Expanded Function Dental Auxiliary Program

Description:

Wisconsin Expanded Function Dental Auxiliary (EFDA) certification permits the holder to perform the following activities as delegated and supervised by a dentist: (a) Placement and finishing of restoration material after the dentist prepares a tooth for restoration; (b) Application of sealants; (c) Coronal polishing; (d) Impressions; (e) Temporizations; (f) Packing cord; (g) Removal of cement from crowns; (h) Adjustment of dentures and other removable oral appliances; (i) Removal of sutures and dressings; and, (k) Application of topical fluoride, fluoride varnish, or similar dental topical agent.

Prerequisite of program:

To be eligible for program enrollment, applicants must meet the criteria for one of the following pathways. Please indicate the pathway you intend to pursue:

Pathway 1

- ☐ Completion of at least 1,000 hours practicing as a dental assistant, as verified by the supervising licensed dentist
  Applicant and employer must sign page 2
- ☐ Holds the certified dental assistant credential issued by the Dental Assisting National Board
  Attach photo of current certificate
- ☐ Current CPR/BLS certification
  Attach photo of current certification card
- ☐ Dental Health Safety and Dental General Anatomy courses
  To receive credit for prior learning, you'll need to request your official transcripts be sent from the institution which you completed coursework at.

Pathway 2

- ☐ Completion of at least 2,000 hours practicing as a dental assistant, as verified by the supervising licensed dentist
  Applicant and employer must sign page 2
- ☐ Current CPR/BLS certification
  Attach photo of current certification card
- ☐ Dental Health Safety and Dental General Anatomy courses
  To receive credit for prior learning, you'll need to request your official transcripts be sent from the institution which you completed coursework at. Credit for prior learning assessments are available. If not attempted or if unsuccessful, the corresponding courses must be completed prior to enrollment in EFDA core classes.

Verification of Employment

Fox Valley Technical College requires written verification from past and present employers to document occupational experience. This form is intended to provide the official record of this occupational experience. Please complete the top part of this form which authorizes your former/present employer to furnish the information requested at the bottom of the page.

To be Completed by Applicant:

I am applying to the Expanded Function Dental Auxiliary program and authorizing my former/present employer to furnish the following information to FVTC.

Name:

Date of Birth:
FVTC Student ID:

Student Signature:

Date:

To be Completed by Employer:

Please attach a job description of the position the applicant held/holds (if possible)

Employment Status:

Total hours:

Start of Employment: End of Employment:

Job Title:

Employer: Address:

Authorized Signature: Date: