

RESTORATIVE II REGISTRATION PACKET

Registration Process

1. Select an available EFDA clinical course date for the Restorative II course.
2. There are **THREE** forms (provided in this packet) that must be completed and turned in for registration:
 - EFDA Registration Form
 - EFDA Waiver
 - EFDA Signature Sheet
3. **PLEASE PROVIDE A VALID PERSONAL EMAIL THAT YOU HAVE CONSISTENT ACCESS TO.** MDA staff will send correspondence to you via email and mail to provide you with overview materials and login information.

Online Review Time Period

1. The Restorative II course opens 8 weeks prior to the clinical course date.
2. Students are required to review all materials in the modules accordingly and then determine, independently, readiness for the clinical course (and continue study if needed).

Prework & Prerequisites

The Restorative II coursework includes mandatory prework that must be completed prior to the clinical session. The MDA will provide, as a part of the course fee, a typodont and set of prepped teeth to practice 10 different restorations (Class II, III and IV amalgam and composite). A chair mount is **LOANED** out to the student and must be brought back to the clinical session for use and then returned to the onsite trainer. Students must first review modules and then must proceed to completing the mandatory prework.

Clinical Session and Competency Exam

1. After online course and prework completion, the next step is to come to the scheduled clinical session.
2. **Day One (Instruction & Practice):** Students will be coached and will practice and complete restorations on half of the preparations with which they practiced during the prework. This includes coaching the students by leading discussions, giving tips and techniques to improve their skills and guiding them in performing good restorations. The trainers will answer questions and provide feedback. Students may practice as many times as needed to produce acceptable restorations, so long as they have completed all of the restorations by the end of the session.
3. **Day Two (Competency Exam):** The student will present the next morning complete the competency exam. Each student will be given three exam preparations (different preps than they have previously completed) and will be required to place and finish restorations completely on their own, without trainer coaching.
 - The student will be given 3 hours to complete all restorations. The student may get a second prep to redo a restoration as long as all restorations are completed within 3 hours. Students must keep in mind that efficient use of time is also a component of the competency testing.
 - upon completion of the restorations At the end of the allotted time, or if before allotted time has ended, the students will turn in their assigned typodont and may leave. All typodonts will be returned to the MDA office and then shipped to a group of calibrated trainers for comprehensive grading of the restorations. Each typodont will be graded by three trainers who will determine final score and the ultimate grade of pass or fail.

Cancellation Policy

- A \$50 fee per registrant will be charged for all cancellations made prior to the 8 week registration deadline. No refunds will be made after access to online coursework is made available. If you must cancel after that date, you may reschedule for a new course and date with payment of a \$150 transfer fee. **No refund or transfer will be provided to any registrant who does not show up at a scheduled course without prior notification of the MDA.**
- If at any time during the review process you feel you need to discuss delaying your clinical session, contact Mandy Lewis at the MDA at 573-634-3436, Extension 102 or mandy@modentalmail.org.

COURSE INFORMATION		
REGISTERING FOR Restorative II		
Course Date	Course Location (City)	
Courses include lunch; please note any special diet requests:		
REGISTRANT INFORMATION		
Name		
Home Address		
City	State	Zip
Primary Phone (Home/Cell)		
Must Provide Personal Email		
SUPERVISING DOCTOR/EMPLOYER INFORMATION		
Name		
Office Address		
City	State	Zip
Office Phone	Doctor Email	
FEE & PAYMENT		
PLEASE CHECK BOX BELOW TO SELECT APPROPRIATE COURSE AND RELATED FEE		
<input type="checkbox"/> \$950 Course (includes model & preps) <input type="checkbox"/> \$100 Modern Dental Assisting eBook (optional reference material)		
PAYMENT BY <input type="checkbox"/> Employer <input type="checkbox"/> Assistant <input type="checkbox"/> Credit Card (Visa/MC/Disc) NO AMEX <input type="checkbox"/> Check (Payable to MDA)		
Credit Card Number	Exp	CSV
Name on Card	Signature	
REQUIRED CERTIFICATION		
<i>A Restorative I Permit is required to register for the Restorative II course. MDA will verify this permit with the Missouri Dental Board.</i>		

MAIL/FAX YOUR REGISTRATION WITH PAYMENT & OTHER REQUIRED DOCUMENTS TO

Missouri Dental Association • 3340 American Ave • Jefferson City, MO 65109 • Fax 573-635-0764

Questions • Contact Mandy Lewis at 573-634-3436 or mandy@modentalmail.org

Click to PRINT Form	Click to SAVE Form
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RESTORATIVE II REGISTRANTS & SUPERVISING DOCTORS ONLY

This form **must be read and completed** by both the auxiliary and the supervising dentist and included with registration **BEFORE** dental auxiliary enrollment is accepted for an upcoming **Restorative II Expanded Functions** course.

The Restorative II EDFA course allows functions for delegation that are *very technique sensitive* and may be difficult for your dental auxiliary, even if they've been a Restorative I EFDA for some time, and/or have other EFDA certificates/permits. **Therefore, we require substantial practice and preparation by auxiliaries prior to the clinical course to help ensure positive outcomes at both the clinical session and competency testing.**

___ **(Auxiliary Initials)** *I am aware there is substantial prework required for the Restorative II course. I understand all prework restorations MUST be completed prior to the clinical course and MUST be graded by my supervising dentist. I will bring my typodont with all completed prework to the clinical course. I will use my time accordingly to successfully complete the prework and come prepared to the clinical session/testing.*

___ **(Supervising DR Initials)** *I am aware my auxiliary will need substantial time to complete the required prework. I will ensure they are allowed time for clinical course/test preparation.*

Your auxiliary will be emailed information/links to prerequisite online coursework and will receive a package by mail that includes a typodont, chair mount and practice preps. **We strongly encourage you both to review and discuss this information and the online coursework modules.** This discussion is beneficial so your auxiliary can engage you in any related questions about the skills prior to the actual clinical session. The more prepared they are, the better she/he will understand the concepts of the clinical skills and perform those skills at a passing competency level. There are several components to the completing online coursework and prework to be fully prepared for the clinical session and competency testing, including:

Online Coursework

1. **PRESENTATIONS:** Slideshow presentation and video; completion of the presentation and viewing of the videos are required.
2. **QUIZZES:** Multiple choice questions pertaining to each module; quizzes are to be completed, but are for auxiliary's practice and self-evaluation only.
3. **SKILLS STANDARDS:** Listing of criteria used to assess auxiliary's competency at the clinical course and competency exam.

Hands-On Prework

1. **PRACTICE TYPODONTS:** Each auxiliary will be required to restore 10 preps during the prework period. The auxiliaries are asked to practice these restorations as much as they feel necessary to prepare for the impending clinical session and competency testing. Auxiliaries may drill/refill restorations as necessary. **The supervising doctor must review and grade the final restorations utilizing the criterion on the skills standards sheets. This is a mandatory prerequisite which must be done prior to the clinical session. The practice typodont restorations must be brought to the clinical session for evaluation.**
2. **AMALGAM RESTORATIONS:** Effective placement and carving of amalgam restorations are a requirement of EFDA Restorative II, even if the supervising dentist no longer uses amalgam. Mentoring in amalgam placement must be a part of the practice in advance of the clinical session.

___ **(Supervising DR Initials)** *I will coach my auxiliary during completion of the prework exercises in preparation for this course. I will provide guidance to my auxiliary to ensure preparedness for the clinical session and exam.*

___ **(Supervising DR Initials)** *I will use the skills standards sheets to evaluate the prework completed by the auxiliary.*

During both the clinical session and competency exam, procedures will be performed on the student's typodont that has been mounted on a dental chair. Your auxiliary will be required to use a mouth mirror to perform maxillary restorations with indirect vision. She/he should practice the prework restoration placement and finishing using indirect (dental mirror) vision as the typodont is oriented like a patient's head is oriented. It is not permissible to work on the typodont that is opened up on a flat surface. A chair mount is provided with the student's typodont and **MUST BE** brought to the clinical course for competency testing.

Visual acuity (sight and light) is imperative to accomplish acceptable restorations for auxiliaries being delegated Expanded Functions. Dental loupes—preferably with a light—are highly recommended for accomplishing the small, detailed work of restoring, finishing and polishing restorations. The MDA Restorative II typodont graders use 2.5X magnification to grade the restorations.

___ **(Supervising DR Initials)** *I am aware restoring typodont teeth on a chair mount is required for practice/testing. I am aware the use of magnification/loupes is highly recommended for this course. I am aware Restorative II restorations are graded with 2.5X magnification via loupes with a light.*

Clinical Session/Grading Overview

- **DAY 1** of the clinical session will consist of one full day for instruction and practice of restorations. Throughout it, dentist trainers will coach the auxiliaries by leading discussions, giving tips and techniques to improve their skills and guiding them in performing restorations that will be proficient for their final grading. The trainers will answer questions and provide feedback to the auxiliaries on their restorations.
- **DAY 2** is solely for competency testing. The auxiliary is required to place and finish three restorations completely on their own, within a three-hour time period and without any coaching or trainer comments. At the end of the allotted time, the auxiliary will turn in their assigned typodont.
- **GRADING** Typodonts will be evaluated by a group of calibrated dentist graders. Each typodont will be graded by three trainers who will determine the ultimate grade of pass or fail. The auxiliary will receive a grading summary along with their typodont within 6 weeks of the clinical session. **Auxiliaries may receive one UNACCEPTABLE grade on a given criteria and still pass the restoration. If a given criteria is graded UNACCEPTABLE by two or more graders, the restoration is considered FAILED.** If the auxiliary fails any restoration during the exam, they are allowed to remediate at a later date, up to two additional times (first attempt, after 30 days and second attempt, after 90 days). There is a \$125 charge per restoration for remediation. If an auxiliary fails both remediation attempts, they are required to retake the entire course.

Conclusion

After reading through this information, we hope you understand the importance of your role as the supervising doctor and how your interaction, coaching and mentoring before the clinical session and exam is critical to the success of your auxiliary. This is a difficult course, currently with more than half of auxiliaries having needed to remediate one or more restorations. However, we anecdotally know this often is due to lack of preparation before coming to the clinical course. An auxiliary *must commit to spending the time necessary* in both the online curriculum and clinical prework to be prepared for successful completion of the clinical session and exam. **Even with successful Restorative II course completion, the supervising dentist is ultimately responsible for the outcomes of the EFDA delegation!** You must continue coaching your auxiliary and only delegate Restorative II skills when you are assured your auxiliary can perform them with the same safety and efficacy as you.

- Licensed dentists are responsible for all patient care, even if rendered by a permitted EFDA practicing under direct supervision. **A dentist is NOT required to delegate any expanded functions.**
- Licensed dentists are responsible for determining the appropriateness of delegation, as you consider the EFDA skill level, task difficulty, and nature and condition of the patient.
- **As the supervising dentist, you should always check the work of an EFDA before releasing the patient.**
- For questions about an EFDA delegable procedure as defined in the Dental Practice Act, contact Brian Barnett at the Missouri Dental Board (573-751-0040).

Supervising Doctor Name (PRINT): _____

Signature: _____

Auxiliary Name (PRINT): _____

Signature: _____

MDA EFDA – ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AGREEMENT

In consideration for the services provided to me by the Missouri Dental Association (“MDA”), including, but not limited to, allowing me to enroll and participate in the Expanded Functions Dental Assistant (“EFDA”) program as a student, I hereby agree to the terms and conditions as outlined below in this Assumption of Risk, Release, and Waiver of Liability Agreement (“Agreement”).

1. I acknowledge that my participation in MDA’s EFDA program entails known and unanticipated risks, which could result in physical or emotional injury or damage to myself or my property. I understand that MDA has taken steps to minimize risk but that some risks simply cannot be eliminated.

2. I expressly agree and promise to accept and assume all of the risks, known and unknown, existing in the EFDA program. My participation in the EFDA program is purely voluntary, and I was not forced or coerced into enrolling or participating in the program.

3. I, ON BEHALF OF MYSELF, MY CHILDREN, MY PARENTS, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVE AND ESTATE, HEREBY VOLUNTARILY RELEASE, WAIVE, AND FOREVER DISCHARGE ANY AND ALL CLAIMS OF NEGLIGENCE AGAINST THE MISSOURI DENTAL ASSOCIATION, ITS BOARD OF TRUSTEES, AGENTS, OWNERS, VOLUNTEERS, PARTICIPANTS, EMPLOYEES, TRAINERS, GRADERS, AND ALL OTHER PERSONS OR ENTITIES ACTING IN ANY CAPACITY ON THEIR BEHALF (“AFFILIATES”), THAT RELATE IN ANY WAY TO ANY ACTIVITY I UNDERTAKE WHILE ENROLLED OR PARTICIPATING IN THE EXPANDED FUNCTIONS DENTAL ASSISTANT PROGRAM.

4. I further agree to indemnify and hold harmless MDA and its Affiliates from any and all claims, demands, causes of action, including attorney’s fees, arising from my negligence, or willful acts while enrolled or participating in the EFDA program. Should MDA or any of its Affiliates be required to incur attorney’s fees and costs to enforce this Agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I agree to bear the costs of any personal injury or damage I may cause while enrolled or participating in the EFDA program. I certify that I am willing to assume the risk of any medical or physical condition I may have.

6. I acknowledge that enrollment and participation in the EFDA program does not guarantee that I will successfully obtain EFDA certification. I understand that I must complete the courses within the program to the satisfaction of the Trainers and Graders, in their professional judgment. I also acknowledge that even if I do successfully obtain my EFDA certification, it does not assure that I will obtain employment as a dental assistant. I agree to raise any concerns or complaints about grading or my completion of the EFDA program directly with MDA before filing a claim or bringing an action against MDA or its Affiliates based on these concerns.

7. This Agreement shall be governed by, and construed in accordance with, the laws of the State of Missouri, without reference to any choice of law provision therein. Venue shall be exclusively in the State of Missouri for any action or proceeding arising from or related to this Agreement. If any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I expressly state that I have had sufficient opportunity to read this entire Agreement. I further certify that I have read and understood it, and I agree to be bound by its terms.

I further acknowledge that this document contains a negligence waiver and indemnification provisions.

EFDA Course Type Restorative I Restorative II Remove Prosth Fixed Prosth Orthodontics

EFDA Course Date _____ EFDA Course Location _____

Auxiliary Print Name _____ Auxiliary Signature _____

Date Signed _____ Phone _____ Email _____