Applicants must provide the name of the supervising licensed dentist to complete the clinical portion of the EFDA training. The supervising dentist must assess clinical skills to confirm EFDA competencies. This can be different from who confirmed the initial hours practicing as a dental assistant. Completed forms must be emailed to Enrollmentservices@madisoncollege.edu.

Last Name/Surname	First/Given Name	Middle Initial
Student ID	Semester of Application	
I have a supervising licensed dentist to	o complete the clinical portion of the EFDA training.	
Name of Supervising Licensed Dentist	i	
Signature		Date