

## AS Expanded Function Dental Auxiliary (EFDA) & CEC EFDA Checklist/Application


(See step-by-step instructions on back.)

The Pre-application checklist is designed to monitor your progress with completing application requirements.

**Please refer to the EFDA "Information Packet" for detailed program information.**

**Check the appropriate box:**

- CEC Expanded Function Dental Auxiliary
- AS Degree Expanded Function Dental Auxiliary

	Requirement	Office Use Only
	<b>Earn a HS Diploma</b> or <b>GED</b> (official transcripts with 2.0 GPA minimum high school and/or college if applicable)	
	<b>Certification and/or Licensure</b> - Attach a copy of current Commission on Ohio Dental Assistants (CODA), Dental Assisting National Board certification (DANB) Certified Dental Assistant (CDA), American Medical Technologist (AMT) Registered Dental Assistant (RDA), or registered dental hygienist credential or completion of minimum of one-year in an ADA accredited dental hygiene program.	
	<b>BCI and FBI Background Checks</b> Date Completed: _____  Must receive verification email of eligibility to apply.	Eligible for application: Yes _____ No _____
	<b>Letter from current employer stating candidate has 1- year of clinical (chairside) experience if applicable. *</b>	
	<b>Meet with EFDA Program Coordinator to sign EFDA Application and Acceptance Offer Form.</b>	

\* Option A: Clinical Practice: This specialty option provides the student with an opportunity for practical application of dental principles and skills of

**Required Signatures:**

\_\_\_\_\_ #S00 \_\_\_\_\_ Date \_\_\_\_\_  
Student

*By signing this form, the student attests that all items are ready for review, accurate, and complete.*

\_\_\_\_\_ Date \_\_\_\_\_  
EFDA Program Coordinator

*By signing this form, the Program Coordinator attests that the student presented all items on the checklist and that the items are accurate and complete.*

**Please submit Checklist/Application and appropriate documents to the EFDA Program Coordinator in room H209x. Incomplete applications will not be accepted.**

**Applications will not be considered without the Program Coordinator's signature.**

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

Home Address, City, State and Zip code: \_\_\_\_\_

Personal/Preferred Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## **AS & CEC Expanded Function Dental Auxiliary Program Application Instructions**

1. Follow the procedure for applying to Stark State College (SSC).
2. Take the Compass and/or Accuplacer Placement Assessment Test (*only if not taken previously*).
  - a. For AS degree track students, your scores will determine whether or not you will need to take any eligibility courses BEFORE you begin the EFDA program.
  - b. The test can be taken any time after you apply to the College, but it is strongly recommended that you complete it before your first advising appointment. This will allow your advisor to give you the best advice towards scheduling other courses.

***Note:*** *Transfer students with greater than 12 credits, and/or students who have taken the ACT within the last two calendar years may not be required to take the Accuplacer test. An admissions counselor can discuss the details with you.*
  - c. Call 330-736-1605 ext. 4228 or stop in room M110 at the Gateway Center for Accuplacer test dates and times. There is no fee for this test, and you do not need to study for it.
3. Refer to the Program website to view the Expanded Functions Dental Auxiliary “*Information Packet*” to review frequently asked questions, program details, and the application process.
4. Meet with an admissions counselor for review of high school and college transcripts (if applicable). Admissions contact number is 330-736-1605 or 800-797-8275.
5. Contact SSC security to schedule BCI and FBI background checks. You will receive an email of verification of eligibility through your Stark State email. Please direct all background check questions to the security office at 330-494-6170 ext. 4367.
6. After steps 1-5 have been successfully completed, contact the EFDA Program Coordinator for an appointment to review and submit the “*EFDA Checklist/Application*” and to schedule first semester courses.

**EFDA Program Coordinator:**

Jordan Kalaitsides, MBA, EFDA, CDA

[jkalaitsides@starkstate.edu](mailto:jkalaitsides@starkstate.edu)

330-966-5458 ext. 4384

***Note:*** *All pre-application requirements must be met before scheduling the application appointment and final acceptance in the program.*

7. Students will be notified of their acceptance into the program by U.S. mail. Upon program acceptance, students are assigned an EFDA advisor who will assist them in scheduling courses throughout the program.