

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF DENTISTRY
P O BOX 2649
HARRISBURG, PA 17105-2649

Telephone: (717) 783-7162
Fax: (717) 787-7769

Website: www.dos.pa.gov/dent
Email: st-dentistry@pa.gov

APPLICATION FOR EFDA CERTIFICATION BY EXAMINATION

Please read and complete pages 1-2 of the application in their entirety. Incomplete applications will cause delay in the processing of your eligibility to sit for the examination. Instructions are as follows:

- 1) Complete pages 1 and 2.
- 2) Attach a \$75.00 check or money order made payable to the "**Commonwealth of PA**". DO NOT SEND CASH. The application fee is non-refundable. Note: A \$20.00 processing fee will be assessed for any payment returned by your bank, regardless of the reason for non-payment.
- 3) Page 3 of the application must be completed by the educational program where you have met the educational requirements under the Board's Regulations. The form must be signed by the proper official of the school, contain the school seal and be submitted **directly** to the Pennsylvania State Board of Dentistry in a sealed official school envelope, along with an official transcript. The form **cannot** be completed, signed or postmarked **prior** to graduation/completion of the program.

You will be required to meet one of the following:

- A Graduated from an expanded function dental assisting program at an accredited two-year college or other accredited institution, which offers an associate degree. **Note:** The Pennsylvania State Board of Dentistry must have approved the EFDA program.
 - B Graduated from an accredited dental hygiene program which required the successful completion of at least seventy-five (75) hours of clinical and didactic instruction in restorative functions. **Note:** The dental hygiene program must be an accredited program by the Commission on Accreditation of the American Dental Association.
 - C Completed a certification program in expanded function dental assisting of at least two hundred (200) hours of clinical and didactic instruction from an accredited dental assisting program. **Note:** The Pennsylvania State Board of Dentistry must have approved the EFDA program.
- 4) If you have engaged in practice as an expanded function dental assistant since graduation from your EFDA educational program or dental hygiene program (if applying by 75-hour method), you must submit a curriculum vitae of your practice activities since completion of your education program. Practice activities should be listed in chronological order, include the name, city and state of employer, dates of employment (month and year) and a description of the practice activity. If you did not practice during a specific time period, the timeframe should be documented as "no practice as an expanded function dental assistant."

- 5) If you hold/held a license, permit or certificate in another state as an expanded function dental assistant (active or inactive, current or expired), contact the State Board and request a letter of good standing be submitted **directly** to the Pennsylvania State Board of Dentistry in a sealed official State Board envelope.

*If applicable, the Board must also receive verification of any license, certificate, permit, registration or other authorization to practice any health-related profession directly from the state, jurisdiction and/or respective agency. *PLEASE NOTE: The Board does NOT need to receive verification for licenses issued by one of the licensing boards within the Pennsylvania Bureau of Professional and Occupational Affairs.*

- 6) You must obtain a Self-Query through the National Practitioner Data Bank / Healthcare Integrity and Protection Data Bank. To request a self-query, go to www.npdb.hrsa.gov. Once the report is completed and available, you must print the report from the above-listed website and submit directly to the Board office.
- 7) Attach a photocopy of your current CPR certification card (front and back) in Infant, Child and Adult CPR in accordance with the Board's Regulations. The Board's Regulations are available on the website listed above. **Note:** Online CPR courses are not accepted by the Board.
- 8) The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board's website for further information on approved CE providers to fulfill this requirement. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board.

Upon receipt and processing of all required documentation, the Board will send confirmation directly to PSI verifying your eligibility to sit for the examination. Once PSI has received confirmation from the Board, you will be sent an Eligibility Postcard from PSI. Upon receipt of the Eligibility Postcard from PSI, you will be responsible for contacting PSI to schedule to take your examination and pay the required fee. The Candidate Information Bulletin (CIB), including the examination registration form, is available on PSI's website at <https://candidate.psiexams.com>. Questions regarding the application from PSI or the examination must be directed to PSI. They may be reached by telephone at (800) 733-9267.

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa.C.S. § 4304.1(a). At the request of the Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number. In addition, Social Security numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank. The U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted.

You may not practice as an expanded function dental assistant in the Commonwealth of Pennsylvania until you have successfully completed the examination and the Board has issued your EFDA certificate.

Note: In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance.

If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee.

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**APPLICATION FOR CERTIFICATION TO PRACTICE
AS AN EXPANDED FUNCTION DENTAL ASSISTANT**

1) Name _____
Last First Middle Maiden

2) Address _____
Street

City State Zip Code

3) Social Security Number _____ 4) Date of Birth _____

5) Telephone # _____ 6) Email _____

7) Do you hold a license or certificate to practice as an expanded function dental assistant, active or inactive, current or expired in any other state, territory or country? _____ Yes _____ No

If you answered "yes" to holding a license or certificate to practice as an expanded function dental assistant, active or inactive, current or expired in any other state, territory or country, please list each below:

8) Do you hold, or have you ever held a license, certificate, permit, registration or other authorization to practice any health-related profession in any state or jurisdiction? If you answer is Yes, please provide the profession and state or jurisdiction. _____ Yes _____ No

If you answered "yes" to holding a license or certificate to practice as any health-related profession, active or inactive, current or expired in any other state, territory or country, please list each below:

9) Have you engaged in practice as an expanded function dental assistant since graduation from your EFDA educational program or dental hygiene program, if applicable? Note: Does not include activities during externships required to complete your education program. _____ Yes _____ No

10) Please check the educational method by which you are applying:

- Graduated from an EFDA Program 2 year
- Graduated from an EFDA Program 200-hour
- Graduated from a Dental Hygiene Program 75-hour

Answer the following questions. If you answer "YES" to any of them, provide complete details on a separate sheet, as well as certified copies of relevant documents. **SIGN AND DATE BELOW.**

- | | YES | NO |
|---|-------|-------|
| 1) Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline? | _____ | _____ |
| 2) Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction? | _____ | _____ |
| 3) Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction? | _____ | _____ |
| 4) Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court. | _____ | _____ |
| 5) Do you currently have any criminal charges pending and unresolved in any state or jurisdiction? | _____ | _____ |
| 6) Do you currently engage in, or have you ever engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination? | _____ | _____ |

VERIFICATION STATEMENT

By signing below, I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S.§4911.

Additionally, I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S.§4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Applicant: _____ Date: _____

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APPLICATION FOR A CERTIFICATE AS AN
EXPANDED FUNCTION DENTAL ASSISTANT

CERTIFICATION OF EXPANDED FUNCTION DENTAL ASSISTANT EDUCATION

PART A - To be completed by applicant

NAME _____
ADDRESS _____

PART B – To be completed ONLY by the proper official of the school. (Check the one that applies)

I certify that _____ has

- () Graduated from an expanded function dental assisting program at an accredited two-year college or other accredited institution which offers an associate degree. (Official transcript must be attached.)

Date of Graduation: _____

OR

- () Graduated from an accredited dental hygiene program which required the successful completion of at least seventy-five (75) hours of clinical and didactic instruction in restorative functions. (Official transcript must be attached.)

Date of Graduation: _____

OR

- () Completed a certification program in expanded function dental assisting of at least two hundred (200) hours of clinical and didactic instruction from an accredited dental assisting program. (Official transcript must be attached.)

Date of Completion: _____

Program Director's Signature **Date**

Name of School

(SCHOOL SEAL)

Street

City **State** **Zip Code**

THIS FORM MUST BE COMPLETED, SIGNED, SEALED AND RETURNED DIRECTLY TO THE BOARD ALONG WITH AN OFFICIAL TRANSCRIPT IN A SEALED OFFICIAL SCHOOL ENVELOPE.