

**Hocking College**

**EFDA Certificate Program**

**Application Autumn 2025**

**Start Date Spring 2026 Semester**

Applicants need to read all the information provided in the application packet to ensure submission of a completed application. The EFDA Certificate Program will “NOT” consider an incomplete application. It is the responsibility of the applicant to ensure the application process is complete.

Faculty Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**EXPANDED FUNCTION DENTAL AUXILLARY**

**ADMISSIONS APPLICATION PROCESS AND FORMS**

Only applications submitted by a qualified candidate will be considered for the Hocking College EFDA Certification Program.

Qualified candidates include:

* *Certified Dental Assistants (CODA, DANB, or American Medical Technologists RDA)\*\**
* *Licensed Dental Hygienist*
* *Unlicensed Dentists (with proof of graduation from an accredited dental school)*
* *Graduates of an unaccredited dental college located outside the U.S. (with translated certificate and transcripts)*

\*\*Certified/Registered Dental Assistant applicants must have a minimum of 1000 hours of chairside dental assisting experience within the last 2 years.

**APPLICATION PROCESS:**

Prior to August 1st:

1. Apply to Hocking College for acceptance into the college.
2. Register for Pre-requisite courses:

*Dental Terminology* (EFDA-1100) and *Tooth Morphology for the Dental Assistant* (EFDA-1101) Both courses are offered online, in the Autumn semester during the first 8-weeks. A grade of ‘C’ or higher must be achieved in both courses for application acceptance into the EFDA Certification Program.

**Licensed Dental Hygienists** are eligible to test out of EFDA 1100 and EFDA 1101 by successfully completing a Dental Terminology examination with a 75% or higher. They will also need to demonstrate competency in dental morphology through a tooth carving assessment. Please email luburghj@hocking.edu to set up a time to take the test.

 September 16th – October 31st:

1. Complete application, which MUST INCLUDE ALL the following:
	* + Two letters of Professional Recommendation
		+ Copy of RDH License or CDA/AMT RDH Certification
		+ Current Resume
		+ Personal Statement
		+ Acknowledgement of Performance Requirements
		+ Background Check (must be completed by Hocking College Police Department)
		+ 1000 hours (within last 2 years) Work Experience Verification Form
		+ Employer Commitment Form
		+ Employer(s) Recommendation Form (*submitted from each employer within the last 2 years)*
		+ *Certifications Certificates (CEs) i.e. coronal polishing, sealant application, radiographer, nitrous monitoring*

Admission is competitive and based on scores from the preclinical EFDA courses (EFDA 1100 Dental Terminology & EFDA 1101 Tooth Morphology). and quality of application (including letters of recommendation and employee recommendation form)

*\*\*The Hocking College EFDA Certificate Program is a selective admissions program. Candidates will be selected according to the EFDA Rating Sheet found at the end of this application form.*

**ACKNOWLEDGEMENT OF PERFORMANCE REQUIREMENTS**

All students accepted to the Hocking College Expanded Functions Dental Auxiliary Program must be able to meet the following requirements:

1. Students must be familiar with dental restorative procedures.
2. Students should be able to use both direct vision and indirect vision (dental mirror) to properly evaluate dental restorations. Ownership of optical loupes is REQUIRED.
3. Student’s eyesight must be able to view fine detail, have depth perception (either naturally or through corrective lenses)
4. Students should have fine motor skills to enable accurate and safe application of dental handpieces and instruments.
5. Students must be familiar with basic dental terms and nomenclature.
6. Students must be able to function effectively under the time constraints of the program and display flexibility in the event of changing lab and class times.
7. Students must be able to apply didactic learning to clinical situations.
8. Students must be able to communicate effectively.
9. Students must follow directions and act in a professional manner in class and when providing patient care.
10. Students must be free of illegal drug use or alcohol use.
11. Students must show competent and timely progress with all pre-clinical experiences prior to providing care to patients.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

*Hocking College does not discriminate against qualified applicants with disabilities in any of its programs, including the EFDA Program. The Access Center/Office of Disabilities Services in DVD 114 is dedicated to serving the various needs of individuals with documented disabilities. They will assist persons interested in seeking admission to any program to understand the program requirements and determine whether and how their disability can be accommodated in the program*

**Hocking College EFDA Certificate Program Application:**

Student Application for Selective Admission

APPLICATION DEADLINE: **October 31st 2025**

Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Last) (First) (MI)

Hocking College ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(street address)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(city) (state) (zip code)

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if different than physical address)

Email Address:

 Personal email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Hocking College email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number

 Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (area code) (number)

 Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (area code) (number)

Emergency Contact Information:

 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Educational Information:**

*Please list “ALL” Educational institutions, High School and Above, and Health Related Programs you have attended:*

Please list in the order you attended:

1. Name of Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (street) (city) (zip code)

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (area code) (number)

Health Related Program Yes or No

Degree or Certificate Accomplished \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Check circle if an official transcript has been sent to Hocking College Registrar’s Office
1. Name of Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (street) (city) (zip code)

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (area code) (number)

Health Related Program Yes or No

Degree or Certificate Accomplished \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Check circle if an official transcript has been sent to Hocking College Registrar’s Office
1. Name of Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (street) (city) (zip code)

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (area code) (number)

Health Related Program Yes or No

Degree or Certificate Accomplished \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Check circle if an official transcript has been sent to Hocking College Registrar’s Office

**Please Complete:**

Have you ever been dismissed from a professional program or academically withdrawn from a professional program Yes or No

If yes, complete the following information:

School Name and Location

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you in good standing and eligible to return to the program: Yes or No

If no please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CRIMINAL BACKGROUND CHECK:**

The applicant must complete a criminal background check at

**Nelsonville Campus-Hocking College Police Department**,

3301 Hocking Parkway, Nelsonville, OH 45764) and have the department send the results to:

 Attn: Misti Malfe Hocking College Perry Campus 5454 OH 37 New Lexington, OH 43764

*\*\*ONLY background checks completed through the Nelsonville Campus Police Department will be accepted.*

 The applicant is responsible for the cost of the background check.

Depending on the nature of a positive result, licensure, registry, or certification examination may be prohibited.

Hocking College Police Department can be contacted at 740-753-6598 or hcpd@hocking.edu

**ADDITIONAL DOCUMENTATION REQUIREMENTS WITHIN 30 DAYS OF ACCEPTANCE**:

* Tetanus, Diphtheria, Pertussis (Tdap)
* Varicella (Chicken pox) immunizations (must have a negative titer)
* Measles, Mumps, Rubella (MMR)
* Hepatitis B Vaccination required (if a hepatitis series has been completed a titer test must be completed to ensure adequate hepatitis B surface antibody levels, indicating protection against hepatitis B antigen)
* CPR Certification (Certification must include AED; adult and child and must be taken through the American Red Cross; The American Heart Association and The American Safety and Health Institute

I understand that, upon acceptance into the Hocking College EFDA program, I have 30 days to supply the above documentation. If for any reason I am unable to supply this documentation, I will forfeit my seat in the EFDA program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Signature Date



 **EXPANDED FUNCTIONS DENTAL AUXILLARY PROGRAM**

 **WORK EXPERIENCE DOCUMENTATION**

I hereby verify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (applicant name)

was employed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (practice name)

within the last 2 years as a chairside dental assistant. During her/his employment she/he

worked a total estimated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hours.

Authorized Signature Position

Address Phone

I hereby verify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (applicant name)

was employed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (practice name)

within the last 2 years as a chairside dental assistant. During her/his employment she/he

worked a total estimated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hours.

Authorized Signature Position

Address Phone

*Additional copies may be made for multiple employees. Applicants must log and verify a total of 1000 hours of chairside dental assistant employment within the last two years to apply.*



**SUPERVISING DENTIST COMMITMENT FORM**

 I understand that my auxiliary,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is applying to the Hocking College EFDA Program and that if accepted, as her/his employer, I will be expected to allow her/him to place restorations in office (amalgam, composite, bases, liners, and sealants) on patients under my Direct Supervision during the second semester of the Program in order to fulfill the Ohio State Dental Board required hours (80 hours) of clinical patient care.

I further understand that once my auxiliary is enrolled in the EFDA program, I will receive information to learn about the grading criteria, additional expectations, and be presented a document requiring my signature indicating my office be used as a remote site facility while my auxiliary is attending the EFDA Program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name – Dentist

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Signature – Dentist Date

**CURRENT EMPLOYER**

Employer Name

(Printed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**EXPANDED FUNCTIONS DENTAL AUXILLARY PROGRAM**

 **EMPLOYER RECOMMENDATION FORM**

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Employment date of dental assistant: From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

The purpose of this form is to assist the admissions committee in selecting students applying to the EFDA program. It reflects 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 admittance into the EFDA program.

**To protect your privacy, we request you personally submit this form directly to:**

**Misti Malfe Hocking College Perry Campus 5454 OH 37 New Lexington, OH 43764**

The following evaluation should be based on demonstrated performance compared to that reasonable expected of an auxiliary at their level of training, experience, and background.

*Please place an “X” in the appropriate box listed for each item:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PERFORMANCE** | **POOR** | **FAIR** | **GOOD** | **SUPERIOR** | **NOT OBSERVED** |
| *Dental Knowledge* |  |  |  |  |  |
| *Professional Judgement* |  |  |  |  |  |
| *Professional appearance and mannerism* |  |  |  |  |  |
| *Fine motor/ Hand skills* |  |  |  |  |  |
| *Follows directions* |  |  |  |  |  |
| *Punctuality/ Dependability* |  |  |  |  |  |
| *Communication with patients* |  |  |  |  |  |
| Comments: |

Employer Name

(Printed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Rating Sheet Formula: Hocking College EFDA Certificate Program**

**Rating Sheet for Student Selection: Total Applicant Points** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*\*ALL applicants will be scored using the following system. Admission is granted to the applicants with the highest-ranking scores using this system and on contingent that the applicant meets all the program application requirements.*

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Rating \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff/Faculty Initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle Applicable Points for Student and Combine for Total Applicant Points**

**Preclinical Courses**

*Must achieve a “C” in all preclinical courses, equaling 74% minimum grade*

|  |  |  |  |
| --- | --- | --- | --- |
| **Course** | **Grade of “A”** | **Grade of “B”** | **Grade of “C”** |
| EFDA 1100 Dental Terminology | 3 | 2 | 1 |
| EFDA 1101 Tooth Morphology | 3 | 2 | 1 |

Licensed Dental Hygienists are eligible to test out of EFDA 1100 and EFDA 1101 by successfully completing a Dental Terminology examination and demonstrating competency in dental morphology through a tooth carving assessment.

**Preclinical Exam & Carving**

*\*\*Comprehensive Exam: EFDA 1101 Tooth Morphology: Required “C” or higher*

|  |  |  |  |
| --- | --- | --- | --- |
| **Exam / tooth carving** | **Grade of “A”** | **Grade of “B”** | **Grade of “C”** |
| EFDA 1101 Comprehensive Exam | 5 | 3 | 1 |
| EFDA 1101 Tooth Carving Grade | 3 | 2 | 1 |

**CDA/RDA Certifications**

|  |  |  |
| --- | --- | --- |
| **Certificate(s)** | **Points available** | **Points earned** |
| Coronal Polishing | 1 |  |
| Sealant Application | 1 |  |
| Nitrous Monitoring | 1 |  |
| Radiography | 1 |  |

\_\_\_\_\_ Applicants who have completed an accredited dental hygiene program will receive one point

\*\**Recommendation letters and employee recommendation forms will be taken into consideration as wel*

**In the event of a tie the following procedure will determine the selection of student(s):**

**Years of Experience as a CDA/RDA**

**\*\****A minimum of 1000 consecutive hours of Chairside Assisting is required to apply to the EFDA Certificate Program*

|  |  |  |  |
| --- | --- | --- | --- |
| **CDA/RDA** | **4000 hours** | **2500 hours** | **1000 hours** |
| Experience | 3 | 2 | 1 |

\**\* Letters of recommendation and the employee recommendation form will be taken into consideration*

* A committee including 1 faculty, 1 staff, Dental Hygiene Program Director and the Allied Health and Nursing Dean will meet to make a final decision on applicants

**EXPANDED FUNCTION DENTAL AUXILIARY**

Program Curriculum

|  |
| --- |
| **PRE-CLINICAL/ AUTUMN** |
| **SCHEDULE** | **COURSE** | **COURSE NAME** | **CREDIT HOURS** | **COURSE FEE** |
| 8 Weeks (1) | EFDA-1100 | Dental Terminology | 1.00 | $50 |
| 8 Weeks (1) | EFDA-1101 | Tooth Morphology for the Dental Assistant | 1.00 | $50 |
|  |  | **SEMESTER TOTAL** | **2.00** |  |
|  |  | **IN-STATE TUITION & FEES** |  | **$100** |
|  |  | **OUT-OF-STATE TUITION & FEES** |  |  |
| **SPRING**  |
| **SCHEDULE** | **COURSE** | **COURSE NAME** | **CREDIT HOURS** | **COURSE FEE** |
| 8 Weeks (1) | EFDA-1200 | Expanded Function Dental Auxiliary Assistant I | 6.00 | $2400 |
| 8 Weeks (2) | EFDA-1300 | Expanded Function Dental Auxiliary Assistant II | 6.00 | $2400 |
|  |  | **SEMESTER TOTAL** | **12.00** | **$4,800** |
|  |  | **IN-STATE TUITION & FEES** |  |  |
|  |  | **OUT-OF-STATE TUITION & FEES** |  |  |
| **SUMMER 1** |
| **SCHEDULE** | **COURSE** | **COURSE NAME** | **CREDIT HOURS** | **COURSE FEE** |
| 12 Weeks  | EFDA-2100 | Directed Clinical Practice for Expanded Function Dental Auxiliary Assistant | 1.00 | $150 |
|  |  | **SEMESTER TOTAL** | **1.00** | **$150** |
|  |  | **IN-STATE TUITION & FEES** |  |  |
|  |  | **OUT-OF-STATE TUITION & FEES** |  |  |
|  |  | **TOTAL CREDIT HOURS** | **15.00** |  |  |
|  |  |  **TOTAL IN-STATE TUITION & FEES** |  | **$5,050** |  |  |  |
|  |  | **TOTAL OUT-OF-STATE TUITION & FEES** |  |  |

**PREREQUISITE COURSES (Autumn Semester)**

 ***EFDA-1100 Dental Terminology***: This 8-week online course develops the principles of building a basic dental vocabulary that are practiced with an emphasis on prefixes, suffixes, and roots. Basic spelling and pronunciation rules are covered. Anatomical, physiological, and pathological terminology pertaining to selected body systems and oral anatomy are explored. Selected clinical procedures, laboratory tests and abbreviations are discussed.

 ***EFDA-1101 Tooth Morphology for the Dental Assistant****:* This 8-week online course is designed to introduce the EFDA program applicant to specific morphology associated with reproducing proper dental anatomy and function during restorative dental procedures on the primary and permanent dentitions. Includes identification of all anatomical tooth structures, eruption schedule, and occlusion.

**Acceptance into the EFDA certificate program is required for the following courses:**

**PRE-CLINICAL (Spring Semester)**

***EFDA-1200 Expanded Function Dental Auxiliary Assistant I****:* This 8-week course is delivered in person through 3 lecture/6 laboratory hours. Designed to teach more extensively the concepts of dental materials and their use in restorative techniques, with particular focus on isolation, amalgam, bases, and liners.

***EFDA-1300 Expanded Function Dental Auxiliary Assistant II:***This 8-week course is delivered in person through 3 lecture/6 laboratory hours. Designed to teach more extensively the concepts of dental materials and their use in restorative techniques, with particular focus on glass ionomers and composite materials.

**Proficiency must be proven in the above courses prior to enrolling in the following course:**

**CLINICAL (Summer Semester)**

***EFDA-2100 Directed Clinical Practice for Expanded Function Dental Auxiliary Assistant:***

This 12-week course is delivered through a one-hour lecture, in conjunction with 80 hours of clinical experience (conducted under the direct supervision of the student’s employer(s)). Under their employer(s) supervision, the student will provide restorative patient care as allowed by the State of Ohio. The one-hour lecture will have a particular focus on the ethical and legal responsibilities of the Ohio EFDA, along with review for the EFDA board examination.

*Please take a moment and tell us how you heard about the Hocking College EFDA Certificate Program*

* Internet search
* Word of Mouth
* Dentist/EFDA
* Brochure
* Advisor
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Return the Completed EFDA Certificate Application including all necessary documentation by appointment to:**

 Hocking College EFDA Certificate Program

 Jess Luburgh, EFDA Certificate Program Coordinator

 5454 OH 37

 New Lexington, OH 43764

 Email address: luburghj@hocking.edu

**Note:** Emailed applications will NOT be accepted and the student will not be considered for the EFDA Certificate Program

\*\* Please make an appointment with Jess Luburgh to turn in your application.

Application Deadline: October 31st 2025

**Please read and sign:**

I certify that the information provided in this application is correct and complete. I understand that omission or falsification of information is grounds for exclusion or dismissal from the program. If accepted into the EFDA Certificate Program, I agree to meet all entrance requirements and to confirm and abide by the rules, regulations, and procedures of Hocking College and this program.

Date \_\_\_\_\_\_\_\_\_\_\_\_ Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID# \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_