

## Overview

- EFDA courses offered through the MDA are provided in an online, e-learning format, followed by a hands-on clinical course where students must demonstrate proficiency in expanded functions skills in order to receive certification.
- It will be necessary for students to have a moderate level of computer literacy to enroll in online review courses.

## Registration Process

1. You will select an available EFDA clinical course date for the expanded functions you desire to attain (Restorative I, Restorative II, Orthodontics, Removable Prosthetics, Fixed Prosthetics).
2. Complete the accompanying form, include a copy of your Basic Skills or CDA certification and pay your course fee. The attached waiver will also need to be signed and returned with your registration.
3. **PLEASE PROVIDE A VALID 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.
4. You may begin your online course review, in preparation for the hands-on clinical course, anytime after the course opens.

## Online Review Time Period

1. All online courses officially open six weeks prior to the clinical course date. Restorative II opens 8 weeks prior to the clinical course date.
2. Students are required to review the materials in the Modules accordingly and then determine, independently, readiness for the clinical course (and continue study if needed).

## Upon Online Course Completion

1. After online course completion, the next step is to come to the scheduled clinical session.
2. At the clinical session, you will begin learning the clinical skills associated with the expanded function course.

3. Through the hands-on session, students must demonstrate proficiency in expanded function procedures to receive certificate of course completion, which enables delegation of expanded function procedures under direct supervision.

## 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). Students must first review modules and then must proceed to completing the mandatory prework.
- Other courses (Restorative I, Removable Prosthetics, Fixed Prosthetics) include prework that can include practicing on preps for Restorative and fabrication of custom impression trays for Prosthetics.
- The Restorative I and Removable Prosthetics coursework also have prerequisite exams that are required to be completed prior to the clinical session.
- Exam must be completed online at least one week prior to the clinical course. Students must score a passing grade in order to move on to the clinical session.

## Cancellation Policy

- A \$50 fee per registrant will be charged for all cancellations made prior to the first 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 \$100 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@moefda.org](mailto:mandy@moefda.org).

## 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: Restorative I   Restorative II   Rem. Prosthetics   Fixed Prosthetics   Orthodontics  
(CIRCLE ONE)

Course Date  
& Location : \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

**Please fax back the completed form to 573-635-0764.**



MISSOURI DENTAL ASSOCIATION  
 Advocacy. Education. Leadership. Since 1865.



Expanded Functions  
 Dental Assistant Program

COURSE INFORMATION		
<b>REGISTERING FOR</b> <input type="checkbox"/> Restorative I <input type="checkbox"/> Orthodontics <input type="checkbox"/> Remov Pros <input type="checkbox"/> Fixed Pros <input type="checkbox"/> Restorative II		
<b>Course Date</b>	<b>Course Location (City)</b>	
Most courses include lunch; please note any dietary restrictions:		
REGISTRANT INFORMATION		
<b>Name</b>		
<b>Home Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Primary Phone (Home/Cell)</b>		
<b>Primary Email</b>		
SUPERVISING DOCTOR/EMPLOYER INFORMATION		
<b>Name</b>		
<b>Office Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Office Phone</b>	<b>Doctor Email</b>	
FEE & PAYMENT		
<b>PLEASE CHECK BOX BELOW TO SELECT APPROPRIATE COURSE AND RELATED FEE</b>		
<input type="checkbox"/> \$500 Rest I <input type="checkbox"/> \$450 Ortho <input type="checkbox"/> \$650 Remov Pros <input type="checkbox"/> \$650 Fixed Pros <input type="checkbox"/> \$950 Rest II		
<input type="checkbox"/> \$100 Modern Dental Assisting eBook (recommended reference material)		
<b>PAYMENT BY</b> <input type="checkbox"/> Employer <input type="checkbox"/> Assistant <input type="checkbox"/> Credit Card (Visa/MC/Disc) <input type="checkbox"/> Check (Payable to MDA)		
Credit Card Number   MDA DOES NOT ACCEPT AMERICAN EXPRESS   Exp Date		
<b>Name on Card</b>	<b>Signature</b>	<b>CSV</b>
REQUIRED CERTIFICATION		
<p><b>Certification:</b> Provide proof of one of the below certifications in order to register for an EFDA course (except Restorative II). Your registration will NOT be processed until your certification is received. <b>NOTE: A Restorative I Permit</b> is required to register for the Restorative II course. MDA will verify this permit with the Mo. Dental Board.</p> <p><b>Check the appropriate certification and include a copy with this registration.</b></p>		
<input type="checkbox"/> Basic Skills <input type="checkbox"/> DANB Certified Dental Assistant (CDA) <input type="checkbox"/> DANB Certified Orthodontic Assistant (COA)		

**MAIL/FAX YOUR REGISTRATION WITH PAYMENT & PROOF OF CERTIFICATION (BS, CDA, COA) 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](mailto:mandy@modentalmail.org)

[Click to PRINT Form](#)   [Click to SAVE Form](#)