



# MADISON COLLEGE

## Expanded Function Dental Auxiliary (EFDA) - Employment Verification

Applicants must complete the authorization section and submit to the supervising licensed dentist to complete. Completed forms must be emailed from the supervising licensed dentist to [Enrollmentservices@madisoncollege.edu](mailto:Enrollmentservices@madisoncollege.edu).

Applicants with 1,000-1,999 hours are responsible for submitting documentation of their certified dental assistant credential directly to [Enrollmentservices@madisoncollege.edu](mailto:Enrollmentservices@madisoncollege.edu).

### AUTHORIZATION (To be completed by the applicant)

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

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

I have satisfied the requirement by:

- Completing at least 1,000 hours practicing as a dental assistant and I hold the certified dental assistant credential issued by the Dental Assisting National Board, Inc., or its successor.
- Completing at least 2,000 hours practicing as a dental assistant.

I hereby authorize the following facility to release information to Madison College:

Name of facility \_\_\_\_\_

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

### EMPLOYMENT RECORD (To be completed by the supervising licensed dentist)

The person named above is/was employed by our facility from \_\_\_\_\_ to \_\_\_\_\_ (dates) and has completed approximately \_\_\_\_\_ hours practicing as a \_\_\_\_\_ (job classification).

Name of facility \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Supervising Dentist Title \_\_\_\_\_

Supervising Dentist Signature \_\_\_\_\_ Date \_\_\_\_\_