**MIDWESTERN UNIVERSITY**

**College of Dental Medicine–Arizona (CDMA) Continuing Education Office**

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# INFORMED CONSENT AND PATIENT PROTECTION AGREEMENT

## Educational Purpose (ADA CERP Standard 5)

This activity is a continuing education program. All procedures are performed solely for educational purposes and are not intended to provide comprehensive dental treatment or diagnosis.

## Participation

Participants may perform and/or receive an adult dental prophylaxis as part of the hands-on continuing education course under direct faculty supervision.

**Health Disclosure:** Participants must fully and accurately disclose relevant medical and dental history before participating. Certain medical or dental conditions may limit or prevent participation. If a participant is unable to serve as a patient, an adult substitute patient (18 years of age or older) may be required.

**Patient Protection:** All procedures will be performed in a supervised clinical environment using appropriate infection-control procedures and established emergency protocols.

## Risk Acknowledgment (Initial Each)

☐ Educational (not treatment) activity Initials: _____

☐ May perform/receive an adult prophylaxis Initials: _____

☐ Understands adult prophylaxis risks Initials: _____

☐ Understands that temporary sensitivity or gingival discomfort may occur Initials: _____

☐ Opportunity to ask questions Initials: _____

☐ May withdraw participation Initials: _____

## Risks

Potential risks of an adult dental prophylaxis include temporary tooth sensitivity, gingival tenderness or bleeding, soft-tissue irritation, and discomfort during or following the procedure. Although uncommon, other unforeseen complications may occur.

## PARTICIPANT'S CONSENT

I voluntarily agree to participate in this continuing education activity and certify that I have completely and accurately disclosed my relevant medical and dental history.

I understand that, as part of the hands-on course, I may perform and/or receive an adult dental prophylaxis under direct faculty supervision.

I understand the nature and educational purpose of the procedure, the potential risks described above, and that participation does not constitute comprehensive dental care or diagnosis. I have had the opportunity to ask questions and have received satisfactory answers.

I understand that I may decline or discontinue participation as a patient at any time. I voluntarily consent to participation in the clinical portion of this continuing education activity.

Participant Name (print): _____

Signature: _____

Date: _____

**FACULTY SUPERVISION ATTESTATION**

Faculty will directly supervise all procedures and ensure compliance with safety and infection control standards.

NEED FACULTY NAME here

I attest that I am appropriately **licensed, credentialed, and qualified**, with credentials maintained and verified by Midwestern University Human Resources:

Faculty Name: _____

Signature: _____

Date: _____

**SUBSTITUTE PATIENT CONSENT**

I voluntarily agree to serve as an adult substitute patient for an educational adult dental prophylaxis performed as part of this continuing education course under direct faculty supervision.

I understand that this activity is educational and is not intended to provide comprehensive dental treatment or diagnosis. I understand the potential risks, including temporary tooth sensitivity, gingival tenderness or bleeding, soft-tissue irritation, and discomfort during or following the procedure. I have had the opportunity to ask questions and voluntarily consent to the procedure.

I certify that I have completely and accurately disclosed my relevant medical and dental history and understand that certain conditions may limit or prevent my participation.

Substitute Patient Name (print): _____

Relationship to Participant (if applicable): _____

Date: _____