

FIXED PROSTHETICS REGISTRATION PACKET

Registration Process

1. Select an available EFDA clinical course date for the Fixed Prosthetics course.
2. There are **THREE** forms (provided in this packet) that must be completed and turned in for registration:
 - a. EFDA Registration Form
 - b. EFDA Supervising Doctor/Assistant Signature Sheet
 - c. 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 Fixed Prosthetics 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 Fixed Prosthetics coursework includes mandatory prework that must be completed prior to the clinical session. The auxiliary must fabricate **TWO SETS** of custom impression trays utilizing guidelines in the coursework. A set of casts will be mailed to the auxiliary for the fabrication of the custom trays. Custom trays will be graded at the EFDA Clinical Course. 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 course in fixed prosthetics. Auxiliaries attending should have some experience and be familiar with the general practice of fixed prosthetics. 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 Fixed Prosthetics 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 knowledge of fixed prosthetics, 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.**



EXPANDED FUNCTIONS
DENTAL ASSISTANT



COURSE REGISTRATION INFORMATION

☐ Fixed Prosthetics

Clinical Session Date

Course Location: All courses held at the Clinical Training Center, 3340 American Ave, Jefferson City MO 65109.

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 1-2 courses a year, you could 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.

☐ \$700 MDA Member/Course Fee

☐ \$1400 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 Certified Dental Assistant (CDA) ☐ 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



FIXED PROSTHETICS EFDA 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 Fixed Prosthetics course.

FOR THE SUPERVISING DENTIST:

I, Dr. _____ [Full Name of Supervising Dentist], attest that at the time of registration for this course, I provide direct supervision of _____ [Full Name of Dental Auxiliary] for any current auxiliary duties and those related to expanded functions, including mentoring for clinical course training and future delegation once permitted. I attest that I have read the [Missouri Dental Board Chapter 2, General Rules, 20 CSR 2110-2.001](#) related to Expanded Functions, specifically: (1) Definitions of “Direct supervision” and “Expanded functions permit” (4) Expanded Functions Permits, (5) Categories, and (7) Delegated Acts.

With an understanding of these Rules, I attest I am the dentist providing direct supervision to this dental auxiliary while they perform their delegated clinical functions within my practice. I understand that should it be requested for any reason related to this EFDA course training, I may be asked to verify such.

The Fixed Prosthetics 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 fixed prosthetics. PLEASE NOTE: This is not a comprehensive course in fixed prosthetics. The auxiliary you are sending should have some experience with fixed prosthetics procedures and be familiar with the general practice of fixed prosthetics. This course is a specific focus on the Fixed Prosthetics 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 Fixed Prosthetics course. I understand that a background in fundamentals of Fixed Prosthetics assisting is recommended* when taking this course. If I am not familiar with any of the Fixed Prosthetics 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

Fabrication of Custom Impression Trays: This is a self-instruction module that must be completed by the auxiliary in the office before attending the clinical course. The auxiliary must read the ***Guidelines for Fabricating Prerequisite Custom Impression Trays for Fixed Prosthetics*** thoroughly, before attempting to fabricate the custom impression trays. Once registered for the course, a set of casts will be mailed to the auxiliary for the fabrication of the custom trays. The casts include all the necessary anatomical features.

____(Supervising DR Initials) *I will coach my auxiliary during completion of the online curriculum and the required fabrication of custom impression trays 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 fixed prosthetics 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 Fixed Prosthetics course completion, the supervising dentist is ultimately responsible for the outcomes of the EFDA delegation! You must continue coaching your auxiliary and only delegate Fixed Prosthetics 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