



# Ohio State Dental Board

77 South High Street, 18th Floor  
Columbus, Ohio 43215-6135

Phone #: 614/466-2580  
Fax #: 614/752-8995

[www.dental.ohio.gov](http://www.dental.ohio.gov)

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Dear EFDA Applicant:

This application packet contains the regulatory information and application necessary to become registered in the state of Ohio as an expanded function dental auxiliary.

Please complete the application and submit it along with copies of the following documentation:

- Proof of successfully completing an EFDA education or training course; **and**
- Proof of having successfully passed the examination administered by the Commission on Dental Testing in Ohio or an examination accepted by the Ohio State Dental Board as an examination of competency to practice as an expanded function dental auxiliary; **and**
- Proof of current certification to perform basic life-support procedures certified by either the American Red Cross, American Heart Association; or the American Safety and Health Institute **and**
- Proof of immunity to or inoculation against the Hepatitis B virus.

In addition, along with the application fee of \$20.00, you must attach a color photograph taken not more than six (6) months prior to application in the space indicated on the application, and have your signature notarized on the back of the application.

Our goal is to successfully guide and assist you through the registration process. Should you have any questions, concerns or comments, please feel free to contact the Dental Board office. Our staff will be happy to assist you.

A handwritten signature in black ink, appearing to read "Lili C. Reitz".

LILI C. REITZ, Esq.  
Executive Director

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**Ohio State Dental Board**  
Ohio Administrative Code Sections 4715-11  
**EFDA Guidelines**

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**4715-11-04 (A) Application for registration as EFDA; requirements, renewal, exemptions**

- (A) Each individual seeking to practice as an expanded function dental auxiliary shall register with the board in accordance with section 4715.62 of the Revised Code. An applicant for registration shall file with the secretary of the board a written application for registration, under oath, on a form the board shall prescribe and provide. An applicant shall include with the completed application all of the following:
- (1) An application fee of twenty dollars;
  - (2) Proof satisfactory to the board that the applicant has successfully completed, at an educational institution accredited by the commission on dental accreditation of the American dental association or the higher learning commission of the north central association of colleges and schools, the education or training specified in rule 4715-11-B. Proof of completion of the education or training may be evidenced by a diploma or certificate of graduation or completion that has been signed by an appropriate official of the accredited institution that provided education or training;
  - (3) Proof satisfactory to the board that the applicant has passed an examination that meets the standards established in rule 4715-11-C;
  - (4) Proof that the applicant holds current certification to perform basic life-support procedures, evidenced by documentation showing the successful completion of a basic life-support training course certified by either the American red cross or the American heart association.
- (B) Registration as an expanded function dental auxiliary expires on the thirty-first day of December of the year following the year in which the registration occurs. An individual may renew a registration for subsequent two-year periods in accordance with the standard renewal procedure established under Chapter 4745 of the Revised Code by submitting both of the following to the secretary of the state dental board each time the individual seeks to renew a registration:
- (1) A completed application for renewal, under oath, on a form the board shall prescribe and provide;
  - (2) A renewal fee of twenty dollars.
- (C) Division (A) of this section does not apply to any of the following:
- (1) A dentist licensed under this chapter;
  - (2) A dental student who engages in any activities performed by expanded function dental auxiliaries as an integral part of a program of study leading to the receipt of a license to practice as a dentist under this chapter;
  - (3) An expanded function dental auxiliary student when the student participates in an educational or training activity of an accredited educational institution or a training program that does both of the following:
    - (a) Provides the education or training necessary to practice as an expanded function dental auxiliary;
    - (b) Ensures that a dentist licensed under this chapter, or a dentist who holds a limited teaching license issued under this chapter, is physically present in the facility where the expanded function dental auxiliary performs clinical dental procedures on patients.

**4715-11-03 Expanded function dental auxiliaries; functions.**

A licensed dentist may assign to expanded function dental auxiliary under his direct supervision and full responsibility the following tasks and/or procedures in addition to those basic remediable intra-oral dental tasks and/or procedures as defined in rule 4715-11-01.

- (A) "Advanced remediable intra-oral dental tasks and/or procedures" - all tasks and/or procedures involved in the art or placement of preventive or restorative materials limited to the following:
- (1) Placement of Pit and fissure sealants;
  - (2) Amalgam restorative materials; and
  - (3) Non-metallic restorative materials, including direct-bonded restorative materials.

**4715-11-05 Dentists may employ and supervise expanded function dental auxiliaries.**

- (A) A dentist may utilize, under his direct supervision, no more than two expanded function dental auxiliaries at any given time. This restriction is independent of the limitation on the number of licensed dental hygienists who may be employed to perform the duties of a licensed dental hygienist as defined in sections 4715.22 and 4715.23 of the Revised Code.

- (B) A dentist may utilize, under his direct supervision, those persons who qualified under previous board rules, to perform advanced remediable intra-oral dental tasks and/or procedures subject to the provisions outlined in rule 4715-11-03 of the Administrative Code.

- (C) A licensed dentist who utilizes expanded function dental auxiliaries must maintain in his office a current record of the training received by said expanded function dental auxiliaries, and his certification that said persons are currently competent to perform the specific advanced remediable intra-oral dental tasks and/or procedures which said licensed dentist assigns to said expanded function dental auxiliaries. Such information shall be recorded on forms obtainable from the Ohio state dental board, a copy to be returned to the Ohio state dental board.

**4715-11-04.1 Education or training necessary to register as an EFDA**

- A) In order to register with the board as an EFDA an individual must complete an education or training course that meets all of the following requirements:
- 1) The course is offered by an educational institution accredited by the commission on dental accreditation of the American dental association or the higher learning commission of the North central association of colleges and schools.
  - 2) The course contains didactic, preclinical and clinical components and includes training in all of the following areas:
    - a) Nomenclature
    - b) Caries classification
    - c) Oral anatomy
    - d) Dental morphology
    - e) Periodontium
    - f) Histology
    - g) Basics of occlusion
    - h) Ergonomics
    - i) Instrumentation
    - j) Pulp protection
    - k) Dental materials
    - l) Matrix and wedge techniques
    - m) Temporization
    - n) Amalgam placement and carving
    - o) Polishing amalgams
    - p) Non-metallic restorative material placement
    - q) Non-metallic restorative material finishing and polishing
    - r) Posterior amalgam and non-metallic restorations
    - s) Pit and fissure sealant placement
    - t) Rubber dam placement
  - 3) A dentist licensed under section 4715.10 of the Revised Code or dentist holding a limited teaching license under section 4715.16 of the Revised Code is physically present in the facility when clinical procedures associated with the education or training of EFDA's are performed on patients.
- B) An unlicensed dentist who does not have a dental license under suspension or revocation by the board and who seeks to register with the board as an EFDA may fulfill the requirements of section (A) upon submission of proof of graduation from an accredited dental college as specified in section 4715.10 of the Revised Code.
- C) A dental student seeking to register with the board as an EFDA may fulfill the requirements of section (A) upon submission to the board proof that the dental student is currently enrolled in an accredited dental college and is considered by the dean of the college to have completed sufficient clinical training and be in good standing as a dental student.
- D) A graduate of a dental college located outside of the United States seeking to register with the board as an EFDA may fulfill the requirements of section (A) upon submission of proof that the individual has completed sufficient clinical training at an accredited dental college as evidenced by a letter signed by an appropriate official of the accredited college that provided the clinical training.

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#### **4715-11-04.2 Examination of applicants**

- A) Each individual seeking to register with the board as an EFDA must successfully pass the examination administered by the Commission on Dental Testing in Ohio or an examination accepted by the board as an examination of competency to practice as an expanded function dental auxiliary.
- B) An examination may be accepted by the board only if the entity that administers the examination requires an individual to be one of the following as a condition of admission to the examination:
- (1) An unlicensed dentist who has graduated from an accredited dental college, as specified in section 4715.10 of the Revised Code, and does not have a dental license under suspension or revocation by the board;
  - (2) A dental student who is enrolled in an accredited dental college, as specified in section 4715.10 of the Revised Code, and is considered by the dean of the college to be in good standing as a dental student;
  - (3) A graduate of a dental college located outside of the United States;
  - (4) A dental assistant who is certified by the dental assisting national board or the Ohio commission on dental assistant certification;
  - (5) A dental hygienist licensed under this chapter whose license is in good standing;
  - (6) An unlicensed dental hygienist who has graduated from an accredited dental hygiene school, as specified in section 4715.21 of the Revised Code, and does not have a dental hygienist license under suspension or revocation by the board.



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## APPLICATION FOR REGISTRATION AS AN EXPANDED FUNCTION DENTAL AUXILIARY (EFDA)

1. Present Legal Name (Print) Last First Middle Maiden (If applicable)

2. Address Number and Street City State Zip

**Do Not Write In Above Space  
For Office Use Only**

3. Phone Number E-mail

4. Place of Birth City State County

5. Date of Birth Age Sex  Male Soc. Sec. No.  
/ /  Female

6. Color of Hair Color of eyes Height Weight

For this application to be processed, a **color photograph** of the applicant taken not more than six (6) months prior to the date of application, **must be attached in this space.**

7. Employer's Name, Address, Phone Number and License Number Spouse's Name

### Proof of Current Certification to perform basic life-support procedures through the American Red Cross, the American Heart Association OR the American Safety and Health Institute

8. Do you hold current certification from the American Red Cross or the American Heart Association?  Yes  
Attach copy of documentation.  No

### Proof of Completion of approved education or training in expanded function dental auxiliary AND Proof of passing examination administered by the Ohio Commission on Dental Testing in Ohio.

9. Have you completed an Ohio State Dental Board approved EFDA education or Training Program? Attach  Yes  
copies of Certificate of Course Completion. Course Date: \_\_\_\_\_  No

10. Have you successfully passed an examination for expanded function dental auxiliary administered by the  Yes  
Ohio Commission on Dental Testing in Ohio? Attach copies of documentation.  No  
Examination Date: \_\_\_\_\_

11. Do you hold a License, Certificate or other credential in expanded function dental auxiliary from another  Yes  
state that uses standards that are at least equal to the training and examination requirements for Ohio? If  No  
YES, attach copies of certificate/license and documentation indicating training and examination require-  
ments.

**A non-refundable application fee of \$20.00 MUST be submitted with this application.  
The certified check or money order must be made out to:**

**Treasurer, State of Ohio or Ohio State Dental Board**

12. Are you immune to or immunized against the Hepatitis B virus? If YES, attach copies of documentation.	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
13. Have you been convicted of or plead guilty to any felony or misdemeanor? (Exclude all traffic violations other than those involving driving while under the influence of alcohol or drugs)? If YES, attach statement of explanation.	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
14. Do you have any criminal charges pending against you? If YES, attach statement giving details of the matter and the name and address of the authority in possession of the record thereof.	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
15. In the past year, have you been a patient in any sanitarium, hospital, or mental institution for the treatment of mental illness? If YES, attach statements, giving full explanation, including name and address of doctor and institution.	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
16. Are you engaged in the current illegal use of controlled substances, or other habit-forming drugs, or alcohol, or other chemical substances? If YES, attach statement giving full explanation, dates, places, etc.	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
17. Do you have a physical or mental condition which could affect your ability to perform expanded function dental auxiliary duties? If YES, attach statement giving full explanation.	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

**AFFIDAVIT**

18. STATE OF \_\_\_\_\_ )  
 COUNTY OF \_\_\_\_\_ )  
 SS.

I have carefully read the questions in the foregoing application and have answered them truthfully, fully and completely, without mental reservation of any kind.

I fully understand that failure to make a full disclosure of any fact or information called for may result in the denial of my application.

I hereby authorize all educational institutions, governmental agencies and instrumentalities, my references, employers and business and professional associates (past and present), to release to the Ohio State Dental Board any information, files or records requested by the Board in connection with the processing of this application.

I hereby WAIVE all provisions of law forbidding any physician or other person who has attended or examined me, or who may hereafter attend or examine me, from disclosing any knowledge or information which he/she thereby acquired, and I hereby consent that he/she may disclose such knowledge or information to the Ohio State Dental Board.

I hereby certify that I have read carefully and understand the law and rules pertaining to the practice of dentistry.

Being duly sworn, \_\_\_\_\_ says that he/she is the person referred to in this application and that the foregoing statements are true in every respect, and that the attached photograph is a true likeness of himself/herself taken within the last six (6) months.

Signature of Applicant \_\_\_\_\_

**S E A L**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Signature of Notary \_\_\_\_\_

**This Space To Be Completed By The Ohio State Dental Board**

APPLICATION	REGISTRATION NUMBER	DATE OF REGISTRATION
<input type="checkbox"/> Approved		
<input type="checkbox"/> Denied		