STUDENT DATA

For registration into Kirkwood Community College's

PLEASE **PRINT** ON ALL AREAS OF THIS FORM

Expanded Functions Dental Assistants (EFDA) Program

Student Name: Home Address: Phone #:_____ E-Mail:____ Currently Certified with the Dental Assisting National Board: Yes No Have a Minimum of 3 Months Experience as a Registered Dental Assistant Yes_____ No____ RDA #:_____ 3 Months Experience in Clinical Dental Assisting (In a State That Does Not Require Registration): Yes____ No____ Graduated from an ADAA Accredited Dental Assisting Program: If yes, Name of School: rear to _______to ______Month/Year Dates of Attendance: _____ Month/Year **Employer Dentist Name:** Dental Office Name: Dental Office Address: Phone #: E-Mail: Functions included in the Kirkwood Community College EFDA Program-Level I: ☐ Taking Occlusal Registrations ☐ Placement & Removal of Gingival Retraction Material ☐ Fabrication, Temporary Cementation, Temporary Recementation, and Removal of Provisional Restorations ☐ Applying Cavity Liners and Bases and Desensitizing Agents ☐ Applying Bonding Systems, Which May Include the Placement of the Attachments Used in Clear Aligner Systems, Following Review of the Fit and Function by the Supervising Dentist ☐ Placement, Bonding, and Removal of Orthodontic Brackets and Bands or Provisional Orthodontic Appliances Pursuant to Subrules 23.4(5) and 23.5(7) ☐ Taking Final Impressions ☐ Removal of Adhesives Using Non-motorized Hand Instrumentation ☐ Placement of Temporary Restorative Materials Following Preparation of the Tooth by the Dentist ☐ Extraoral Adjustment to Acrylic Dentures Without Making Any Adjustments to the Prosthetic Teeth ☐ Tissue Conditioning (Soft Reline Only) ☐ Nitrous Oxide (Note: this is a separate registration with an additional fee)