

**POLICIES FOR STUDENT EXTERNS VISITING THE OSU COLLEGE OF  
DENTISTRY**

**Approved by the Executive Committee**

**2-21-12**

**Revised 2-12-14**

From time to time Sections or Groups in the College of Dentistry (“COD”) may receive requests from students enrolled in other Professional Schools of Dentistry to visit the COD for some designated, but limited period of time, ranging from days to several weeks. Generally, this will result in an externship rotation for the visiting student. Each Section or Group will be responsible for any students they sponsor or preceptor (“Student Extern”) in such an experience. The following represent guidelines established in the COD for such an experience to ensure that these Student Externs obtain the best experience and that all COD and University policies and procedures are appropriately followed.

1. The hosting Section/Group should obtain **written consent** from the Student Extern’s **School or College of Enrollment** that such a visit is **approved** and that the student is in good standing at his/her Institution. This can be done by form or by letter and signed by the appropriate Administrative Party (i.e. Dean, Assistant or Associate Dean) and forwarded to the Hosting Section...
2. The hosting Section/Group should designate a Preceptor Faculty from its Section/Group to monitor the Student Extern and make sure that the experience is going well. This person, perhaps in conjunction with others from the Section/Group defines what experience; the Student Extern will be involved in.
3. It is the responsibility of the respective Section or Group to communicate to the Student Extern what is required for his/her visit to the COD. The Student Extern must provide proof of required immunizations (list attached); proof of CPR certification; proof of malpractice coverage when necessary, (this will be required when the Student Extern will be involved in any patient care) and the Student Extern must warrant that he/she is covered by health insurance in case of personal injury. The student extern will also complete the online HIPAA & OSHA/Blood Bourne Pathogen training and review the College Infectious Diseases Policy, and Bodily Fluid Exposure protocol.
4. The hosting Section/Group should also communicate the following to the Office of Academic Affairs in the College who will forward a copy to the Office of Clinical Affairs as appropriate.
  - a. Name of the Student Extern and dates of visit to COD.
  - b. Attach any document, application, form or letter of requests and acceptance that may be appropriate and include the name of the Faculty Preceptor.
  - c. Verification of malpractice coverage, health insurance coverage and lists of immunizations.
5. The Student Extern must abide by all COD Policies, including the COD dress code; sexual harassment, HIPAA guidelines and the College and University Code of Professional Conduct.

6. The hosting Section/Group should provide an orientation for the Student Extern so they are familiar with the COD and University's Policies and include a physical layout of the building. The Student Externs must obtain a picture ID upon arrival from the Office of Clinical Affairs.
7. Student Externs with affiliated programs like Children's Hospital should also be registered as a Student Extern with the COD in order to supervise or provide dental care to patients of the COD.
8. The Student Extern should provide feedback of his/her experience by completing the online evaluation form found at:  
[http://dent.osu.edu/ohioproject/ExternshipForms/site\\_eval.htm](http://dent.osu.edu/ohioproject/ExternshipForms/site_eval.htm)

**Declaration of Clinical Health and Safety Credentials  
for  
Student Externs Visiting the OSU College of Dentistry**

I, \_\_\_\_\_, certify that in order to participate in an externship at the Ohio State University College of Dentistry I have met the following standards and will provide documentation before enrollment in the externship.

Initial and provide documentation for all that apply:

\_\_\_\_\_ Proof of immunity to Hepatitis B or have received the first three (3) doses of the vaccine followed by an antibody test to indicate conversion to immunity

\_\_\_\_\_ Proof of immunity to measles, mumps, rubella, varicella, and tetanus

\_\_\_\_\_ Negative PPD test or medical clearance with positive result (required annually)

\_\_\_\_\_ Read, understand and complete as necessary the OSU College of Dentistry's:

- HIPAA online training (NEW)  
<http://dent.osu.edu/OCA/training.php>
- OSHA/ Annual Blood Borne Pathogens online training  
<http://dent.osu.edu/OCA/training.php>
- Infectious Disease Policy  
[http://dent.osu.edu/OCA/SIC-Documents/SIC-Program\\_Manual.pdf](http://dent.osu.edu/OCA/SIC-Documents/SIC-Program_Manual.pdf)
- Bodily Fluid Exposure Protocol  
[http://dent.osu.edu/OCA/Health/Blood\\_and\\_Body\\_Fluid\\_Exposure\\_Protocol.pdf](http://dent.osu.edu/OCA/Health/Blood_and_Body_Fluid_Exposure_Protocol.pdf)

\_\_\_\_\_ Current CPR Certification (All certifications must be from the American Heart Association, American Health and Safety Institute or the American Red Cross. The certification must be for Health Care Providers and include AED training).

\_\_\_\_\_ Proof of malpractice coverage (necessary if student extern will be involved in patient care)

\_\_\_\_\_ Confirmation that the student is covered by health insurance

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date