Dear EFDA 2018 Applicant,

Thank you for your interest in the 2018 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 5th, 2017.

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 2018
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>Professional Credential</th>
<th>DANB</th>
<th>OHIO</th>
<th>Other</th>
<th># of years</th>
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<tbody>
<tr>
<td>Certified Dental Assistant</td>
<td></td>
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<td># of years CERTIFIED</td>
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<tr>
<td>Registered Dental Hygienist</td>
<td></td>
<td></td>
<td></td>
<td># of years licensed</td>
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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).

PROFESSIONAL EXPERIENCE (most recent)

<table>
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<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>
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_______ 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.

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

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

Applicant Signature_______________________________________Date____________________
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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<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>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 in your office (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 Review Course at the end of the program, 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.

For additional information on the OSU EFDA program, please visit www.go.osu.edu/efda.

Signature: _______________________________ Date: ____________