**Helping Hands of Tennessee**

**Dental Laboratory Technician Apprenticeship Program**

**Information for Parents/Guardians**

Program Nature:

The Dental Laboratory Technician Apprenticeship Program offered by Helping Hands of Tennessee is designed to provide young individuals with specialized skills and career opportunities in the dental industry. This program focuses on training apprentices to design, manufacture, and repair dental prosthetics and appliances.

Program Components:

1. Classroom instruction in dental anatomy, materials science, and CAD/CAM technology

2. Hands-on training in dental laboratory techniques

3. Mentorship from experienced dental technicians

4. Paid apprenticeship placements in partnering dental laboratories

Potential Benefits:

1. Skill Development: Participants will gain practical, industry-specific skills in dental technology that are in high demand.

2. Career Pathways: The program provides a clear path to a stable, well-paying career in the dental industry.

3. Certifications: Upon completion, participants may earn industry-recognized certifications in dental laboratory technology.

4. Networking: Participants will connect with dental professionals and potential employers.

5. Financial Support: Apprentices receive paid on-the-job training as part of the program.

6. Cutting-Edge Technology: Exposure to the latest in digital dentistry and CAD/CAM systems.

Potential Risks:

1. Time Commitment: The program requires up to 15 hours per week during program dates, which may impact other activities or commitments.

2. Physical Demands: Dental laboratory work involves fine motor skills and requires sitting at a dental laboratory desk for extended periods. While standing for long periods is not required, maintaining proper posture during seated work is important.

3. Exposure to Materials: Participants will work with various dental materials, which may cause irritation if proper safety protocols are not followed. All safety precautions will be thoroughly taught and strictly enforced to minimize this risk.

4. Learning Curve: The program introduces complex techniques and technologies that may be challenging for some participants to master initially. However, our experienced instructors are committed to supporting each apprentice's learning process.

5. Adaptation to Work Environment: While the training period does not involve order deadlines, apprentices will need to adapt to a professional laboratory setting, which may be a new experience for some.

6. Potential for Minor Injuries: Working with small tools and equipment carries a minor risk of cuts or abrasions. Proper safety training and protective equipment will be provided to minimize these risks.

Information Sharing and Confidentiality:

We are committed to protecting your child's privacy while also ensuring the program's success and compliance with regulatory requirements. Here's how we handle information:

1. Progress Reports to Funders and Partners:

 - We share aggregated data and individual progress reports with our funders and partners.

 - All personal identifying information (name, address, etc.) is redacted from these reports.

 - Examples of shared information: skill progression, attendance rates, certification achievements.

2. Tennessee Office of Apprenticeship:

 - To ensure your child receives applicable credits for national certification, we must share some information with the Tennessee Office of Apprenticeship.

 - This includes: full name, date of birth, and program progress.

 - This information is protected under state and federal privacy laws.

3. Confidentiality Measures:

 - All staff members are trained in data protection and confidentiality procedures.

 - Personal information is stored securely and access is strictly limited.

 - We do not sell or share personal information with third parties for marketing purposes.

4. Your Rights:

 - You have the right to review any information we have about your child.

 - You can request corrections on any inaccurate information.

 - You can opt out of non-essential information sharing, although this may limit some program benefits.

By participating in this Dental Laboratory Technician Apprenticeship Program, your child will have the opportunity to gain valuable skills and experience that can lead to a successful career in the dental industry. We are committed to providing a safe, educational, and beneficial experience while respecting your child's privacy.

If you have any questions or concerns about the program or our information handling practices, please contact our Program Director, Sabrina Parker at sblue@helpinghandstn.com.

**Parental Consent Form**

**Dental Laboratory Technician Apprenticeship Program**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print parent/guardian's name), the parent or legal

 guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print child's name), born on \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (child's date of birth), hereby give my consent for my child to participate in the Dental

 Laboratory Technician Apprenticeship Program offered by Helping Hands of Tennessee.

By signing this consent form, I acknowledge and agree to the following:

1. I have read and understood the program information provided, including its nature, potential benefits, and risks.

2. I understand that the program requires a time commitment of up to 15 hours per week during program dates.

3. I am aware that my child will be working with dental materials and equipment, and I consent to their participation in all program activities under proper supervision.

4. I understand that while all safety precautions will be taken, there are inherent risks involved in working in a dental laboratory environment.

5. I give permission for my child's information to be shared with the Tennessee Office of Apprenticeship as necessary for program participation and certification.

6. I understand that aggregated and de-identified data about my child's progress may be shared with program funders and partners.

7. I acknowledge that I have the right to review any information held about my child and to request corrections if needed.

8. I understand that my child's participation is voluntary and that I can withdraw this consent at any time by notifying the Program Coordinator in writing.

9. In case of emergency, I authorize the program staff to seek necessary medical treatment for my child.

Emergency Contact Information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I confirm that I have read, understood, and agree to all the above statements.

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Parent/Guardian Signature Date