

## EFDA Examination Eligibility Form

Please check the box that designates your eligibility status. Sign and upload a scanned copy of this completed form into your online CDCA profile.

- A graduate of an unaccredited dental college located outside the United States.
- A dental assistant who is certified by the DANB or the Ohio Commission on Dental Assistant Certification.
- A dental hygienist licensed under the Ohio Administrative Code, Section 4715-11 whose license is in good standing.
- A dental hygienist who has graduated from an accredited dental hygiene program, as specified in section 4715.21 of the Revised Code, and does not have a dental hygiene license under suspension or revocation by the board.

**For the four application categories above, the candidate must bring to the examination proof of graduation from an unaccredited dental school, or certification as a dental assistant, or dental hygiene license as appropriate, plus diploma or certificate of graduation or completion from an EFDA education or training program that has been signed by an appropriate official or the accrediting institution that provided the education or training. For further information please refer to rule 4715-11-04.2 of the Ohio Administrative Code.**

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- 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.

First and Last Name under which you attended: \_\_\_\_\_

Dental School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

**Bring to the examination, a copy of your diploma or statement from the dental school attesting to graduation from the accredited dental college.**

- 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 have sufficient clinical training as set forth in the Ohio Administrative Code Section 4715-10, and be in good standing.

Dental School: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Signature of School Official: \_\_\_\_\_ Printed: \_\_\_\_\_

**Bring to the examination, a copy of this form with the signature of the dean or designated school official that the candidate is currently in good standing.**

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I understand that a signed and dated EFDA Examination Eligibility Form is required as documentation to accompany my application for the Expanded Function Dental Assistant Examination.

I understand that the CDCA may investigate to ascertain the veracity of the information contained in this form.

I understand that if I knowingly provide false information on this EFDA Examination Eligibility Form, CDCA will immediately cancel my application and notify the Ohio State Board of Dentistry.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name Printed: \_\_\_\_\_