Dear EFDA 2016 Applicant,

Thank you for your interest in the 2016 Continuing Education course, “Expanded Functions for the Dental Auxiliary” (EFDA). Enclosed you will find:

1. Course Application
2. Employer Recommendation Form

Please complete the entire application and ask your current employer to complete the recommendation. Type or write legibly on the forms provided, and mail to the address indicated below. You may return both forms in the same envelope, or your employer may return the recommendation form separately. Along with your application, you must send a copy of your current CDA certification or Dental Hygiene license, whichever is applicable. The certification/license must show a date of expiration.

We must receive all application materials on or before August 3th, 2015.

Late or incomplete applications will not be considered.

We look forward to hearing from you.

Mail Completed Application to: The Ohio State University
Continuing Dental Education
Room 1198 Postle Hall
305 West 12th Avenue
Columbus, OH 43210
APPLICATION FORM
EXPANDED FUNCTIONS FOR THE DENTAL AUXILIARY, 2016
The Ohio State University College of Dentistry
Continuing Dental Education

APPLICANT NAME: ________________________________________________

Last                           First                           Middle

ADDRESS: _______________________________________________________

Street                           Apt.

_____________________________________________________________

City                           State                           Zip

CONTACT INFORMATION: (_____) ____________________ (_____) ____________________

home telephone          mobile telephone          e-mail address

PROFESSIONAL CREDENTIALS

<table>
<thead>
<tr>
<th>Certified Dental Assistant</th>
<th>DANB</th>
<th>OHIO</th>
<th># of years CERTIFIED</th>
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<tbody>
<tr>
<td>Registered Dental Hygienist</td>
<td>OHIO</td>
<td>Other</td>
<td># of years licensed</td>
</tr>
</tbody>
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*(ATTACH COPY OF CURRENT REGISTRATION CARD OR LICENSE WHICH INCLUDES EXPIRATION DATE)*

☐ Have completed the pre-requisite “Tooth Anatomy for the Dental Auxiliary” offered by The Ohio State University College of Dentistry on ________ (date completed) and have included a copy of the certificate of completion with my application.

PROFESSIONAL EXPERIENCE (most recent)

<table>
<thead>
<tr>
<th>Employer</th>
<th>City, State</th>
<th>Dates Worked (month/year)</th>
<th>Type of Practice (general/ortho)</th>
<th>Position Held</th>
<th>Job duties</th>
</tr>
</thead>
</table>

☐ Total number of years working as a restorative chairside assistant, not including time in school
PROFESSIONAL TRAINING  (check all that apply)

☐ In-Office Training Only

☐ High School Dental Assisting Program  Graduation Date______________
  Name of School____________________________________________________
  City, State__________________________________________________________

☐ Post-High School Technical School  Graduation Date__________  #years______
  Name of School______________________________________________________
  City, State________________________________________________________________

☐ College/University  Graduation Date_______  #years_______ Degree_______
  Name of School_______________________________________________________
  City, State________________________________________________________________

PERSONAL STATEMENT

On the following page please indicate:

1. Your reasons for seeking admission to this course

2. Your knowledge of EFDA duties and responsibilities (in Ohio)

3. Your willingness and ability to spend the necessary time, outside class, to complete required reading and homework assignments of placing amalgam and composite restorations on a typodont.

3. How you plan to use your EFDA training once you become certified.

4. Discuss job duties and work experiences that have prepared you for the EFDA curriculum.
PERSONAL STATEMENT

Applicant Signature_______________________________________Date____________________

The Ohio State University College of Dentistry
The purpose of this Form is to evaluate each certified dental assistant or registered dental hygienist applying to the EFDA Continuing Education Course at The Ohio State University for evidence of the skills needed to become an EFDA in Ohio. Information contained in this form will be held in strict confidence and will be used solely by the course directors in making decisions about annual admittance into this course.

Applicant’s name: __________________________________________  Date __________

Length of time with current employer-dentist ________________________________

The following evaluation should be based on demonstrated performance compared to that reasonably expected of an auxiliary at her or his level of training, experience and background.

Mark an “X” in the appropriate box for each item listed:

<table>
<thead>
<tr>
<th>PERFORMANCE</th>
<th>POOR</th>
<th>FAIR</th>
<th>GOOD</th>
<th>SUPERIOR</th>
<th>NOT OBSERVED</th>
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</thead>
<tbody>
<tr>
<td>BASIC DENTAL KNOWLEDGE</td>
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<td>JUDGEMENT</td>
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<td>TECHNICAL / HAND-SKILLS</td>
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<td>FOLLOWING DIRECTIONS</td>
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<td>PUNCTUALITY/ DEPENDABILITY</td>
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<td>ETHICAL CONDUCT</td>
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<td>COMMUNICATION SKILLS/COOPERATIVE</td>
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On the next page, please provide a brief statement of support, as well as any additional relevant comments.

Then, sign and date this form below and mail completed application to:
Continuing Dental Education
Room 1198 Postle Hall
305 West 12th Avenue
Columbus, OH 43210

Current employer-dentist name (printed): __________________________  Date: ____________

Address _____________________________________________________________

Dentist signature: _________________________________________________ Phone: (___) ________
EMPLOYER STATEMENT OF SUPPORT/COMMENTS

(This portion to be completed by the current employer-dentist)

This course requires that participants complete weekly assignments on typodonts as homework. Homework assignments include completion of amalgam and composite restorations. These assignments require time, facilities (operatory or lab space with handpiece connections and basic supplies), and philosophical support from an employer-dentist. Please indicate, in the space below, the extent to which you are willing to support your employee.

1. Will your employee have access to **dental operatory and/or laboratory space** to place restorations on a typodont?

2. Will your employee be allowed **time** (approximately 2 – 3 hours) to complete the weekly restoration homework assignments on a typodont?

3. Additional comments:

I am aware that my employee is required to provide ALL instruments (including amalgamator, curing light and handpiece) necessary to complete amalgam and composite restorations for the EFDA Review course, as well as any EFDA state board examination. The instruments provided by Ohio State College of Dentistry during the course will be collected the last week of EFDA clinic.

Signature_________________________________________________________ DATE: __________