

APPLICATION FOR APPROVAL OF EXPANDED FUNCTION DENTAL ASSISTANT EDUCATION PROGRAM

Instructions

The following instructions will outline the steps necessary for approval of the EFDA program(s) offered by your institution. These instructions will assist you in the application process. Please follow the instructions in their entirety, as incomplete application submissions will result in the delay of approval of your program.

****If your institute offers multiple EFDA programs (i.e. Associates degree program and 200 hour certificate or diploma program) an application for each program must submitted for approval.**

APPLICATION CHECKLIST:

Fee:

- Submit a check or money order in the amount of \$315.00 made payable to the “**Commonwealth of PA**” Note: Do not send cash. Application fees are non-refundable. The check or money order must be drawn on a U.S. bank. A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank regardless of the reason for non-payment.

Should the application not be completed within six months, updated documentation may be required. Additionally, if the application process has not been completed within one year from the date it was received, an updated application-processing fee will be required.

Pages 1 & 2:

- Provide the name and address of the institute, and if applicable, the department name and name and title of the individual responsible for processing correspondence from the Board.
- Provide the printed name and signature of the Program Director and the effective date for this title.
- List the name, license number, and brief job description for each faculty member associated with the EFDA program. Attach a **detailed** job description and curriculum vitae for each faculty member listed.
- Submit a copy of current certification as a certified dental assistant issued by the Dental Assisting National Board (DANB) for each faculty member associated with the EFDA program.
- The program director must certify page 2 of the application for each faculty member associated with the EFDA program certifying that he/she has completed a course in education methodology of at least 3 credits or 45 hours offered by an accredited institution of postsecondary education or that he/she will complete a course in educational methodology no later than 18 months after employment as a faculty member at which time verification must be submitted to the Board.

Page 3:

- Complete the form with the program accreditation information for EFDA program. In addition to the completed form, attach proof of accreditation for the EFDA program.

Page 4:

- The program director must complete and sign the Certification Statement regarding records retention.

Page 5:

- Follow the checklist on page 5 by attaching the required documentation for each bulleted item.

NOTE: ALL DOCUMENTS MUST BE SUBMITTED ON SINGLE-SIDED, 8 ½" x 11" PAPER. DO NOT INCLUDE BINDERS OR MEDIA DISCS.

Below are the Board's Regulations relating to EFDA program approval:

§ 33.117. EFDA program approval.

(a) *Definitions.* The following words and terms, when used in this section, have the following meanings, unless the context clearly indicates otherwise:

Clinical evaluation—An evaluation system based on observation of a student's performance of clinical skills in contexts that resemble those the student will be expected to encounter as an expanded function dental assistant in a dental office.

Clinical instruction—A learning experience in a clinical setting where the student performs expanded functions on patients under the supervision of an instructor.

Clinical setting—

- (i) A setting in which expanded function dental assisting procedures are performed through direct patient care.
- (ii) The term does not include a setting where procedures are performed on typodonts, manikins or by other simulation methods.

Competencies—Statements describing the necessary requirements to perform each procedure in § 33.205a (relating to practice as an expanded function dental assistant) to the level required to meet the acceptable and prevailing standard of care within the dental community in this Commonwealth.

Competent—Having sufficient knowledge, skill and expertise in performing expanded functions to meet and maintain the acceptable and prevailing standard of care within the dental community in this Commonwealth.

Laboratory or preclinical instruction—A learning experience in which students perform expanded functions using study models, typodonts, manikins or other simulation methods under the supervision of the instructor.

(b) *Application.* EFDA programs shall apply for Board approval on forms to be provided by the Board and pay the fee in § 33.3 (relating to fees). The application must include the following information:

- (1) The EFDA program goals and objectives.
- (2) The criteria for measuring competencies.
- (3) Documentation of accreditation as required under section 3(d.1) of the act (63 P. S. § 122(d.1)).
- (4) The curriculum vitae and job description of the EFDA program director.
- (5) The curriculum vitae and job description of each faculty member assigned to the EFDA program.
- (6) A description of the physical facilities and equipment used by the EFDA program for laboratory, preclinical and clinical instruction.
- (7) A copy of the formal written agreement for the use of off-campus laboratory, preclinical or clinical facilities, if applicable.
- (8) Course outlines, course descriptions or syllabi for the EFDA program curriculum.
- (9) Other information related to the EFDA program requested by the Board.

(c) *Requirements for approval.* The Board will approve EFDA programs that meet the following requirements:

- (1) *Planning and assessment.*

(i) The EFDA program shall delineate its program goals and objectives for preparing individuals in the expanded function dental assisting procedures in § 33.205a to a level consistent with the acceptable and prevailing standard of care within the dental community in this Commonwealth.

(ii) The EFDA program shall develop specific criteria for measuring levels of competency for the procedures in § 33.205a which reflect the acceptable and prevailing standards and expectations of the dental community. Students shall be evaluated by faculty according to these predetermined criteria.

(iii) The EFDA program shall record and retain student clinical evaluations as documentation of student competency for a minimum of 5 years from the student's graduation or completion of the EFDA program.

(2) *Institutional accreditation.* The EFDA program shall comply with the accreditation requirements of section 3(d.1) of the act and § 33.102(c) (relating to professional education).

(3) *Program director.* The EFDA program shall identify a program director who is responsible for and involved in the following:

- (i) Student selection.
- (ii) Curriculum development and implementation.
- (iii) Ongoing evaluation of program goals, objectives, content and outcomes assessment.
- (iv) Annual evaluations of faculty performance including a discussion of the evaluation with each faculty member.
- (v) Evaluation of student performance and maintenance of competency records for 5 years from graduation or completion of the EFDA program.
- (vi) Participation in planning for and operation of facilities used in the EFDA program.
- (vii) Evaluation of the clinical training and supervision provided in affiliated offices and off-campus facilities, as applicable.
- (viii) Maintenance of records related to the EFDA program, including instructional objectives and course outcomes.
- (ix) Instruction of licensed dentists overseeing off-campus clinical procedures performed by expanded function dental assistant students to ensure that the policies and procedures of the off-campus facility are consistent with the philosophy and objectives of the EFDA program.

(4) *Faculty.* An EFDA program faculty member shall either be a dentist who holds a current license in good standing from the Board or meets the following criteria:

- (i) Holds a current expanded function dental assistant certificate issued by the Board.
- (ii) Has a minimum of 2 years of practical clinical experience as an expanded function dental assistant.
- (iii) Holds National certification as a certified dental assistant issued by the Dental Assisting National Board.
- (iv) Has completed a course in education methodology of at least 3 credits or 45 hours offered by an accredited institution of postsecondary education or complete a course in educational methodology no later than 18 months after employment as a faculty member.

(5) *Facilities and equipment.*

(i) The EFDA program shall provide physical facilities which provide space adequate to the size of its student body and sufficient to enable it to meet its educational objectives for laboratory, preclinical and clinical instruction.

(ii) The EFDA program shall provide equipment suitable to meet the training objectives of the course or program and shall be adequate in quantity and variety to provide the training specified in the course curriculum or program content.

(iii) If the EFDA program contracts for off-campus laboratory, preclinical or clinical instruction facilities, the following conditions must be met:

(A) There must be a formal written agreement between the EFDA program and the laboratory, preclinical or clinical facility.

(B) In off-campus clinical facilities, a licensed dentist shall oversee dental procedures performed on patients by EFDA program students. The licensed dentist shall receive instruction to ensure that the policies and procedures of the off-campus facility are consistent with the philosophy and objectives of the EFDA program.

(iv) The standards in this paragraph are equally applicable to extramural dental offices or clinic sites used for clinical practice experiences, such as internships or externships.

(6) *Curriculum.* The curriculum of an EFDA program must consist of the following components:

(i) *General education.* The EFDA program shall include general education subjects as determined by the educational institution with a goal of preparing the student to work and communicate effectively with patients and other health care professionals.

(ii) *Dental sciences.* The EFDA program shall include content in general dentistry related to the expanded functions in section 11.10(a) of the act (63 P. S. § 130k(a)) and as set forth in § 33.205a, including courses covering the following topics:

(A) Dental anatomy.

(B) Occlusion.

(C) Rubber dams.

(D) Matrix and wedge.

(E) Cavity classification and preparation design.

(F) Bases and liners.

(G) Amalgam restoration.

(H) Composite restoration.

(I) Sealants.

(J) Crown and bridge provisional fabrication.

(K) Dental law and ethics.

(L) Coronal polishing.

(M) Fluoride treatments, including fluoride varnish.

(N) Taking impressions of teeth for study models, diagnostic casts and athletic appliances.

(iii) *Clinical experience component.* The EFDA program shall include a minimum of 120 hours of clinical experience performing expanded function dental assisting procedures as an integral part of the EFDA program. The clinical experience component shall be designed to achieve a student's clinical competence in each of the expanded function dental assisting procedures in § 33.205a.

(7) *Demonstrating competency.*

(i) *General education.* Students of the EFDA program shall be required to demonstrate competency in general education subjects by attaining a passing grade on examinations.

(ii) *Laboratory and preclinical instruction.* Students in the EFDA program shall be required to demonstrate competency by attaining a score of at least 80% in laboratory and preclinical courses. Students shall be required to demonstrate the knowledge and skills required to:

- (A) Carve the anatomy of all teeth.
- (B) Establish proper contact areas, embrasures, marginal adaptation, as well as facial and lingual heights of contour to restore the proper tooth form and function in restorative materials commonly used for direct restorations, such as amalgam and composite resin.
- (C) Apply the basic concepts and terms of occlusion and carving concepts in the restoration of proper occlusal relationships.
- (D) Describe the problems associated with improper contouring of restorations.
- (E) Identify and differentiate G.V. Black's cavity classifications.
- (F) Select, prepare, assemble, place and remove a variety of matrices and wedges.
- (G) Place and finish Class I—VI restorations with correct marginal adaptation contour, contact and occlusion.
- (H) Assemble, place and remove rubber dams.
- (I) Place sealants.
- (J) Crown and bridge provisional fabrication.
- (K) Understand the act and this chapter as they apply to an expanded function dental assistant's responsibilities.
- (L) Perform coronal polishing.
- (M) Perform fluoride treatments, including fluoride varnish.
- (N) Take impressions of teeth for study models, diagnostic casts and athletic appliances.

(iii) *Clinical experience.* EFDA program students shall be evaluated and deemed clinically competent by at least one licensed dentist evaluator in a clinical setting. The EFDA program director shall instruct the dentist clinical evaluators regarding the required competencies to ensure consistency in evaluation. Clinical competency is achieved when the dentist evaluator confirms the student has sufficient knowledge, skill and expertise in performing expanded functions to meet and maintain the acceptable and prevailing standard of care within the dental community in this Commonwealth.

(iv) *Documenting competency.*

(A) The EFDA program faculty and program director shall document the student's general education, preclinical and laboratory competency attainment.

(B) The licensed dentist evaluator shall document the student's clinical competency attainment prior to graduation from the EFDA program.

(C) The EFDA program director shall sign a statement certifying the student's competency attainment in general education, laboratory and preclinical instruction, and clinical experience to the Board as part of the student's application for certification as an expanded function dental assistant.

(D) The EFDA program shall retain supporting documentation evidencing the student's competency attainment for a minimum of 5 years from graduation or completion of the EFDA program.

(d) *Refusal or withdrawal of approval.* The Board may refuse to approve an EFDA program or may remove an EFDA program from the approved list if it fails to meet and maintain the requirements set forth in this section, in accordance with the following:

(1) The Board will give an EFDA program notice of its provisional denial of approval or of its intent to remove the program from the approved list.

(2) The notice will set forth the requirements that are not being met or maintained by the EFDA program.

(3) A program served with a provisional denial or notice of intent to remove will be given 45 days in which to file a written answer to the notice.

(4) The EFDA program will be provided an opportunity to appear at a hearing to demonstrate why approval should not be refused or withdrawn.

(5) The Board will issue a written decision.

(6) The Board's written decision is a final decision of a governmental agency subject to review under 2 Pa.C.S. § 702 (relating to appeals).

(e) *Biennial renewal of EFDA program approval.* EFDA program approvals are renewable for a 2-year period beginning on April 1 of each odd-numbered year. An EFDA program shall apply for renewal of Board approval on forms provided by the Board and pay the fee for biennial renewal in § 33.3. Upon applying for renewal, the EFDA program shall update all of the information required under subsection (b)(1)—(9) or certify that there have not been changes to the EFDA program.

Authority

The provisions of this § 33.117 adopted under section 3(a), (b), (d.1)(1) and (o) of The Dental Law (63 P. S. § 122(a), (b), (d.1)(1) and (o)).

Source

The provisions of this § 33.117 adopted February 10, 2012, effective February 11, 2012, 42 Pa.B. 769.

APPLICATION FOR APPROVAL OF EXPANDED FUNCTION DENTAL ASSISTANT EDUCATION PROGRAM

STATE BOARD OF DENTISTRY
P O BOX 2649
HARRISBURG, PA 17105-2646

COURIER ADDRESS:
PA Dept of State, Bureau of Professional and Occupational Affairs
Attn: State Board of Dentistry
2 Technology Park
Harrisburg, PA 17110-2919

Website: www.dos.pa.gov/dent
E-mail: st-dentistry@pa.gov
Telephone: 717-783-7162
Fax: 717-787-7769

Fee Information

Application Fee \$315.00	PLEASE NOTE: If your institute offers more than one EFDA program (2-year degree or 200-hour certificate) <i>and</i> offer these programs at multiple campus locations, an application and fee for <i>each</i> program (degree, certificate, etc.) <i>and each</i> campus location must be submitted.
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School Information

Institute Name:	
Address:	

PROGRAM DIRECTOR INFORMATION (Attach a copy of the Program Director's job description and curriculum vitae.)

Name (Print):	Term as Director
Signature:	to

FACULTY ASSIGNED TO THIS EFDA PROGRAM (Attach the detailed job description and curriculum vitae for each faculty member listed.)

Name	Job Description	License Number

**CERTIFICATION OF PROGRAM DIRECTOR – COURSE IN EDUCATION METHODOLOGY
(Must be completed for each faculty member associated with the EFDA program except for licensed dentists)**

CERTIFICATION STATEMENT

ONE of the following sections must be completed by the program director for each faculty member:

I, _____ certify that _____ has
(Name of Program Director – Please Print) (Name of faculty member – Please Print)

completed a course in education methodology of at least 3 credits or 45 hours offered by an accredited institution of postsecondary education at _____.
(Name of accredited program – Please Print)

Signature of Program Director

Name of EFDA Education Program

Address

City State Zip

OR

I, _____ certify that _____ will
(Name of Program Director – Please Print) (Name of faculty member – Please Print)

complete a course in education methodology of at least 3 credits or 45 hours through an accredited institution of postsecondary education no later than 18 months after employment as a faculty member at this institution. I further certify that I will provide official certification to the Board upon completion of this course.

Signature of Program Director

Name of EFDA Education Program

Address

City State Zip

PROGRAM ACCREDITATION	
Check one*:	You must submit the required <u>PROOF OF ACCREDITATION</u> for the EFDA program as outlined below. (*If your school offers more than one method of EFDA education, an application for <u>each type</u> must be submitted.)
<p><u>2 Year Associate Degree</u></p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>Graduation from a Board-approved EFDA program at a 2-year college or other institution accredited or provisionally accredited by an accrediting agency approved by the United States Department of Education Council on Postsecondary Accreditation which offers an Associate Degree.</p> <p style="text-align: center;">Initial Accreditation Date: Next Accreditation Visit:</p> <p style="text-align: center;">_____ / ____ / _____ _____ / ____ / _____</p>
<p><u>200-Hour Certificate/Diploma</u></p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center; margin-top: 100px;">Select the Accreditation method →</p>	<p>Completion of a Board-approved EFDA Program, which offers a certificate or diploma, consisting of at least 200 hours of clinical and didactic instruction from a dental assisting program accredited by one of the following:</p> <p><input type="checkbox"/> The Commission on Dental Accreditation (CODA) of the American Dental Association</p> <p style="text-align: center;">Initial Accreditation Date: Next Accreditation Visit:</p> <p style="text-align: center;">_____ / ____ / _____ _____ / ____ / _____</p> <p style="text-align: center;">~~~~~ or ~~~~~</p> <p><input type="checkbox"/> An accrediting agency approved by the United States Department of Education Council on Postsecondary Accreditation whose expanded function educational standards are approved by the Board.</p> <p style="text-align: center;">Initial Accreditation Date: Next Accreditation Visit:</p> <p style="text-align: center;">_____ / ____ / _____ _____ / ____ / _____</p>

CERTIFICATION STATEMENT – RECORDS RETENTION

I, _____ certify
Name of Program Director – Please Print

that _____ records and retains
Name of EFDA Program – Please Print

student clinical evaluations as documentation of student competency for a minimum of 5 years from the student’s graduation or completion of the EFDA program as directed by 49 Pa. Code § 33.117(c)(1)(iii).

Signature of EFDA Program Director

Name of EFDA Program

Address

City State Zip

EFDA PROGRAM INFORMATION

Attach to this application the following documentation:

- EFDA program Goals and Objectives**
- Specific Criteria for measuring competencies**
- Description of the physical facilities and equipment used by the EFDA program for laboratory, preclinical and clinical instruction**
- A copy of the formal written agreement for the use of off-campus laboratory, preclinical or clinical facilities**
- Course outlines, course descriptions or syllabi for the EFDA program curriculum**
- If necessary, other documentation related to the EFDA program requested by the Board**

ALL DOCUMENTS ABOVE MUST BE SUBMITTED TO THE BOARD ON 8 ½" X 11" SINGLE SIDED PAPER. DO NOT INCLUDE BINDERS OR MEDIA DISCS.