



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.
Review time frame is 2-3 weeks.

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

AUTHORIZATION (To be completed by the applicant)

LastName/Surname _____ First/Given Name _____ Middle Initial _____

Student ID _____ Semester of Application _____

I have satisfied the requirement by (choose one):

- 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. Do not leave any portion blank)

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 _____