EASTERN GATEWAY
COMMUNITY COLLEGE

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 **FIRST** apply for Admission to Eastern Gateway Community College (egcc.edu).

Once accepted to the college, submit all EFDA admission requirements to be considered for acceptance into the EFDA program. All material must be submitted and reviewed before your acceptance can be approved. 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 following year.

Students will not be accepted into the EFDA Program until all requirements are completed. Those requirements include:
1. **Completed program application.**
2. **Notarized c**opy of current **CDA credential or RDH license**
3. **BCI/FBI background check** documentation (Cost of the Background check is the responsibility of the student)
4. 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
5. Two (2) letters of **professional recommendation**
6. **Personal Statement**
7. **Employer Recommendation Form**
8. Signed acknowledgment of **Program Performance Requirements**

Please submit all EFDA application materials to: Eastern Gateway Community College
Health, Science, and Public Services Department
110 John Scott Highway
Steubenville, Ohio 43952
or to Maggie Jackson at MJackson@egcc.edu

EGCC uses CastleBranch (see attached CastleBranch document) to process Student Health Requirements/ Records. Upon receiving an acceptance to the EFDA program, students are required to register with CastleBranch at https://portal.castlebranch.com/GJ48. Students enrolling in the EFDA program will submit their health requirements through CastleBranch. Student Health Requirements/Records include: CPR documentation (continual certification is required while in the EFDA Program), Proof of Hep B or declination, TB testing results, proof of current Health Insurance, and proof of current professional credential Dental hygiene license or CDA certificate (Ohio or National certification).All student health requirements are due December 1 of the fall semester in which you are starting the EFDA program.

OSDB approved CPR courses include: American Red Cross (ARC), The American Heart Association (AHA), or The American safety and Health Institute (ASHI)

PASDB approved CPR courses include: American Red Cross, the American Heart Association or an agencysubstantially similar approved by the Board. The card must reflect all three components – Infant, Child and Adult CPR. **NOTE** *Online CPR certification courses are not accepted by the Board.*

After acceptance into the EFDA program you will be contacted in May regarding the scheduling of your classes for the Fall Semester. 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 students are highly encouraged to practice on their own. Students must have access to a dental operatory/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

Pennsylvania Dental Board (PADB): EFDA License Information
https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Dentistry/Pages/Initial-Applications.aspx

EASTERN GATEWAY
COMMUNITY COLLEGE

Expanded Functions Dental Auxiliary Program Cost Estimate

1. This program consists of two semester sessions. The following fee schedule *DOES NOT* include all associated college fees.

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 (Please See the Student College Catalog for current cost per credit)	**Total: Credits-8** (Please See the Student College Catalog for current cost per credit)

2. The EFDA Program tuition and lab fees include instructional materials, laboratory supplies, and instrument rentals.

3. The EFDA tuition and lab fees **DO NOT COVER THE OHIO OR PENNSYLVANIA EFDA BOARDS**; this fee is the responsibility of the student.

4. *PLEASE NOTE:* EFDA students are required to supply their own supplies and instruments necessary to sit for the EFDA Board Examinations.

5. Additional Program Fees-Textbook, Lab Coats, Magnification Loupes, Typodonts, Practice Teeth, and Miscellaneous Supplies- Approximately $1500.00 - $2200.00

IMPORTANT

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

*As of Fall 2019 the purchase of Magnification Loupes are mandatory for all EFDA Students.

EXPANDED FUNCTION DENTAL AUXILIARY PROGRAM
APPLICATION FOR ADMISSION

Please complete application and return to:

Eastern Gateway Community College
Maggie Jackson
Administrative Assistant to the Health, Science & Public
Service Programs
110 John Scott Highway
Steubenville, OH 43952

<u>OR</u> Email to Maggie Jackson at mjackson@egcc.edu

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/RDA/CODA   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 ☐☐☐☐			
Vocational	1 2 3 4 ☐☐☐☐			
College/ University	1 2 3 4 ☐☐☐☐			
Other	1 2 3 4 ☐☐☐☐			

Along with a completed EFDA Program application, 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. Two 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. Completed Employer Recommendation Form
5. Completion of personal statement
6. Signed acknowledgement of Program Performance Requirements
7. 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
Maggie Jackson
Administrative Assistant to Health, Science & Public Service Programs
110 John Scott Highway
Steubenville, Ohio 43952

OR Email to Maggie Jackson at mjackson@egcc.edu

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

_____   _____

Signature (Applicant Signature Required)   Date

EASTERN GATEWAY
COMMUNITY COLLEGE

BACKGROUND CHECK REQUEST FORM

_____ is a student/potential student at Eastern Gateway Community

College in the **EFDA** (Expanded Functions Dental Auxiliary) program. The program requires a BCI and FBI background check

in order to attend any clinical rotations/observations.

EGCC Staff Signature /date _____Cindy Alban_____

FBI Reason Code: NCPA/VCA
Eastern Gateway Community College is an approved VECHS recipient

 Fingerpringing services are available at :

- **Eastern Gateway Community College, Security Department (Steubenville Campus)**

- **Jefferson County Sheriff's Office (Steubenville)**

- **Mahoning County Sheriff's Office (Youngstown)**

- **or any Webcheck location.**

Please call the agencies in advance to be sure of days and times that services are available and what type of payment method is acceptable at each location.

For a complete listing of Webcheck locations please go to https://www.ohioattorneygeneral.gov/Business/services-for-Business/Webcheck/Webcheck-Community-Listing

Eastern Gateway Community College is not permitted to release copies of background reports. If you wish to request a copy of your background report please go to: https://www.ohioattorneygeneral.gov/Files/forms

> **Students must present a valid driver's license or state issued ID AND
> a Social Security card at the time of fingerprinting.**

Background Check results are to be sent by the Webcheck Vendors directly to:

HSPS DEPARTMENT   740-264-5591 ext. 1727
Eastern Gateway Community College   Fax: 740-266-3195
110 John Scott Highway   medicalrecords@egcc.edu
Steubenville, Ohio 43952

Billing Disclaimer :

STUDENT IS RESPONSIBLE FOR THE COST OF THE BACKGROUND CHECK

Depending on the nature of a positive result, clinical sites may prohibit a student from providing patient care. Depending on the nature of a positive result, licensure, registry or certification examinations may be prohibited.

Rev 11/30/2022

EASTERN GATEWAY COMMUNITY COLLEGE
Expanded Functions Dental Auxiliary Program

EASTERN GATEWAY
COMMUNITY COLLEGE

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					
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

CastleBranch Frequently Asked Questions

1.) How do I access CastleBranch? Through the Portal https://portal.castlebranch.com/GJ48 The EFDA CastleBranch Package Code is GJ48.

2.) How will I know what I need to submit? Program specific requirements will display after logging into the system.

3.) How will I know if something is due? CastleBranch sends notifications in advance of an item being due or expiring. Example: Notifications will be sent 30 days prior to CPR expiring and reminders within that 30 days to get it completed/submitted.

4.) BCI/FBI checks can be processed through CastleBranch or a local fingerprinting site.

5.) Drug Screenings will be processed through CastleBranch or a site that you prefer.

6.) What if I have questions, who do I contact? For CastleBranch functionality, contact CastleBranch. 888-914-7279 or servicedesk.cu@castlebranch.com. For Health Requirement questions, contact the Student Records Specialist, Cindy Alban, at CAlban@egcc.edu or at 740-266-9727.

7.) Will I have access to my health records after I graduate? Yes for a fee they are available through CastleBranch.

8.) How do I know if I am in a Non-drug tested program or a Drug-tested program? This is listed in the College Catalog under Summary of Program Application/Admission Criteria and Program Specific Requirements display in CastleBranch.