



Dear EFDA Applicant,

Thank you for your interest in the EFDA program at Eastern Gateway Community College. The EFDA CE program is designed to prepare Certified Dental Assistants or Licensed Dental Hygienists to apply for the Expanded Functions Dental Auxiliary (EFDA) board examination administered by the Commission on Dental Testing in Ohio. Experiences are provided for quality, knowledgeable patient care as an entry level EFDA. This course includes 200 hours of instruction, progressing from pre-clinical laboratory activities to faculty supervised clinical experience. The EFDA Program is a rigorous and challenging course. Students must be very familiar with restorative procedures, have the ability to use both direct and indirect mirror vision to complete and evaluate restorations, and the necessary dexterity to perfect fine motor skills to enable the accurate and safe application of dental handpieces and instruments.

The EFDA program at EGCC has a Fall semester startup date. The curriculum consists of a Fall and Spring Semester as well as a Summer session. Currently we have one EFDA class with a limit of seven (7) students per academic year. THE LAB PORTION OF THE EFDA CLASS IS HELD ON FRIDAYS, 8-12:50. The theory portion of this class is offered **on-line**. During the Spring semester, students are required to complete mandatory clinical hours in their dental office and on Saturdays at EGCC's Dental Clinic.

You must complete and submit all admission requirements before you can be accepted into the EFDA Program at EGCC; all material must be submitted and reviewed before your acceptance process can be completed. The college has a rolling admission policy (first-come, first-placed) basis. Once a class is full for a particular year, valid applications are accepted for the next year.

Students will not be accepted into the EFDA Program until all other requirements are completed. Those requirements include:

1. **Notarized** copy of current CDA credential or RDH license
2. Proof of **HBV vaccination or HBV titer**
3. **TB testing. The 2- step Mantoux is required. (Annual PPD is acceptable if no more than 12 months between the 2 step).**
4. **BCI/FBI background check documentation**
5. Proof of at least **Two (2) Years Work Experience** as a general dentistry Chairside Dental Assistant; with experience occurring within the last 5 years, as of the date of application. (See attached form) or as a Registered Dental Hygienist.
6. Proof of **current CPR certification** must be submitted for the year you are accepted as an EFDA student; continual certification is required while in the EFDA Program
7. Two (2) letters of **professional** recommendation
8. Personal Statement
9. Employer Recommendation Form
10. Signed acknowledgement of Program Performance Requirements

Please submit all admissions materials to: Eastern Gateway Community College
Donna Singh, M.Ed.
Health Admissions Department
4000 Sunset Blvd.
Steubenville, OH 43952

After acceptance into the EFDA program you will be contacted regarding the scheduling of your classes.

Employed auxiliaries will be given priority consideration and four-handed dental experience is expected. It is important to note before applying for the EFDA program at EGCC, that according to various State Laws and Regulations for Certification and Licensure Boards, persons convicted of a felony or misdemeanor may not be able to take the licensure or certification examinations and may be refused acceptance of placement by the clinical/practicum sites; or may have restrictions placed on their ability to practice. *For more information, please contact the applicable licensure/certification board.*

The EFDA program is very demanding of the student's time and energy. Attendance is required for **ALL** scheduled lecture, laboratory, and clinical sessions. Students are required to complete weekly homework assignments include reading the textbook and manual, as well as completing specified restorative procedures on the typodont. Weekly written quizzes and practical examinations are given during the DAS 203 and DAS 204 clinical courses. Students continue to practice on typodont teeth, in preparation for the certifying board exam, throughout the clinical portion of the course and are highly encouraged to practice on their own. Students must have access to a dental operator/laboratory space where they can restore typodont teeth with both amalgam and composite materials.

I hope I have given you all the necessary information that you may need concerning our EFDA Program. Please feel free to contact me at 740-266-9666, if you have additional questions or concerns.

Sincerely

Tammy L. Graham, CDA, EFDA, RDH, M.H.Sc.
Program Director, Dental Assisting and EFDA

Important Links :

Information on Ohio EFDA Examination:

Commission on Dental Testing in Ohio

Dublin, OH 43016-4216

Phone: 614-921-0892

P.O. Box 4510, Dublin, OH 43016

Vicki Baldini, Executive Secretary: vicki_baldini@yahoo.com

<http://codtinohio.org/>

Commission on Dental Competency Assessments

1304 Concourse Drive, Suite 100 Linthicum, MD 21090


Phone: 301-563-3300

Fax: 301-563-3307

Ellis H. Hall, DDS, Director of Examinations: Director@cdcaexams.org

www.cdcaexams.org

Dental Assisting National Board (DANB)

 Information on National DA Certification

676 North Saint Clair, Suite 1880

Chicago, IL 60611

1-800-FOR-DANB or 312-642-3368

fax: 312-642-1475

<http://www.dentalassisting.com/>

Ohio Dental Assistants Association (ODAA)

Contact: Carol Healy

1501 Centerview Dr. Copley, OH 44321

330-666-4023 (evening)

*fax:*330-668-9985

Ohio Dental Board (OSDB)

 Ohio EFDA registration Laws and Rules

 Ohio EFDA permissible Duties

77 South High Street Columbus, OH 43266-0306


614-466-2580


fax: 614-452-8995

<http://www.dental.ohio.gov/>

Ohio Dental Expanded Functions Association (ODEFA)

<http://odefa.org/>

 EFDA professional organization

 ODEFA represents EFDA's from all over the state by increasing awareness of expanded functions as a voice in the political process. ODEFA works with the OSDB, ODA, ODHA, and ODAA to ensure dental excellence in Ohio



EASTERN GATEWAY COMMUNITY COLLEGE

Expanded Functions Dental Auxiliary Program Cost Estimate

This program consists of two semesters and one summer session.

The total **estimate** below includes 2 semesters and a five week summer session. Tuition and lab fees include instructional materials, laboratory supplies, and instrument rentals. **Please note** that students are required to supply their own supplies and instruments necessary to sit for the Ohio EFDA Examination.

SEMESTER	TUITION, LAB FEES
Fall DAS 203	\$1200.00
Spring DAS 204 DAS 205	\$1500.00
Summer Session Das 206	\$550.00

ADDITIONAL EXPENSES: Textbook, Lab Coats, Magnification Loupes (highly recommended-but not required), Typodonts, and Miscellaneous Supplies and fees - Approximately \$1500.00 - \$2500.00.



*All fees are subject to change.

PLEASE NOTE: CE courses do not qualify for financial assistance, however prospective students are encouraged to contact the Ohio Dental Association Foundation at 614-486-2700 regarding EFDA scholarships.

EASTERN GATEWAY COMMUNITY COLLEGE
Expanded Functions Dental Auxiliary



Easy steps to enrollment:

Submit the following documentation along with your completed application to Donna Singh in the Health admissions department; these documents must be submitted BEFORE you can be considered for acceptance into the EFDA Program at EGCC:

- **Notarized copy** of current CDA credential or RDH license
- Proof of **HBV vaccination or HBV Titer**
- **TB** documentation (**2-Step Mantoux testing**)
- **BCI/FBI background** documentation
- Proof of at least **Two (2) Years Work Experience** as a general dentistry Chairside Dental Assistant; experience occurring within the last 5 years, as of the date of application. (See attached form) or as a Registered Dental Hygienist.
- Proof of **current CPR certification** must be submitted for the year you are accepted as an EFDA student.; continual certification is required while in the EFDA Program
- Two (2) letters of **professional** recommendation
- Personal Statement
- Employer Recommendation Form
- Signed acknowledgement of Program Performance Requirements

EXPANDED FUNCTION DENTAL AUXILIARY PROGRAM APPLICATION FOR ADMISSION

Please complete application and return to:

Eastern Gateway Community College
Donna Singh, M.Ed
Health Admissions
4000 Sunset Blvd.
Steubenville, Ohio 43952

Name (Last)	(First)	(Middle)	(Maiden)
Address (Street)	(City)	(State)	(Zip)
() -	() -		
Residence Phone	Cell Phone	Email Address	
Date of Birth	Years in Dentistry	Latex Allergy?	

Ethnicity

Are you Hispanic or Latino? Yes No

If you wish to be identified with a particular ethnic group, please check all that apply:

- African American, African, Black
- Native American, Alaska Native
- Asian American
(country): _____
- Asian, incl. Indian Subcontinent
(country): _____
- Hispanic, Latino
(country): _____
- Mexican American, Chicano
- Puerto Rican
- Native Hawaiian, Pacific Islander
- White or Caucasian
- Other
(specify): _____

Training

Where did you receive your dental assisting or hygiene training? _____

How many years in
dentistry?

CDA _____ RDH _____ Foreign-trained
Dentist _____

Employer Information:

Employer-dentist

Address (Street) (City) (State) (Zip)
() -
Business phone

Dental Employment Experience:

Name of Employer	Mailing Address	Date of Employment	
		From mm/dd/yy	To mm/dd/yy

Education Record:

School	Check highest level completed	Name of School and Location	Degree	Year Graduated
High	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Vocational	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
College/ University	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Other	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

Please have the following sent to Eastern Gateway Community College:

1. Documentation of your current status as an auxiliary, i.e. **notarized copy** of your hygiene license, current CDA certificate (DANB OR CODA).
2. Letters of recommendation from two persons (other than your dentist-employer).
3. Letter of verification for 2 years in general dentistry within past 5 years as a chairside assistant.
4. TB and Hepatitis B vaccination documentation or proof of current titer if vaccine documentation cannot be provided
5. Completed Employer Recommendation Form
6. Completion of personal statement
7. Proof of **current CPR certification** must be submitted for the year you are accepted as an EFDA student.; continual certification is required while in the EFDA Program
8. Signed acknowledgement of Program Performance Requirements
9. BCI/FBI background documentation

Prior to action on this application, all materials must be received by Eastern Gateway Community College.

Please be sure all correspondence has your name and complete address.

Send to:
Eastern Gateway Community College
Donna Singh, M.Ed
Health Admissions
4000 Sunset Blvd.
Steubenville, Ohio 43952

I HERBY CERTIFY THAT THE STATEMENT I HAVE MADE HEREIN IS TRUE. ANY FALSE INFORMATION MAY LEAD TO DISMISSAL FROM THE PROGRAM.

 Signature Date
 (applicant MUST sign)



EASTERN GATEWAY COMMUNITY COLLEGE

BACKGROUND CHECK REQUEST FORM

_____ is a student at Eastern Gateway Community College in the **EFDA** program.

The program requires a BCI and FBI background check in order to attend any clinical rotation.

EGCC Staff initials/date _____ / _____

Fingerprinting services are available at:

Jefferson Security located within the
D'Anniballe Business Center
1439 Sunset Boulevard
Steubenville, Ohio 43952

Phone: 740- 283-3681

**Students must present a valid driver's
license or state issued ID at the time of
fingerprinting**

Days: Tuesday, Wednesday, Thursday

Hours: 9 a.m. – 4 p.m.

Background Check results are to be sent by Jefferson Security to:

Tyra Rogers
Medical Records Specialist
Eastern Gateway Community College
4000 Sunset Boulevard
Steubenville, Ohio 43952

740-264-5591, ext. 1727
trogers@egcc.edu



EASTERN GATEWAY COMMUNITY COLLEGE

BACKGROUND CHECK REQUEST FORM (For out of area use only)

_____ is a student at Eastern Gateway Community College in the
(print name)

_____ program. The program requires a BCI and FBI background check in
(print name)

order to attend any clinical rotations and or educational observations.

Fingerprinting services are available at:

Most Bureau of Motor Vehicles (BMV) departments
and local Sheriffs' offices.

**Students must present a valid driver's
license or state issued ID at the time of
fingerprinting**

Background Check results are to be sent by the agency directly to:

Tyra Rogers, Medical Records Specialist
Eastern Gateway Community College
4000 Sunset Boulevard
Steubenville OH 43952

740-264-5591 ext. 1727

Fax: 740-266-3195

trogers@egcc.edu

For reimbursement of fingerprinting please send a copy of your receipt to:

Dr. Robin Snider-Flohr
Dean of Health
Eastern Gateway Community College
4000 Sunset Blvd
Steubenville OH 43952

EASTERN GATEWAY COMMUNITY COLLEGE
Expanded Functions Dental Auxiliary Program



Work Experience Documentation for Dental Assistant Applicants

Date: _____

Name of Applicant: _____

Years of Chairside Dental Assisting Work Experience: _____

****Please Note: Dental Assistants are required to have 2 years chairside work experience that has occurred within the last 5 years as of the date of application or exceptions may be approved by the Program Director.***

Dental Office Contact Information:

**Number of years employed as a Dental Assistant
at this specific office: _____**

Name: _____

Address: _____

Office Phone Number: _____

Signature of Verifying Dentist

Date

I understand that if my auxiliary is accepted into the EFDA Program at EGCC I will be expected to allow her / him to place restorations on patients in my office under my Direct Supervision in order to complete required restorations to complete the program. I also understand that I must grade the restorations and provide grade documentation.

Personal Statement (attach additional page, if necessary)

In the space below, please address the following:

1. Why you would like to become an EFDA?
2. Your knowledge of EFDA duties (in Ohio).
3. Your willingness and ability to spend the necessary time, outside class, to complete required reading and studying.
4. Explain how you plan to use your EFDA training once you pass the state boards.

EASTERN GATEWAY COMMUNITY COLLEGE
Expanded Functions Dental Auxiliary Program
Employer Recommendation Form

The purpose of this form is to assist the admissions committee in selecting students applying to the EFDA Program that show evidence of the skills necessary to become an EFDA in Ohio. This information is held in strict confidence and will be used solely for making decisions about annual admittance into the EFDA Program.

Applicant's Name: _____ Date: _____

Length of employment with current employer – dentist _____

The following evaluation should be based on demonstrated performance compared to that reasonably expected of an auxiliary at his or her level of training, experience and background.
Please place an "X" in the appropriate box listed for each item listed:

PERFORMANCE	POOR	FAIR	GOOD	SUPERIOR	NOT OBSERVED
Basic Professional Knowledge	X				
Judgment					
Professional Manner and Appearance					
Technical / Hand Skills					
Following Direction					
Cooperativeness					
Punctuality / Dependability					
Communication Skills					

Current Dentist:

Employer Name (Printed):

Address: _____

Phone: _____

Dentist Signature: _____

EGCC EFDA Program Performance Requirements

All students admitted to the Expanded Function Dental Auxiliary Program must be able to meet the following requirements:

1. Students must be familiar with restorative procedures
2. Students should be able to use both direct vision and indirect mirror vision to complete and evaluate restorations, and will have to perfect fine motor skills to enable the accurate and safe application of dental handpieces and instruments.
3. Students must be familiar with basic dental terms and nomenclature.
4. Students must be able to function effectively under the time constraints of the program and display flexibility in the event of changing lab and clinical situations.
5. Students must be able to apply didactic learning (theory) to clinical situations.
6. Students must be able to hear and communicate effectively, follow directions and act professionally in class and when delivering patient care.
7. Students must be able to read the printed words in EFDA textbooks and supplemental information, observe various dental instrument angulations and apply the concepts appropriately.
8. Student's eyesight must be able to visualize fine detail (either naturally or corrected), have depth perception and have the ability to visualize three dimensional objects.
9. Students must be physically free of the use of non-prescription drugs, illegal drugs and alcohol.
10. Students must show acceptable progress and pre-clinical competency in the program by a prescribed time before they are allowed to provide care to patients.

I acknowledge that I have read and understand the program performance requirements expected of me should I be accepted into the EFDA Program.

_____ Signature

_____ Date

DO NOT WRITE IN THIS SPACE: OFFICE USE ONLY

Application Checklist:

- _____ Documentation of current status as an auxiliary, i.e. notarized **copy of dental hygiene license OR current CDA (Ohio CODA or DANB) certificate**
- _____ **TB and Hepatitis B** vaccination documentation or proof of current titer if vaccine documentation cannot be provided
- _____ Proof of **current CPR certification**
- _____ Letter of verification for 2 years in general dentistry within past 5 years as a chairside assistant
- _____ Completed Employer Recommendation Form
- _____ Two letters of recommendation from two persons (other than your dentist-employer).
- _____ Signed acknowledgement of Program Performance Requirements
- _____ Completion of Personal Statement
- _____ FBI/BCI background documentation
- _____ *Foreign trained dentists only: Education Course Evaluation Documentation