



Dear EFDA Applicant,

Thank you for your interest in the EFDA program at Eastern Gateway Community College. The EFDA 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. 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, 8-1:50. 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. **BCI/FBI background check documentation**
3. 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
4. Two (2) letters of **professional** recommendation
5. Personal Statement
6. Employer Recommendation Form
7. Signed acknowledgement of Program Performance Requirements

Please note: BEFORE applying to the EFDA Program, you must FIRST be accepted to the college.
You can complete this process by going the egcc.edu website

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

*******IMPORTANT*******

Students must provide proof of **current CPR certification** for the year they are accepted as an EFDA student; continual certification is required while in the EFDA Program **TB (current 2 step Mantoux)** and **Hepatitis B** vaccination documentation (series of 3 vaccines) or proof of current titer **must be submitted by August 1 of the year you are starting the EFDA program.**

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 including 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 students 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 semester sessions.
Tuition and lab fees include Ohio EFDA Board (\$750.00) 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 I	Semester II
DAS207 Anatomy 1 Credit DAS208 Theory 2 Credits DAS208 Lab 3 Credits	DAS209T 1 Credit DAS 209 L 3 Credits DAS210 4 Credits
Total: Credits-6 (See cost per credit hour below) Plus Lab Fees: \$685.00	Total: Credits-8 (See cost per credit hour below) Plus Lab Fees: 1370.00

Jefferson County	\$111 per credit hour
Other Ohio Residents	\$117 per credit hour
Brooke, Hancock, Ohio, Marshall, and Wetzel Counties in West Virginia	\$117 per credit hour
Out of State	\$225 per credit hour
Foreign	\$177 per credit hour
All residents of Ohio and of Brooke, Hancock, Marshall, Ohio and Wetzel Counties in West Virginia not registered for Selective Service or not filing exemption statement	\$225 per credit hour

ADDITIONAL EXPENSES: Textbook, Lab Coats, Magnification Loupes
(highly recommended-but not required), Typodonts,
and Miscellaneous Supplies- Approximately \$1500.00 - \$2000.00.



*All fees are subject to change.

PLEASE NOTE: The EFDA 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:

1. Apply to the college **FIRST** to be accepted into the college.
2. **After** acceptance to EGCC, apply to the EFDA program.

Submit the following documentation along with your completed application to 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
- **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
- 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
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:

- Documentation of your current status as an auxiliary, i.e. **notarized copy** of your hygiene license, current CDA certificate (DANB **OR** CODA)
- Two letters of recommendation from two persons (other than your dentist-employer)
- Letter of verification for 2 years in general dentistry within past 5 years as a chairside assistant
- Completed Employer Recommendation Form
- Completion of personal statement
- Signed acknowledgement of Program Performance Requirements
- 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
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/potential student at Eastern Gateway Community College in the **Expanded Functions Dental Auxiliary** program. The EFDA program requires both BCI and FBI background checks in order to attend any clinical rotations or observations.

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. (Days and times are subject to change. Please call to check on availability).

Background Check results are to be sent to:

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

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

Billing Disclaimer

Unless otherwise noted, invoice is to be billed to: **Health & Public Services
Eastern Gateway Community College
4000 Sunset Blvd
Steubenville, Ohio 43952**



EASTERN GATEWAY COMMUNITY COLLEGE

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

_____ is a student/potential student at Eastern Gateway Community College in the **Expanded Functions Dental Auxiliary** program. The EFDA program requires both BCI and FBI background checks in order to attend any clinical rotations or observations.

Fingerprinting services are available at:

Most Bureau of Motor Vehicles (BMV) departments
and /or your local county Sheriffs' offices.

**Students must present a valid driver's
license or state issued ID at the time of
fingerprinting and may have to present a
copy of a social security card**

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. Hamid Nawaz, Dean of Health, Science and Public Service
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 of 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	—				
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:

- ____ Applied and accepted to the college
- ____ Documentation of your current status as an auxiliary, i.e. **notarized copy** of your hygiene license, current CDA certificate (DANB **OR** CODA)
- ____ Two letters of recommendation from two persons (other than your dentist-employer)
- ____ Letter of verification for 2 years in general dentistry within past 5 years as a chairside assistant
- ____ Completed Employer Recommendation Form
- ____ Completion of personal statement
- ____ Signed acknowledgement of Program Performance Requirements
- ____ BCI/FBI background documentation