

# REMOVABLE PROSTHETICS REGISTRATION PACKET

## Registration Process

1. Select an available EFDA clinical course date for the Removable Prosthetics 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**\*\* In addition, you must include a copy of your valid Basic Skills, CDA or COA certificate.**
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 Removable 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 Removable Prosthetics coursework includes mandatory prework that must be completed prior to the clinical session. This includes an Anatomical Landmarks Exam that will expose the auxiliary to maxillary and mandibular intra-oral landmarks in a variety of ways to assist with their identification. The exam may be taken at any time during the review period, as long as it is successfully completed 1 week prior to the clinical course. In addition, the auxiliary must also fabricate custom impression trays utilizing guidelines included in the coursework. A set of edentulous 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 removable prosthetics. Auxiliaries attending should have some experience and be familiar with the general practice of removable 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 Removable 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 removable 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 Policy

- A \$50 fee per registrant will be charged for all cancellations made prior to the 6 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 \$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@modentalmail.org](mailto:mandy@modentalmail.org)

COURSE INFORMATION			
REGISTERING FOR		<input type="checkbox"/> Removable Prosthetics	
Course Date		Course Location (City)	
Most courses include lunch; 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 BELOW TO SELECT APPROPRIATE FEE - <b>IS YOUR SUPERVISING DENTIST A MDA MEMBER OR NON-MEMBER?</b>			
<b>JOIN THE MDA!</b>	<b>**If you're a non-member and 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 receive from the ADA/MDA/Local Society. <a href="#">CLICK TO JOIN</a> or email <a href="mailto:STACEY@MODENTALMAIL.ORG">STACEY@MODENTALMAIL.ORG</a> for info.</b>		
<input type="checkbox"/> \$700 MDA Member/Course Fee		<input type="checkbox"/> \$1,050 Non Member**/Course Fee	
<input type="checkbox"/> \$100 Modern Dental Assisting eBook ( <i>optional reference</i> )			
<b>PAYMENT BY</b> <input type="checkbox"/> Employer <input type="checkbox"/> Assistant <input type="checkbox"/> Credit Card (Visa/MC/Disc) <b>NO AMEX</b> <input type="checkbox"/> Check (Payable to MDA)			
Credit Card Number		Exp	CSV
Name on Card		Signature	
REQUIRED CERTIFICATION * A COPY MUST BE INCLUDED WITH THIS REGISTRATION			
You must provide proof of one of the below certifications in order to register for an EFDA course. Your registration will <b>NOT</b> be processed until your certification is received.			
<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 & 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)

Click to PRINT Form	Click to SAVE Form
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## REMOVABLE 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/course payment BEFORE** dental auxiliary enrollment is accepted for an upcoming Removable Prosthetics Expanded Functions course.

The Removable 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 or experience in removable prosthetics. PLEASE NOTE: This is not a comprehensive removable prosthetics course. The auxiliary you are sending should have some experience and be familiar with the general practice of removable prosthetics. This course is a specific focus on the Removable 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.**

The Removable Prosthetics course also has a prerequisite Anatomical Landmarks exam that will expose the auxiliary to maxillary and mandibular intra-oral landmarks in a variety of ways to assist the auxiliary with their identification. The exam may be taken at any time during the review period, as long as it is successfully completed 1 week prior to the clinical course.

\_\_\_ (Auxiliary Initials) *I am aware there is prework required for the Removable Prosthetics course. I understand that a background in fundamentals of Removable Prosthetics assisting is recommended\* when taking this course. If I am not familiar with any of the Removable 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 Removable Prosthetics** thoroughly, before attempting to fabricate the custom impression trays. Once registered for the course, a set of edentulous 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 removable 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 Removable 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 Removable 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 \_\_\_\_\_