



MADISON COLLEGE

Expanded Function Dental Auxiliary

To be admitted to the Expanded Function Dental Auxiliary advanced technical certificate, you must show the following:

1. Verification by the supervising licensed dentist with completion of the Employment Verification form (second page) showing:
 - a. Completion of at least 1,000 hours practicing as a dental assistant and holds the certified dental assistant credential issued by the Dental Assisting National Board, Inc., or its successor; or
 - b. Completion of at least 2,000 hours practicing as a dental assistant, as verified by the supervising licensed dentist.
2. Completion of Dental Health Safety and Dental and General Anatomy

Punctual and regular attendance is essential during the EFDA training. Attending all face-to-face lab sessions is required for successful completion of these courses. If you cannot commit to all of the dates scheduled, please reschedule for the next available cohort.

Once admitted, students must work with a supervising licensed dentist to complete the clinical portion of the EFDA training. The supervising dentist must assess clinical skills to confirm EFDA competencies. This can be different from who confirmed the initial hours practicing as a dental assistant.

Completed forms must be emailed to EFDA@madisoncollege.edu. Faculty will follow up as needed after review of the information submitted.

EXPANDED FUNCTION DENTAL AUXILIARY REQUIREMENTS

Last Name/Surname _____ First/Given Name _____ Middle Initial _____

Student ID _____ Semester of Application _____

I am applying for the Expanded Function Dental Auxiliary (second page of this document)

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- I completed these courses at Madison College. Semester completed: _____
- I completed these courses at another college and wish to discuss the ability to transfer them to Madison College. College: _____ Semester completed: _____
- I'd like to demonstrate the required knowledge, skills and abilities and would like to demonstrate this to faculty through completion of PLAs
- I'd like to discuss options for taking these courses at Madison College. Note: This may change the term you are able to begin
- I have reviewed the dates and times for the sessions and I can commit to attending all face-to-face lab sessions
- I have a supervising licensed dentist to complete the clinical portion of the EFDA training.

Name of Supervising Licensed Dentist _____

Signature _____ Date _____



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Expanded Function Dental Auxiliary Employment Verification

Applicants should complete the authorization section and submit to the supervising licensed dentist to complete. Completed forms must be emailed from the supervising licensed dentist to EFDA@madisoncollege.edu.

Applicants with 1,000-1,999 hours are responsible for submitting documentation of their certified dental assistant credential directly to EFDA@madisoncollege.edu.

AUTHORIZATION (To be completed by the applicant)

Last Name/Surname _____ First/Given Name _____ Middle Initial _____

Student ID _____ Semester of Application _____

I have satisfied the requirement by:

- Completing at least 1,000 hours practicing as a dental assistant and I hold the certified dental assistant credential issued by the Dental Assisting National Board, Inc., or its successor.
- Completing at least 2,000 hours practicing as a dental assistant.

I hereby authorize the following facility to release information to Madison College:

Name of facility _____

Applicant Signature _____ Date _____

EMPLOYMENT RECORD (To be completed by the supervising licensed dentist)

The person named above is/was employed by our facility from _____ to _____ (dates) and has completed approximately _____ hours practicing as a _____ (job classification).

Name of facility _____ Phone Number _____

Address _____

Supervising Dentist Title _____

Supervising Dentist Signature _____ Date _____