

# ORTHODONTICS REGISTRATION PACKET

## Registration Process

1. Select an available EFDA clinical course date for the Orthodontics course.
2. There are **THREE** forms (provided in this packet) that must be completed and turned in for registration:
  1. EFDA Registration Form
  2. EFDA Signature Sheet
  3. EFDA Waiver
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 Orthodontics course opens 6 weeks prior to the clinical course date.
2. Auxiliaries are required to review all materials in the modules accordingly and then determine, independently, readiness for the clinical course (and continue study if needed).

## Pework & Prerequisites

The Orthodontics coursework includes mandatory prework that must be completed prior to the clinical session. This is a self-instruction module that the auxiliary must complete before attending the EFDA Orthodontics Clinical Session. The goal of this exercise is to help auxiliaries get comfortable with pliers, wire and making actual bends. We consistently find that auxiliaries who have never practiced wire bending have a very difficult time at the course. **This is a mandatory prerequisite which must be done prior to the clinical session.** Auxiliaries must first review online modules and then must proceed to completing the mandatory prework.

## Clinical Session and Competency Exam

**PLEASE NOTE: This is not a comprehensive Orthodontics course. Auxiliaries attending should have some experience as an orthodontic assistant and familiar with the general practice of orthodontics.** Because this course is **ONLY ONE DAY**, a prepared auxiliary will do better in both understanding the concepts of the clinical skills and actually performing those skills at a passing competency level in order to receive certification.

1. After online course and prework completion, the next step is to come to the scheduled clinical session.
2. **Clinical Session:** Auxiliaries will be coached and will practice the Orthodontic expanded function procedures during the clinical session. This includes coaching the auxiliaries by leading discussions, giving tips and techniques to improve their skills and guiding them in performing the expanded functions. The trainers will answer questions and provide feedback. Auxiliaries may practice as needed throughout the day before grading for the competency exam.
3. **Competency Grading:** Throughout the day, at the completion of each section of the training, the auxiliary will complete each expanded function procedure for a grade. **While this course is not difficult for a well-prepared auxiliary, we find those who have little experience in the orthodontics field, and do not come with proper preparation, may struggle to show minimal competency with certain functions and thus may need to remediate in order to pass the course.**

## Cancellation/Substitution/Transfer/Refund Policy

- Cancellations made **PRIOR** to the suggested registration deadline: Course fee refunded less \$100 cancellation fee.
- No refunds will be made after the deadline and/or access to online coursework is given/packets have been mailed.
- Cancellations made **AFTER** the suggested registration deadline: Course credit issued and may reschedule for a new course/date with a \$200 transfer fee.
- Another employee may be substituted at no additional charge before the final registration deadline.
- **No substitution/credit/transfer will be provided to any registrant who does not show up at a scheduled course without notification of the MDA.**



**COURSE REGISTRATION INFORMATION**

Orthodontics

Clinical Session Date

**Course Location: All courses now held at the Clinical Training Center in Jefferson City.**

Most courses include short lunch/break; please note any dietary restrictions.

**REGISTRANT INFORMATION**

Name

Home Address

City

State

Zip

Primary Phone (Home/Cell)

Must Provide Personal Email

**SUPERVISING DOCTOR/EMPLOYER INFORMATION**

Name

ADA Number

Office Address

City

State

Zip

Office Phone

Doctor Email

**FEE & PAYMENT**

**CHECK BOX FOR APPROPRIATE FEE IS THE SUPERVISING DENTIST A MEMBER OR NON-MEMBER OF THE MDA?**

**JOIN THE  
MDA!!**

**\*\*If you're a non-member & your team takes 3-4 courses a year, you will cover the cost of membership, just in course fee savings. In addition to other member benefits you will receive from the ADA/MDA/Local Society). [CLICK HERE TO JOIN](#) Or email [Stacey@modentalmail.org](mailto:Stacey@modentalmail.org).**

\$600 MDA Member/Course Fee

\$900 Non Member\*\*/Course Fee

\$100 Modern Dental Assisting eBook (optional reference)

**PAYMENT BY**  Employer  Assistant

Credit Card (Visa/MC/Disc) **NO AMEX**

Check (Payable to MDA)

Credit Card Number

Exp

CSV

Name on Card

Signature

Would you like a receipt by email?  Yes

Email Address

**REQUIRED CERTIFICATION \* A COPY MUST BE INCLUDED WITH THIS REGISTRATION!**

You must provide proof of one the below certifications **WITH THIS REGISTRATION PACKET**.  
Your registration will **NOT** be processed until your proof of certification is received.

Missouri Basic Skills Exam  DANB CDA or COA  RDH

**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](mailto:mandy@modentalmail.org)



## ORTHODONTIC EFDA REGISTRANTS & SUPERVISING DOCTORS ONLY

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

The Orthodontics EFDA course teaches delegable functions, many that are *technique sensitive* and may be difficult for your dental auxiliary. This is especially true if your auxiliary has no prior background in orthodontics or comes from a general practice background. PLEASE NOTE: This is not a comprehensive orthodontics course. The auxiliary you are sending should have some experience as an orthodontic auxiliary and be familiar with the general practice of orthodontics. This course is a specific focus on the Orthodontic Expanded Functions as designated by the Missouri Dental Board. **Therefore, we require substantial preparation and practice by auxiliaries prior to the clinical course to help ensure positive outcomes at the clinical session, which includes competency testing.**

\_\_\_\_ (Auxiliary Initials) *I am aware there is prework required for the Orthodontics course. I understand that a background in fundamentals of Orthodontic assisting is recommended\* when taking this course. If I am not familiar with any of the Orthodontic concepts within the curriculum, I will work with my supervising dentist to ensure I understand the information within this course. In advance of the course I will study and practice accordingly to successfully complete the prework and come prepared to the clinical session/testing.*  
*\*At minimum the MDA recommends [Modern Dental Assisting](#) for fundamental dental assisting information.*

\_\_\_\_ (Supervising DR Initials) *I am aware my auxiliary will need dedicated time to complete the required prework, including didactic modules online and practice prework. I will ensure they are allowed time for completion of the prework and are prepared for the clinical course.*

Your auxiliary will be emailed information/links to prerequisite online coursework. **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. **WIREBENDING EXERCISES:** This is a self-instruction module that the auxiliary must complete before attending the EFDA Orthodontics Clinical Session. The goal of this exercise is to help auxiliaries get comfortable with pliers, wire and making actual bends. We consistently find that auxiliaries who have never practiced wire bending have a very difficult time at the course. Working with your auxiliary on these exercises is necessary to better prepare him/her and will make the hands-on clinical much more meaningful and less stressful. Review the skills standards (grade sheets) to understand the criteria that skills will be assessed on. **The supervising doctor must review and "grade" the bends utilizing the criterion on the skills standards sheets. This is a mandatory prerequisite which must be done prior to the clinical session.**

\_\_\_ (Supervising DR Initials) I will coach my auxiliary during completion of the online curriculum and the required wirebending prework exercises in preparation for this course. I will provide guidance to my auxiliary to ensure preparedness and success for the clinical session and exam.

\_\_\_ (Supervising DR Initials) I will use the skills standards sheets to evaluate the prework exercises completed by the auxiliary.

### Conclusion

Our goal in providing this information is to help 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. While this course is not difficult for a well-prepared auxiliary, we find those who have little experience in the orthodontics field, and do not come with proper preparation, may struggle to show minimal competency with certain functions and thus may need to remediate in order to pass the course. An auxiliary must commit to spending the time necessary in completing both the online curriculum and required prework to be prepared for successful completion of the clinical session and exam.

Even with successful Orthodontics course completion, the supervising dentist is ultimately responsible for the outcomes of the EFDA delegation! You must continue coaching your auxiliary and only delegate Orthodontics skills when you are assured your auxiliary can perform these with the same safety and standard of care 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 \_\_\_\_\_



**E | F | D | A**  
EXPANDED FUNCTIONS  
DENTAL ASSISTANT



**Orthodontics  
Prewrite  
Supply Kits**

The Orthodontic EFDA coursework includes wirebending exercises that must be completed prior to the clinical session. **If you do not have the supplies needed already, you may purchase a kit from the MDA, which includes #139 Birdbeak, #16 Distal End Cutter and 14" Straight/.018" Round stainless wire.**

ORTHODONTIC SUPPLY KIT		
<i>Includes #139 Birdbeak, #16 Distal End Cutter and 14" Straight/.018" Round stainless wire.</i>		
<input type="checkbox"/> \$85 per kit (shipping included)	<b>Quantity (# Kits)</b>	<b>Total Amount \$</b>
Assistant Name(s):		
Supervising Doctor:		
PAYMENT		
<b>Total Amount Due \$</b>	<input type="checkbox"/> Credit Card (VISA/MC/DISC)	<input type="checkbox"/> Check (Payable to MDA)
Card Number	Exp Date	CSV
Name on Card	Signature	
ADA Membership #		
Phone	Email	
CREDIT CARD BILLING ADDRESS <i>Provide only if paying by credit card</i>		
Address		
City	State	Zip
SHIPPING ADDRESS <i>Provide only if you want items shipped to address DIFFERENT from credit card</i>		
Address		
City	State	Zip

**FAX OR MAIL CREDIT CARD PAYMENTS / MAIL FORM & CHECK PAYMENTS**

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

Questions: 573-634-3436 or [mandy@modentalmail.org](mailto:mandy@modentalmail.org)