

**Affiliation Agreement  
DENTAL ASSISTING**

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

**AGREEMENT OF AFFILIATION WITH**

Name of Site: \_\_\_\_\_

Address of Site: \_\_\_\_\_

The \_\_\_\_\_ (school) has been approved by the New York State Education Department's Bureau of Proprietary School Supervision to conduct a training program in **Dental Assisting** which requires practical experience in a **dental practice**. The \_\_\_\_\_ (site) has agreed to provide this supervised practical experience. Therefore, the internship Site, now referred to as the affiliating site, and the school, enter into the following agreement:

\_\_\_\_\_ (site) is aware that the school's approved program in dental assisting does not lead to licensure as Certified Dental Assistant. Therefore, interns shall not perform tasks determined by the New York State Education Department, Office of the Professions (OP), as being restricted to students in a Certified Dental Assistants program registered by OP. These tasks are listed on the OP webpage, <http://www.op.nysed.gov/prof/dent/>

The school will arrange for a maximum of \_\_\_\_\_ students at a given time to affiliate at \_\_\_\_\_ (site) for \_\_\_\_\_ hours per day for a total of \_\_\_\_\_ hours. The specific hours/days will be agreed upon by a designee of each party and each will keep a copy of the schedule. There will be no more than 10 students assigned to one clinical instructor/supervisor. Taking attendance at the internship site will be the responsibility of the school. Students will not displace or replace regular employees at the affiliating site. The school agrees to maintain sufficient affiliation sites to accommodate all qualified students. *If training was approved in a language other than English, the school shall ensure that the internship host has employees and clients able to use the language of instruction with the intern, to enable the intern to perform his/her internship tasks. The language of training is: \_\_\_\_\_.*

Before the student begins the supervised internship experience, he or she will show evidence of physical requirements deemed necessary by agreement of both parties.

The school is responsible for student injury acquired at the affiliation site. Students and instructors will also carry liability insurance and a signed statement indicating that they have a policy covering liability against third parties resulting from this internship. Students will be under the supervision of the BPSS licensed instructor(s) employed by the school; but may also be supervised by the professional staff of the affiliating site. Students will be supervised at all times while they are on the premises.

The school is responsible for providing all instruction in theory and skills, for a total of \_\_\_\_ hours before the internship. The internship host will provide a meaningful internship experience during which student will perform most tasks done by a non-certified dental assistant in a professional setting. The internship instructor(s) will make assignments, and with the help of the professional staff of the institution, evaluate each student's performance using the evaluation instruments provided by the school. Students will demonstrate at the minimum competency in the skills listed in the attached BPSS-approved checklist created by the school. Interns shall not perform tasks prohibited by local, State or Federal regulations/scopes of practices for non-certified dental assistants.

The school's program coordinator will make \_\_\_\_\_ visits at the internship site. The site agrees that the Bureau of Proprietary School Supervision may visit the facility to fulfill its supervisory duties. If the contact information for the affiliation site changes, schools will provide new contact information to their assigned field associate within 10 days.

The school recognizes that the affiliating site has a service responsibility to its clients. If a student jeopardizes this responsibility in any way, the affiliating site has the right to demand that the student be removed from the clinical experience immediately. The school is responsible for the conduct and dress requirements of the students at the affiliation site. The school will immediately address any failure of a student to meet the requirements of this internship following school policy.

The agreement will begin on \_\_\_\_\_ (date) and will be reviewed and signed annually by both parties for renewal. A \_\_\_\_\_ notice will be given by either party if the agreement will not be renewed. In addition, both parties agree to contact the Bureau of Proprietary School Supervision immediately upon requesting termination of the agreement.

The affiliating institution and the school will not discriminate in any way against interns or instructors, according to State and Federal laws.

**A newly signed copy of the agreement and copy of liability insurance coverage must be included with the application for curriculum reapproval.**

**Affiliating Site Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Must be an authentic signature*

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
Affiliating Site Representative, Name/Title (printed/typed legibly)

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
Name, Phone Number and Email for BPSS Contact at the Affiliating Site (printed/typed legibly)

**School Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Must be an authentic signature*

**School: Please attach an Internship Skills Checklist and return to your field associate.**

### ATTESTATION OF OWNERSHIP DISTINCTION

The affiliating site can have no common ownership, partnership, or familial ties to the school; By signing the attestation below the agency is confirming that to be a material fact:

“I do hereby attest that the \_\_\_\_\_ (site) has no common ownership, partnership, or familial ties to the \_\_\_\_\_ (school) and that this information is true, accurate and complete. and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.”

**Affiliating Site Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Must be an authentic signature*