Dear EFDA 2020 Applicant,

Thank you for your interest in the 2020 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, Dental Hygiene license, or translated transcript and certificate, whichever is applicable. The certification/license must be current and show a date of expiration.

We must receive all application materials on or before August 7th, 2019.

Late or incomplete applications will not be considered.

We look forward to hearing from you.

Mail Completed Application to:  
Attention: Ashley Stutzman  
Continuing Dental Education  
Postle Hall  
305 West 12th Avenue  
Columbus, OH 43210
APPLICATION FORM
EXPANDED FUNCTIONS FOR THE DENTAL AUXILIARY 2020
The Ohio State University College of Dentistry
Continuing Dental Education

APPLICANT NAME: __________________________________________________________
Last     First    Middle

ADDRESS: _________________________________________________________________
Street                                               Apt.

________________________________________________________________________
City                             State    Zip

CONTACT INFORMATION: (____)_________ (____)_________ e-mail address
home telephone             mobile telephone

PROFESSIONAL CREDENTIALS

Certified Dental Assistant  □ DANB    □ OHIO __________ # of years CERTIFIED
(attach copy of current registration card or license that includes expiration date)

Registered Dental Hygienist □ OHIO Other __________ # of years licensed
(attach copy of current registration card or license that includes expiration date)

Foreign Trained Dentist      □ __________ (Dental School) __________ # of years licensed
(attach copies of dental college certificate and transcripts in English)

☐ 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>
<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>
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_________ Total number of years chairside experience, 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________________________________________________________________

I attest that the information provided above is true and accurate, and that I have read the “2020 EFDA Continuing Education Course Information Packet”.

____________________________________________________       _______________
Signature                                           Date

PERSONAL STATEMENT

On the following page (or an attached single 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.
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:

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<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>FOLLOWING DIRECTIONS</td>
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<td>ORGANIZATION 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:

Attention: Ashley Stutzman
Continuing Dental Education
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: ________