



# MADISON COLLEGE

## Expanded Function Dental Auxiliary (EFDA) - Clinical Supervising Licensed Dentist

Applicants must provide information on the supervising licensed dentist to complete the clinical portion of the EFDA training. The supervising dentist must provide direct supervision and assess clinical skills at the listed dental office to confirm EFDA competencies. Evaluation forms, number of procedures/patients, etc. will be provided after starting the EFDA Program. This Dentist may be different from who confirmed the initial hours practicing as a dental assistant. Completed forms should be emailed to [enrollmentservices@madisoncollege.edu](mailto:enrollmentservices@madisoncollege.edu). Review time-frame is 2-3 weeks.

Last/Surname: \_\_\_\_\_ First/Given Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Student ID: \_\_\_\_\_ Semester of Application: \_\_\_\_\_

The in-office portion focuses on the application of the principles and manipulation of a variety of restorative materials and clinical procedures that have been completed to laboratory competency as part of the EFDA program at Madison College. This includes coronal polishing, sealant placement, application of fluoride agents, placement, contouring and adjusting amalgam, composite, glass ionomers, stainless steel crowns, fabrication of provisional crowns, placement of rubber dam, removal of dressings, impressions, adjustment of dentures and oral appliances. All procedures completed will be in accordance with the EFDA Bill 392 ACT 447.035 and approved by the WDEB and must be done under direct supervision and evaluated by the dentist. All hands-on skills and clinical paperwork including met competencies must be completed and provided to faculty within one year of the start date of the program

Dental Practice Name: \_\_\_\_\_

I, \_\_\_\_\_, a Wisconsin licensed dentist, agree to delegate and assess dental procedures to be performed by the above named EFDA student through the length of their EFDA clinical course. All my questions have been answered and I agree to mentor and support the EFDA student.

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