



# MADISON COLLEGE

## Expanded Function Dental Auxiliary (EFDA) - Dental Health Safety and Dental & General Anatomy

This form is used to indicate how the Dental Health Safety (10-508-101) and Dental & General Anatomy (10-508-304) courses were completed. In order to be admitted to the EFDA certificate, courses must show on the student's record by one of the following:

- Courses were previously completed at Madison College;
- Transfer credit was posted for previously completed courses from another college that were approved by EFDA faculty as equivalent to the required Madison College courses; or
- Credit was posted after passing the Prior Learning Assessment Challenge Exams

Applicants should complete this form to indicate how they have completed the required coursework. It is your responsibility to have your official transcripts sent to us, if needing review. Completed forms must be emailed to [enrollmentservices@madisoncollege.edu](mailto:enrollmentservices@madisoncollege.edu). Allow 2-3 weeks for review and the Admissions Office will follow up if there are any additional next steps.

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

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

- I completed Dental Health Safety and Dental and General Anatomy with a C or better at Madison College. Semester completed: \_\_\_\_\_
- I completed Dental Health Safety and Dental and General Anatomy with a C or better at another college. My transcripts are on the way or have been received by Madison College and I am requesting the EFDA faculty to review these courses for transfer credit. If the courses were taken outside of the Wisconsin Technical College System I am attaching syllabi or course outlines. I also understand that if transfer credit cannot be granted, I will need to take the Prior Learning Assessment(s).

- Dental Health Safety:

Institution: \_\_\_\_\_ Semester completed: \_\_\_\_\_ Course

Subject and Number: \_\_\_\_\_ Course Name: \_\_\_\_\_

- Dental & General Anatomy:

Institution: \_\_\_\_\_ Semester completed: \_\_\_\_\_ Course

Subject and Number: \_\_\_\_\_ Course Name: \_\_\_\_\_

- I'd like to demonstrate the required knowledge, skills and abilities and would like to demonstrate this to faculty through completion of the Prior Learning Assessment (PLA) Challenge Exams. I have reviewed the PLA website and am requesting consent to register.

Signature \_\_\_\_\_

Date \_\_\_\_\_