

Overview

- EFDA courses offered through the Missouri Dental Association 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 didactic courses. **If you can browse the Internet, you can take this course!**

Registration Process

1. You will select an available EFDA clinical course date for the expanded functions you desire to attain (restorative, orthodontics, removable prosthetics, fixed prosthetics).
2. Complete the accompanying form and pay your course fee. *For students eligible for scholarships, there are no additional forms to complete other than registration form; upon successful course completion/ issuance of certificate, the payer of course fees will be reimbursed scholarship amount.*
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 Course Review Time Period

1. All online courses officially open six weeks prior to the clinical course date.
2. The six week study time has been the standard length for EFDA course study based on the traditional textbook (not online coursework).
3. While the full six weeks should accommodate study needs, students may require less time for their individual preparation.
4. 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. Once at the clinical session, you will be required to take the written prerequisite Anatomy & Morphology Exam (see information below).
3. Upon successfully passing the exam, you will begin learning the clinical skills associated with the expanded function course.
4. 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.

Prerequisite Exams

- Some courses (restorative and removable/fixed prosthetics) have prerequisite exams that are conducted on-site prior to the start of the clinical skills instruction.
- Students will have a specified amount of time for completion and must pass at a certain level to the remaining portion of the hands-on clinical course.
- Upon course registration, students will be sent a review for the exam, which also can be downloaded under each of the respective courses at www.moefda.org.

Cancellation Policy

- A \$50 fee per registrant will be charged for all cancellations made prior to the 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 \$50 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, please contact Mandy Lewis at the MDA at 573-634-3436, Extension 102 or info@moefda.org.

MDA EFDA COURSE INFORMATION			
REGISTERING FOR <input type="checkbox"/> Restorative <input type="checkbox"/> Fixed Prosthetics <input type="checkbox"/> Removable Prosthetics <input type="checkbox"/> Orthodontics			
Course Date		Course Location	
Most courses include lunch, please note any dietary restrictions:			
REGISTRANT INFORMATION			
Name (F/M/L)		Email (required)	
Home Address			
City		State	Zip
Home Phone		Cell Phone	
SUPERVISING DOCTOR/EMPLOYER INFORMATION			
Name		Email (required)	
Office Address			
City		State	Zip
Office Phone		Office Fax	County*
<input type="checkbox"/> Basic Skills <input type="checkbox"/> DANB Certified Dental Assistant (CDA) <input type="checkbox"/> DANB Certified Orthodontic Assistant (COA)			
Certification: Provide proof of one of the above certifications in order to register for an EFDA course. Check the appropriate certification and include a copy with this registration.			
FEE & PAYMENT: \$395 FEE (RESTORATIVE/ORTHO) \$495 FEE (PROSTHETICS)			
PAYMENT BY <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		Exp Date	
Name on Card		Signature	CSV
* Scholarships: In the amount of \$150 are available to assistants providing care through in dental practices in the Missouri Foundation for Health Service area. If you are in one of the 83 eligible Missouri counties, reimbursement will be made upon assistant's receipt of a completion certificate and within four weeks of clinical course completion. Reimbursement will be to the individual indicated above in the Fee & Payment section. Scholarships will be awarded on a first come, first served basis based.			
WORKFORCE & ACCESS INFORMATION			
The updated EFDA curriculum/clinical courses are provided through an 'Oral Health Promotion/Access Grant' from the Missouri Foundation for Health. Please complete the following questions to assist in our efforts to provide information related to EFDAs in practice and their contributions to improve the oral healthcare workforce/provide access to care.			
Practice Type	<input type="checkbox"/> General	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Prosthodontics
	<input type="checkbox"/> Periodontics	<input type="checkbox"/> Other (Indicate)	
Practice Setting	<input type="checkbox"/> Solo Private	<input type="checkbox"/> Group Private	<input type="checkbox"/> FQHC/CHC/Public Health
	<input type="checkbox"/> Hospital/University		<input type="checkbox"/> Other (Indicate)
Payment (check all that apply)	<input type="checkbox"/> Private Pay		<input type="checkbox"/> Insurance
	<input type="checkbox"/> Sliding scale		<input type="checkbox"/> Medicaid
About You	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Years as Assistant
	Age		
	How many hours per week do you work, on average?		
	Formal dental assisting training? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Where (Program, Location)		When (Year Complete)	

MAIL OR FAX YOUR REGISTRATION & 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@modental.org