



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 and in addition submit all EFDA 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 following year.

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

1. **Notarized** copy of current CDA credential or RDH license
2. **BCI/FBI background check documentation (Cost of the Background check is the responsibility of the student)**
3. Proof of at least **Two (2) Years Work Experience** as a general dentistry Chairsides 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 EFDA admissions materials to: Eastern Gateway Community College
Health Admissions Department
110 John Scott Highway
Steubenville, OH 43952

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

Students must provide proof of **current CPR certification by August 1**, for the year they are starting the EFDA program; continual certification is required while in 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 agency substantially 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.

TB and Hepatitis B vaccination documentation 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 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 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

Pennsylvania Dental Board (PADB): EFDA License Information

<https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Dentistry/Pages/Initial-Applications.aspx>



Expanded Functions Dental Auxiliary Program Cost Estimate

1. This program consists of two semester sessions. The following fee schedule **MAY 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 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. Estimated tuition, lab fees, and general college fees:
 - Fall and Spring Estimated Tuition-\$1806.00
 - Fall and Spring Estimated Lab Fees-\$740.00
 - Estimated General College Fees-\$316.00
6. EFDA tuition and fees **DO NOT COVER THE EFDA BOARDS**; this fee is the responsibility of the student.
7. Additional Program Fees-Textbook, Lab Coats, Magnification Loupes, *Typodonts, Practice Teeth, and Miscellaneous Supplies- Approximately \$1500.00 - \$2200.00



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

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***



Easy steps to enrollment:

1. Apply to the college **FIRST** to be accepted into the college.
2. **After** accepted 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
(Cost of the Background check is the responsibility of the student)
- 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
Rachel Riska
Assistant to the Dean of Health, Science & Public Service
110 John Scott Highway
Steubenville, Ohio 43952
Or
Email to Rachel Riska at rriska@egcc.edu

Name (Last)	(First)	(Middle)	(Maiden)
Address (Street)	(City)	(State)	(Zip)
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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. 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
Rachel Riska
Assistant to the Dean of Health, Science & Public Service
110 John Scott Highway
Steubenville, Ohio 43952
or**

Email to Rachel Riska at rriska@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.

BCI Reason Code: No ORC Dental Auxiliary

FBI Reason Code: NCPA/VCA

Eastern Gateway Community College is an approved VECHS recipient

Fingerprinting services are available at Jefferson Security, Jefferson County Sheriff's Office and Mahoning County Sheriff's Office 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.

Jefferson Security – 740-283-3681 Tuesday, Wednesday, Thursday 9am to 4pm

Jefferson County Sheriff Office – 740-283-8600 Monday through Friday 8am to 3pm

Mahoning County Sheriff Office – 330-480-5000 Tuesday, Wednesday, Thursday, Friday 10am to 3pm

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:

Tyra Rogers, Medical Records Specialist
Eastern Gateway Community College
110 John Scott Highway
Steubenville, Ohio 43952

740-264-5591 ext. 1727
Fax: 740-266-3195
trogers@egcc.edu

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.

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Manner and Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical / Hand Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following Direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperativeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality / Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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