment status.
- C) that the curriculum is proprietary in nature such that trainee will neither own nor have a right to copy, or share with any third party, the curriculum nor any of its modules or features.
- D) that module links are personalized for each trainee and may not be shared with additional trainees or any other person or entity.
- E) to notify IPHCA or trainee's health center employer immediately if trainee learns of a data breach or learns that the curriculum or any of its component parts has, or may likely have been, improperly copied, shared or otherwise compromised.

**Health Center Name:**

**Health Center Address:**

**Name of Employee (the trainee) taking DA curriculum:**

**Trainee E-mail Address:**

**Trainee Signature:**

**Name of the Health Center Trainer:**

**Health Center Trainer E-Mail Address:**

**Health Center Authorized Signature:**

Curriculum developed by



Washington  
Association for  
Community Health



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# Initial Employment Verification Form

Date:

This form is to verify that \_\_\_\_\_ is employed by me as his/her

He/she earns \$ \_\_\_\_\_ Per \_\_\_\_\_ and works  
approximately \_\_\_\_\_ hours per week.

Signature:

Organization:

Telephone:

Address: