



Expanded Function Dental Auxiliary (EFDA) Education Program Approval Application Packet

Contents:

1. 646-150 Contents List and Mailing Information.....1 page
2. 646-151 Application Instructions Checklist1 page
3. 646-152 Expanded Function Dental Auxiliary Education
Approval Application.....1 page
4. 646-153 EFDA Program Standards8 pages
5. 646-154 EFDA Approved Exhibits15 pages
6. RCW/WAC and Online Web Site Links1 page

In order to process your application:

Return completed application and required documents to:

Department of Health
Dental Quality Assurance Commission
P.O. Box 47852
Olympia, WA 98504-7852
360-236-4700

(This page intentionally left blank.)

Application Instructions Checklist

When your application for approval of expanded function dental auxiliary education program is received by the Department of Health, you will be sent an acknowledgment letter noting receipt, and any outstanding documentation needed to complete the process.

1. Demographic Information:

Uniform Business Identifier Number (UBI #): Enter your Washington State UBI #. All Washington State businesses must have UBI #s. City, county, and state government departments also have UBI #s.

Federal ID Number (FEIN #): Enter your Federal ID Number, if the business has been issued one.

Legal Owner/Operator Name: Enter the owner's name as it appears on the UBI/Master Business License.

Mailing Address: Enter the owner's complete mailing address.

Phone and Fax Numbers: Enter the owner's phone and fax number.

Email and Web Address: Enter the owner's email and agency web addresses, if applicable.

Facility/Agency Name: Enter the agency's name as advertised on signs, brochures or Web site.

Physical Address: Enter the agency's physical street location including city, state, zip and county.

Phone and Fax Numbers: Enter the agency's phone and fax number.

Mailing Address: Enter the agency's mailing address, if different than physical address.

2. Signature:
Required.

3. Exhibits and evidence requested.

(This page intentionally left blank.)

Date
Stamp
Here

Expanded Function Dental Auxiliary (EFDA) Education Program Approval Application

1. Demographic Information

| | | | | |
|---|-------|-------------------------|--------|--|
| UBI # | | Federal Tax ID (FEIN) # | | |
| Legal Owner/Operator Name | | | | |
| Mailing Address | | | | |
| City | State | Zip Code | County | |
| Phone (enter 10 digit #) | | Fax (enter 10 digit #) | | |
| Email address | | Web Address | | |
| Facility/Agency Name (Business name as advertised on signs or Web site) | | | | |
| Physical Address | | | | |
| City | State | Zip | County | |
| Facility Phone (enter 10 digit #) | | Fax (enter 10 digit #) | | |
| Mailing Address (if different than physical address) | | | | |
| City | State | Zip Code | County | |

2. Signature

Program Director (printed): _____

Signature of Program Director: _____

(This page intentionally left blank.)



Dental Quality Assurance Commission
P.O. Box 47852
Olympia, WA 98504-7852
360-236-4700

Education Program Standards for Expanded Functions Dental Auxiliary (EFDA)

Washington State Dental Quality Assurance Commission

Statement of Intent

This document was developed to protect the public by:

1. Providing criteria to standardize the education EFDA training programs will provide their students.
2. Providing a guideline for the Washington State Dental Quality Assurance Commission to use when approving EFDA training programs.
3. Providing a guide that EFDA training programs can use when developing their education programs so that they comply with the commission requirements and aid in the approval process.
4. Encouraging EFDA training programs to continually assess the effectiveness of the education programs.

Program Approval Process

All EFDA programs must submit a report to the Washington State Dental Quality Assurance Commission showing proof of adherence to the following criteria. The report must include evidence that the program is compliant with this document. This evidence must include the completed Exhibits and written protocols and policies as requested. Some documentation (as indicated) will not need to be submitted in the written report but will need to be available for review during the on-site visit. Programs can also submit additional information if it helps to better describe their program. Evidence in the submitted report must match up with evidence found during the on-site review. The commission will review the report. If the report does not show evidence that the criteria are being followed, the commission will send a Program Non-Approval letter to the training program citing the criteria not met. The training program can submit a new report once corrections are made.

A private vocational school must comply with [Chapter 28C.10 RCW](#) through Workforce Training and Education Coordinating Board (if applicable). A copy of approval or verification letter from Workforce Training and Education Coordinating Board is required.

If the report indicates that the training program has appropriately followed the criteria standards, a site visit will be set up to inspect and review the program. The site visit will report the following:

1. Non-Approval: This finding will be made if findings show that the written report the training program submitted was not followed.
2. Approval with Reporting Requirements: This indicates that the site visit found some criteria are out of compliance. The program will be approved for EFDA training but program will need to submit follow-up reports to ensure all the criteria are adhered to. The program will have two years to correct any deficiencies found.
3. Approved: The training program can train EFDA students without any reporting requirements to the commission.

Approval Renewal: Approval status will last for six years. At the end of that time period, the training program will need to submit a new report to the commission to begin the approval renewal process.

Criteria 1 – Program Effectiveness

Planning and Assessment

1-A The training program must establish and operate a continual assessment process which includes:

- i. Program educational goals and objectives that demonstrate how the program will effectively educate EFDA trainees;
- ii. An implementation plan for the assessment of the goals and objectives to include a time table for the reviews;
- iii. A method for assessment of each criteria listed in this guideline including what data will be collected and an analysis of the data;
- iv. A plan to improve the program utilizing the analysis;
- v. A continual (annual cycle) program reevaluation.

Evidence needed to demonstrate compliance:

- Exhibit 1;
- Exhibit 2;
- Copies of faculty meeting minutes (available at on-site review).

Financial Support

1-B The training program must show evidence to demonstrate financial stability including the ability to develop/purchase/maintain training space, equipment and supplies required to both achieve program goals and objectives and ensure adequate resources sufficient to guarantee program completion for each EFDA trainee class.

Evidence needed to demonstrate compliance:

- Exhibit 3

Note: evidence should include a financial plan for the next 3-5 years.

1-C The training program must assure that outside funding sources do not conflict with the established educational goals and objectives nor compromise the education of the EFDA trainees.

Evidence needed to demonstrate compliance:

- Exhibit 4

Institutional Agreements

1-D If off-site facilities are used, the program must ensure that these sites understand and comply with all established program goals and objectives, comply with the program's established curriculum requirements and participate fully in the assessment process. It also must insure that the parent education program is responsible for all decisions in developing and implementing the above-mentioned items.

Evidence needed to demonstrate compliance:

- Exhibit 5

1-E There must be written agreements in place with any off-site organizations involved with the parent education program that participate in fulfilling the goals and objectives of that program. These written agreements must:

- i. Disclose all financial arrangements between the two organizations and the educational objectives of the relationships.

- ii. Include policies and procedures for all patient and trainee safety concerns.
- iii. Ensure the authority of the parent training program in all phases of instruction.
- iv. Ensure that there will be no instruction disruptions with the current student class due to premature conclusion of the contract.

Evidence needed to demonstrate compliance:

- Written Contract agreements with off-site institutions.

Criteria 2 – Educational Program

Admissions

2-A Training programs must have written policies and criteria for admission of students. Admissions criteria must be available to potential applicants. Files containing admissions material on all students must be maintained and available for review.

Evidence needed to demonstrate compliance:

- Written admission criteria; student files (available at on-site visit).

2-B The training facility must be adequate for the number of trainees enrolled.

- i. There must be specific and adequate space available for didactic, lab and clinical training.
- ii. There must be adequate didactic, lab and clinical supplies needed to support the training curriculum.

Evidence needed to demonstrate compliance:

- Exhibit 6

Curriculum

2-C The curriculum must be designed to adhere to the [WAC 246-817-195](#). The core curriculum shall require didactic, clinical and laboratory model to the clinically competent level required for close supervision:

- i. In placing and finishing composite restorations on a typodont and on clinical patients;
- ii. In placing and finishing amalgam restorations on a typodont and on clinical patients; and
- iii. In taking final impressions on a typodont;

In a didactic, clinical and laboratory model to the clinically competent level required for general supervision:

- i. In performing coronal polish, fluoride treatment, and sealants on a typodont and on clinical patients;
- ii. In providing patient oral health instructions; and
- iii. In placing, exposing, processing, and mounting dental radiographs.

The basic curriculum shall require didactic, laboratory, and clinical competency for the following:

- i. Tooth morphology and anatomy;
- ii. Health and safety (current knowledge in dental materials, infection control, ergonomics, mercury safety, and handling);
- ii. Placement and completion of an acceptable quality reproduction of restored tooth surfaces--laboratory and clinic only;

- iii. Radiographs (covered in path II)--laboratory and clinic only;
- iv. Ethics and professional knowledge of law as it pertains to dentistry, dental hygiene, dental assisting, and EFDA;
- v. Current practices in infection control;
- vi. Health history alerts;
- vii. Final impression;
- viii. Matrix and wedge;
- ix. Rubber dam;
- x. Acid etch and bonding;
- xi. Occlusion and bite registration;
- xii. Temporary restorations;
- xiii. Dental emergencies;
- xiv. Risk management and charting;
- xv. Intra-oral anatomy;
- xvi. Pharmacology; and
- xvii Bases, cements, liners and sealers.

Evidence needed to demonstrate compliance:

- Exhibit 7

Multicultural Education - Curriculum should include multicultural health awareness and education as described in [RCW 43.70.615](#).

Instruction

2-D Each didactic, lab and clinical course must have a written course description, learning objectives, and an evaluation process.

Evidence needed to demonstrate compliance:

- Exhibit 8

Clinical Practice

2-E The training program must include direct patient care in an amount adequate to enable the student to become competent in the core curriculum objectives. Each program must establish a minimum. The clinical experience can be completed either in the sponsoring training facilities or in clinical offices of affiliate faculty of the institution.

Evidence needed to demonstrate compliance:

- Exhibit 9

2-F There must be a written plan and evaluation process for the faculty to monitor the student's progress in the core curriculum objectives. This must be maintained in all sites including affiliate sites. There must also be a plan for remediation if the core curriculum objectives can not be met for any trainee.

Evidence needed to demonstrate compliance:

- Exhibit 10

Criteria 3 – Administration, Faculty and Staff

3-A The program administration must be adequate to ensure all core curriculum goals and be sufficient to accomplish all stated program goals. There must be a 3-5 year plan describing the strategic plans for the program.

Evidence needed to demonstrate compliance:

- Provide written report describing short and long term strategic program goals.

3-B While the training program may be a part of a larger clinical program or organization, it must be an independent educational entity of its own whose primary purpose is to train EFDA students. This must be clearly defined and demonstrated.

Evidence needed to demonstrate compliance:

- If the EFDA program is part of a non educational organization, provide written description that details the administrative authority of the training program.

Program Director

3-C The program director must have a full-time commitment to the educational program and be given enough time to provide time for program operation, evaluation and revision.

Evidence needed to demonstrate compliance:

- Describe hours devoted to EFDA program.

3-D The program director must be a licensed dentist, a licensed dental hygienist, or a licensed EFDA. The commission will consider a registered dental assistant working in collaboration with a licensed dentist as co-program directors. It is the expectation that the registered dental assistant will obtain EFDA licensure.

Evidence needed to demonstrate compliance:

- Copy of program director's license.
- Statement describing co-program director's collaboration plan.

3-E The program director must have the authority, responsibility and support to accomplish all program objectives.

Evidence needed to demonstrate compliance:

- Description and outline of administrative authority. Submit a written description of chain of authority.

Faculty

3-F The training program faculty size must be adequate for the number of enrolled students and have the needed experience for teaching the core curriculum objectives.

Evidence needed to demonstrate compliance:

- Faculty roster and assignments; student faculty ratios.
- Each faculty member resume.
- Exhibit 12.

3-G There must be a plan for faculty (full time) development.

Evidence needed to demonstrate compliance:

- Submit written faculty development plan.

3-H There must be a plan for faculty meetings that include faculty input and participation in program development.

Evidence needed to demonstrate compliance:

- Written agenda and minutes of faculty meetings (available at on-site visit).

3-I The training program must provide a process for student evaluation of the faculty and faculty evaluation of the program.

Evidence needed to demonstrate compliance:

- Exhibit 11
- Exhibit 13

Criteria 4 – Educational Support Services

4-A The training program must provide and maintain adequate facilities needed for didactic, lab and clinical experiences required for teaching the core curriculum objectives.

Evidence needed to demonstrate compliance:

- Exhibit 6
- Student to operator ratios (observe at on-site visit).
- Office space conducive for private conversations (observe at on-site visit).

4-B The training program must provide adequate supplies and instruments needed for didactic, lab and clinical experiences required for teaching the core curriculum objectives.

Evidence needed to demonstrate compliance:

- Review of supply and equipment used in the training program at on-site review.

4-C The training program must follow all OSHA and WISHA requirements.

Evidence needed to demonstrate compliance:

- Written protocols on infection and biohazard control and disposal of hazardous waste program policy manuals (available at on-site review).
- Compliance documentation (available at on-site review).

Administrative Spaces

4-D Administrative spaces must be adequate to support the program and provide privacy for student counseling.

Evidence needed to demonstrate compliance:

- Observation of administrative space allocations (at on-site review).

Student Policies

4-E The training program must provide written policies that outline due process for all disciplinary issues involving the students.

Evidence needed to demonstrate compliance:

- Written policies for grievance and disciplinary procedures.

Criteria 5 – Health and Safety Provisions

Infectious Disease/Radiation Management

5-A The training program must ensure compliance with its own policies and all regulations of local, state and federal agencies that they are subject to. Students must be informed of and have easy access to these policies.

Evidence needed to demonstrate compliance:

- All infection control and radiation management policies.
- Exhibit 14

5-B All State regulations involving immunizations must be adhered to for students, faculty and staff. Records of immunization must be maintained.

Evidence needed to demonstrate compliance:

- Student and faculty immunization records (evidence available at on-site review).

Emergency Management

5-C The training program must develop emergency management policies. Students must be instructed in these policies.

Evidence needed to demonstrate compliance:

- Written policies and protocols for emergency management (review during on-site review).
- Evidence that emergency equipment, including oxygen, is readily accessible and functional (review during on-site review).
- Emergency kit as outlined by state law (review during on-site review).
- Required safety devices i.e. eye-wash stations (review during on-site review).

5-D All students, faculty and support staff must adhere to the Washington State regulations requiring certification in basic life support procedures, including cardiopulmonary resuscitation.

Evidence needed to demonstrate compliance:

- Current BLS for all faculty, appropriate staff and students (review during on-site review).
- Criteria 6-A QA policies; treatment record reviews; program analysis and evidence of program improvement.

Criteria 6 – Quality of Patient Services

6-A The portion of the training program dealing with direct patient care must have and maintain an active quality assurance program to help ensure a high quality of patient services. This must include, at a minimum, a formal chart review process.

Evidence needed to demonstrate compliance:

- QA policies; treatment record reviews; program analysis and evidence of program improvement (review during on-site review).



Dental Quality Assurance Commission
 P.O. Box 47852
 Olympia, WA 98504-7852
 360-236-4700

Education Program Expanded Function Dental Auxiliary (EFDA) Approved Exhibits

Exhibit 1

List the program's goals and/or objectives and describe the assessment methods utilized.

| Goal or Objective #1 | Goal or Objective #2 | Goal or Objective #3 | Goal or Objective #4 |
|--|----------------------|----------------------|----------------------|
| List Goal/ Objective | | | |
| List how this goal will be evaluated | | | |
| Periodicity of the evaluation | | | |
| Results achieved | | | |
| Assessment of results | | | |
| Program improvement due to data analysis | | | |

Exhibit 2

Using the format illustrated below, provide enrollment data for the program during the current and four preceding years. If classes are admitted more than once a year, indicate admissions by each admission interval.

| | Year of admission to program | | | | |
|---|------------------------------|--------|--------|--------|--------|
| Number enrolled (1st year) | 20____ | 20____ | 20____ | 20____ | 20____ |
| Number completed (1st year) | | | | | |
| Percentage of number of EFDA graduates enrolled who completed the program | _____% | _____% | _____% | _____% | _____% |
| Number of graduates who completed the program and have obtained EFDA license | | | | | |
| Percentage of number of EFDA students who completed the program and obtained EFDA licensure | _____% | _____% | _____% | _____% | _____% |

Using the format illustrated below, indicate the number of students who withdrew or were dismissed from the program during the preceding year. Year 2_____

| | Reason for Withdrawal | | | |
|----------|-----------------------|------------------|-------------------------------|-----------------|
| Students | Academic problems | Lack of interest | Personal/ Financial issues | Other (specify) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Exhibit 3

Provide the actual EFDA training expenditures for the past year using the following form. Use current year if this is a new program

I. Capital Expenditures

Previous Year
20__ to 20__

A. Construction

\$ _____

B. Equipment

1. Clinic (dental unit, chair, etc.)

3. Laboratory

4. Locker room

5. Reception room

6. Faculty and staff offices

7. Instructional equipment

8. Other (specify)

Total \$ _____

II. Non-capital Expenditures

Previous Year
20__ to 20__

A. Instructional materials, e.g., slides, films

\$ _____

B. Clinic supplies

C. Laboratory supplies

D. Office supplies

E. Locker room

1. Institutional

2. Departmental

F. Equipment maintenance and replacement

G. Other (specify)

Total \$ _____

III. Faculty

A. Salaries

\$ _____

B. Benefits

C. Professional development

D. Travel for student supervision

E. Other (specify) _____

Total \$ _____

IV. Staff

A. Secretarial support

\$ _____

B. Other (specify) _____

Total \$ _____

C. Other (specify) _____

\$ _____

D. Other (specify) _____

Total \$ _____

Grand Total \$ _____

Exhibit 4

Using the following format, identify the sources of fiscal support for the program and the percentage of the program's total budget that each source constitutes:

| | | |
|--|-----------------|---------|
| Current fiscal year: 2_____ | \$ _____ | _____ % |
| A. State support | _____ | _____ % |
| B. Local support | _____ | _____ % |
| C. Grant | _____ | _____ % |
| federal | _____ | _____ % |
| state | _____ | _____ % |
| local | _____ | _____ % |
| private | _____ | _____ % |
| D. Student tuition | _____ | _____ % |
| E. Outside entities (specify) _____ _____ | _____ | _____ % |
| F. Other (specify) _____ _____ | _____ | _____ % |
| Total | \$ _____ | _____ % |

Exhibit 5

Assignments to off-site Facilities

Provide the information listed below for each rotation or experience in an affiliated off-site facility. Duplicate the page as needed for each rotation.

Service: _____

Length of Rotation or Experience (in weeks): _____

Number of Hours per Week:1 _____

5. Describe the intended objectives of this rotation or experience. _____

6. Were these objectives developed in cooperation with the Program Director? Yes No If no, please comment: _____

7. Describe how the EFDA students are advised of the written objectives of each rotation. _____

8. Describe how the faculty designated to provide EFDA student supervision at this site are made familiar with the objectives of the rotation or experience. _____

9. Describe the process and evaluation instruments utilized by the designated faculty to evaluate student performance. _____

Exhibit 6

Facilities

For each item listed below, indicate whether the item is located within the dental clinic, outside the dental clinic but readily accessible to it, or not available (check appropriate response.)

| Facilities Capabilities/Equipment | Within Clinic | Readily Accessible | Not Available |
|--|---------------|--------------------|---------------|
| Intraoral radiographic facilities | | | |
| Extraoral radiographic facilities | | | |
| Dental laboratory facilities (include approximate square footage) | | | |
| Staff offices | | | |
| Study areas (include approximate square footage) | | | |
| Conference rooms (include approximate square footage) | | | |
| Library Resources including Dental Resources | | | |
| Sterilization capabilities: | | | |
| Autoclave | | | |
| Ethylene oxide | | | |
| Dry heat | | | |
| Emergency drugs | | | |
| Emergency equipment: | | | |
| Oxygen under pressure | | | |
| Suction | | | |
| Resuscitative equipment | | | |

Note: If this is a proposed program and the dental clinic has not been constructed, respond in terms of facilities and equipment that are planned for inclusion and attach documentation from the institution's administrator indicating the anticipated date of completion. Include this documentation here rather than with the separate appendices.

Exhibit 7

Curriculum Management Plan

Using the format illustrated below, present the curriculum management plan, listing competency, proficiency and program requirements or goals and objectives of student training outlined in Standard 2. Include the didactic instruction and clinical experience designed to achieve program requirements and the evaluation mechanisms used. Reproduce this Exhibit as needed.

| EFDA Program Goal and Objective | Didactic Instruction | Clinical Experience | Evaluation Mechanism(s) |
|---------------------------------|----------------------|---------------------|-------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Exhibit 8

Using the format illustrated below, list the courses which provide the major instruction in each required content area and specify the number of clock hours devoted to instruction in that area.

| Content Area | Seminar Titles and Clock Hours | Lab Clock Hours | Clinical Clock Hours |
|---|--------------------------------|-----------------|----------------------|
| Tooth morphology and anatomy | | | |
| Health and safety (current knowledge in dental materials, infection control, ergonomics, mercury safety, handling) | | | |
| Placement and completion of an acceptable quality reproduction of restored tooth surfaces--laboratory and clinic only | | | |
| Radiographs (covered in path II)--laboratory and clinic only | | | |
| Ethics and professional knowledge of law as it pertains to dentistry, dental hygiene, dental assisting and EFDA | | | |
| Current practices in infection control | | | |
| Health history alerts | | | |
| Final impression | | | |
| Matrix and wedge | | | |
| Rubber dam | | | |
| Acid etch and bonding | | | |
| Occlusion and bite registration | | | |
| Temporary restorations | | | |
| Dental emergencies | | | |
| Risk management and charting | | | |
| Total Clock Hours | | | |

Exhibit 9

| EFDA student procedure program clinical patient totals Year 2_____ | | | | | |
|--|-----------|-----------|-----------|-----------|-----------|
| | Student 1 | Student 2 | Student 3 | Student 4 | Student 5 |
| Procedure | | | | | |
| 1 surface amalgam | | | | | |
| 2 surface amalgam | | | | | |
| 3 surface amalgam | | | | | |
| 3+ surfaces amalgam | | | | | |
| 1 surface composite posterior | | | | | |
| 2 surface composite posterior | | | | | |
| 3 surface composite posterior | | | | | |
| 3 + surfaces composite posterior | | | | | |
| 1 surface composite anterior | | | | | |
| 2 surface composite anterior | | | | | |
| 3 surface composite anterior | | | | | |
| 3 + surfaces composite anterior | | | | | |
| Temporary restorations | | | | | |
| Impressions study models | | | | | |
| Impressions permanent | | | | | |
| Impressions digital (if offered) | | | | | |

Exhibit 10

Clinical Competency Evaluation

| | |
|--------------------------|--|
| EFDA Student Name | |
|--------------------------|--|

| | | |
|--------------|------------|-------------|
| 0=Novice | 1=Beginner | 2=Competent |
| 3=Proficient | 4=Expert | |

| Competency Criteria/Objectives | Mid-term | Course completion |
|--|----------|-------------------|
| 1. Recognize and explain the relative merits and uses of specific instruments and dental materials as they apply to dental restorations, and provide treatment accordingly. | | |
| 2. Recognize and explain preventive strategies, including diet assessment and counseling, fluoride therapy, oral hygiene techniques and other approaches, and provide appropriate clinical care, counseling, risk assessment and management. | | |
| 3. Understands pulpal effects from restorative procedures and materials, and the indications for direct and indirect pulp caps. | | |
| 4. Demonstrates proficiency in isolation of the operative field to include access to subgingival margins. | | |
| 5. Understands the principles and indications for restoring endodontically treated teeth. | | |
| 6. Has the knowledge and ability to place a class 1 amalgam restorations. | | |
| 7. Has the knowledge and ability to place a class 2 amalgam restorations. | | |
| 8. Has the knowledge and ability to place a complex amalgam restoration. | | |
| 9. Has the knowledge and ability to place a class 5 composite restorations (posterior). | | |
| 10. Has the knowledge and ability to place a class 2 composite restorations (posterior). | | |
| 11. Has the knowledge and ability to place a class 3 composite restorations (anterior). | | |
| 12. Has the knowledge and ability to place a complex composite restorations (posterior). | | |
| 13. Has the knowledge and ability to place a class 2 composite restorations (anterior). | | |
| 14. Understands the concepts of and is knowledgeable in providing esthetic dentistry. | | |
| 15. Understands tooth morphology and anatomy and can apply that knowledge to restoring teeth. | | |
| 16. Understands health and safety issues of the dental practice including infection control and can apply that knowledge to help create a safe practice environment. | | |
| 17. Has the knowledge and ability to take quality radiographs (covered in path II)—laboratory and clinic only. | | |
| 18. Understands ethics and professional knowledge of law as it pertains to dentistry, dental hygiene, dental assisting, and EFDA. | | |
| 19. Understands the importance of health history alerts and how they affect patient safety and the clinical practice. | | |
| 20. Has the understanding of and ability to take high quality final impression. | | |
| 21. Has the understanding of and the ability to properly place matrices and wedges. | | |
| 22. Has the knowledge and ability to place a quality rubber dam. | | |

| | | |
|---|--|--|
| 23. Understands the principles of and application procedures for acid etch and bonding. | | |
| 24. Understands the principles of Occlusion and it's effects on restorations. | | |
| 25. Can perform an appropriate bite registration. | | |
| 26. Has the knowledge and ability to make and cement a quality temporary restorations. | | |
| 27. Is knowledgeable of dental emergencies. | | |
| 28. Understands the importance of risk management and appropriate charting. | | |
| 29. Understands basic intra-oral anatomy as it applies to restorative treatment. | | |
| 30. Understands basic pharmacology as it relates to dental treatment. | | |
| 31. Has an understanding of and can apply bases, cements, liners and sealers. | | |

Exhibit 11

Faculty Program Study

Faculty Name _____ Date _____

Please circle one option for each question. We appreciate your comments. Thank you!

| | 1 Strongly Agree | 2 Agree | 3 Neutral | 4 Disagree | 5 Strongly Disagree | N/A |
|--|---------------------------------|--------------------|----------------------|-----------------------|------------------------------------|------------|
| | 1 | 2 | 3 | 4 | 5 | N/A |
| 1. The experiences of the EFDA students thus far have lived up to my expectations. | Comments: | | | | | |
| | 1 | 2 | 3 | 4 | 5 | N/A |
| 2. The overall training we have provided the EFDA students is adequate to fulfill the stated goals and objectives. | Comments: | | | | | |
| | 1 | 2 | 3 | 4 | 5 | N/A |
| 3. The EFDA students have been given adequate facilities to work and learn in. | Comments: | | | | | |
| | 1 | 2 | 3 | 4 | 5 | N/A |
| 4. The EFDA students have been given adequate didactic training. | Comments: | | | | | |
| | 1 | 2 | 3 | 4 | 5 | N/A |
| 5. The EFDA students have been given adequate lab training. | Comments: | | | | | |
| | 1 | 2 | 3 | 4 | 5 | N/A |
| 6. The EFDA students have been given adequate clinical training. | Comments: | | | | | |
| | 1 | 2 | 3 | 4 | 5 | N/A |
| 7. There are areas of training that have been over or under emphasized. | Comments: | | | | | |

| | 1 Strongly Agree | 2 Agree | 3 Neutral | 4 Disagree | 5 Strongly Disagree | N/A |
|---|---------------------------------|--------------------|----------------------|-----------------------|------------------------------------|------------|
| | 1 | 2 | 3 | 4 | 5 | N/A |
| 8. How would you rate your overall satisfaction with the EFDA program? | Comments: | | | | | |
| | 1 | 2 | 3 | 4 | 5 | N/A |
| 9. I would recommend this EFDA training program to other interested applicants. | Comments: | | | | | |

10. Please list any changes you would suggest to improve the EFDA program: _____

Exhibit 12

Faculty Time Commitment, Assignments, and Qualifications for Subjects Taught

| Name | Discipline/Specialty | Days per week | Hours per Day | Assignments* Subjects Taught | Qualifications related to subjects taught |
|------|----------------------|---------------|---------------|------------------------------|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

*Use the following codes to indicate assignments:

CS—Clinical Teaching/Supervision of EFDA students; DT—Didactic Teaching Sessions (lectures, seminars, courses); LT Lab Teaching Sessions; PA—Program Administration

Exhibit 13

EFDA Program Faculty Evaluation

EFDA student name _____ Date _____

Name of faculty being evaluated: _____

1. How would you rate the effectiveness of this faculty member's teaching style?

Very Poor Average Good Very Good Comments: _____

2. How would you rate this faculty member's interest in teaching?

Not interested Somewhat interested Interested Very interested Comments: _____

3. When assigned to this clinical faculty member, how would you rate his/ her supervision?

Not enough supervision Adequate supervision Too much supervision Comments: _____

4. In general, are your questions answered in a way that meets your needs?

Yes No Comments: _____

Exhibit 14

Radiation, Hazard and Infection Control Policies and Procedures

| | Radiation Hygiene and Protection | Hazardous Materials | Blood-borne and Infectious Diseases |
|--|-------------------------------------|---------------------|--|
| Institution's Policies and any Applicable Governmental Regulations (name documents containing policies) | | | |
| Who maintains documentation of compliance? | | | |
| How are policies provided to students? | | | |
| How is student compliance monitored? | | | |
| How are policies provided to faculty? | | | |
| How is faculty compliance monitored? | | | |
| How are policies provided to support staff? | | | |
| How is support staff compliance monitored? | | | |
| How are policies made available to applicants for admission? | | | |
| How are policies made available to patients? | | | |

(This page intentionally left blank.)



RCW/WAC and Online Web Site Links

RCW/WAC Links

[Uniform Disciplinary Act, UDA RCW 18.130](#)

[Administrative Procedure Act, APA RCW 34.05](#)

[Administrative procedures and requirements, WAC 246-12](#)

[Dentistry laws, RCW 18.32](#)

[Dentistry Rules, WAC 246-817](#)

[Dental Professionals Laws, RCW 18.260](#)

[Dental Anesthesia Assistant Laws, RCW 18.350](#)

[Standards of Professional Conduct Rules, WAC 246-16](#)

Online

[Dental Quality Assurance Commission Web Page](#)

[Approved EFDA Education Programs School List](#)

Get important information about your credential type by [subscribing to email alerts](#).