

Seattle Central Community College

***Expanded Function Dental Auxiliary Program***

Application Procedures

For

Winter 2012

SEATTLE CENTRAL COMMUNITY COLLEGE EFDA PROGRAM APPLICANT PROCEDURES  
Winter 2012

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**EFDA PROGRAM INTRODUCTION**  
**APPLICANT PROCEDURES**  
**Winter 2012**

The Expanded Function Dental Auxiliary Program is a two-quarter 15-credit program offering a certificate of completion. The program prepares individuals for entry into EFDA position and for the Washington Restorative Examination (WARE) Exam given by Dental Assisting National Board (DANB) as well as the Restorative Section of the Western Regional Examining Board. As an EFDA and licensed oral health professional, you become an integral part of the dental team to provide patient care. The range of services performed by EFDA varies from state to state. In Washington the law includes placing and contouring dental fillings. Opportunities for part-time work and flexible schedules are common and salaries are high, making EFDA an exceptional career choice.

Please read the enclosed information carefully and follow the application procedures exactly. **YOU MUST MEET ALL DEADLINES AND SPECIFIC REQUIREMENTS IN ORDER TO BE CONSIDERED AS A QUALIFIED APPLICANT TO THE SEATTLE CENTRAL COMMUNITY COLLEGE EFDA PROGRAM.** The Seattle Central Community College District does not discriminate on the basis of race, color, national origin, sex, sexual orientation, disability, or age in its programs and activities.

If you need more information please contact us by calling 206-934-6922, Email: [efda@seattlecolleges.edu](mailto:efda@seattlecolleges.edu)

## *Disability Support Services*

The role of the Disability Support Services Office is to provide physical and programmatic accommodations to persons with documented disabilities. This is carried out within the overall goals and mission Seattle Central Community College and Seattle Community College District's Policy and Procedure 387 [Reasonable Accommodations for Students with Disabilities](#). The Disability Support Services (DSS) Office offers consultation to faculty, staff, and classified employees of the college for the purpose of designing accommodations that provide equal access to otherwise qualified students regardless of age, gender, race, or sexual orientation.

To be eligible for disability-related services, students must have a disability as defined by the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973. Under the ADA and Section 504, a person has a disability if he or she has a physical or mental impairment that substantially limits one or more of the major life activities (walking, standing, seeing, speaking, hearing, sitting, breathing, and taking care of oneself).

At the Seattle Central Community College Campus, Disability Support Services is the designated office that obtains and files disability-related documents, certifies eligibility for services, helps determine academic adjustments, and consults for the provision of such accommodations. Academic adjustments are provided to ensure access to all community college courses, programs, counseling, activities, and facilities. Disability Support Services provides or arranges a variety of auxiliary services to the community college, such as interpreting services (District wide), assistive technology, exam modifications, and academic assistance. Auxiliary requests such as Braille, books on tape are to be requested at least 6 weeks in advance. There may be a delay in services if less notification is given. Request for interpreting services with less than four weeks notice for on-going classes can result in delayed services. At least 3 business days are required for special requests/one time services. Therefore, all inquiries and requests from any student, faculty or staff member for interpreting services must be referred to the DSS Office of the college at which the class or activity is located.

*Disability support and services handbook can be found on the website  
<http://www.seattlecentral.edu/disability-support/DSSHandbook.pdf>*

### ***Clinical & Community Health Rotation Sites***

<b><i>Program Location(s):</i></b>	<b><i>Community Health Rotation Sites</i></b>
<i>Seattle Central Community College EFDA Program 1701 Broadway, Seattle, WA 98122 (206) 934-4186</i>	<i>Neighborcare Health Dental Clinics</i>
<i>Seattle Vocational Institute Clinical Site 2120 S. Jackson St. Seattle, WA 98144 (206) 934-4423</i>	<b><i>Training Sites:</i></b>  <i>Willamette Dental Offices</i>

## REQUIREMENTS

You may contact Jolene Hartnett the Program Director at (206) 934-6922 to schedule an advising appointment to assist you in developing an educational plan. Please read all the information contained in this booklet and make a list of your questions to assist the EFDA Advisor. Assessment (ASSET or COMPASS) test scores are needed prior to the advising appointment. The following are required:

1. All students who are interested in Seattle Central Community College should visit [www.seattlecentral.edu](http://www.seattlecentral.edu) and familiarize themselves with all SCCC academic, administrative, and student services prior to admission.
2. Apply to the college in the Admissions Office, room 1104B1. Bring Original high school (or GED). If you are an international student, get verification of equivalent U.S. high school completion from the International Student Programs Office.
3. Attend a mandatory STARS session.
4. Advising appointments with an advisor familiar with the EFDA Program can be arranged by calling (206) 934-4188, Bill Spence. Students should bring high school diploma or transcripts if necessary and specific questions to the appointment.
5. Incoming classes are admitted bi-annually; next incoming class winter 2012.
6. Prospective EFDA students whose English is a second language must provide results of the International English Language Testing System (IELTS) exam on or before the application deadline. The overall score must be a score of 6.0 or higher. In addition, the speaking band must be no lower than a score of 6.0. If the applicant is a U.S. Citizen and has attended high school in the United States, the IELTS is not required.
7. Proof of completion of a dental assisting education program accredited by the Commission on Dental Accreditation (CODA); OR the Dental Assisting National Board (DANB) certified dental assistant credential earn by Pathway II which includes:
  - i. a minimum of 3500 hours of experience as a dental assistant within a continuous twenty-four through forty-eight month period;
  - ii. Employer-verified knowledge in areas as specified by DANB;
  - iii. Passage of DANB certified dental assistant examination;
  - iv. An additional dental assisting review course, which may be provided on-line, in person or through self-study; or
  - v. A Washington limited license to practice dental hygiene.
- B. Complete the EFDA Program Application. Make sure you have followed the application process exactly. Once you have read the application and still have questions you may call our director, Jolene Hartnett at 206-934-6922 or email her at [Jolene.hartnett@seattlecolleges.edu](mailto:Jolene.hartnett@seattlecolleges.edu) to make an appointment for information.
- C. Admissions criteria include meeting the state law requirements as listed above (see B). It is recommended that student with minimal or no computer skills also take an introductory course in the use of microcomputers.
- D. Students are accepted into the program after completing the program application procedures and participating in the student selection hand skills test. Fifteen students will be selected to start the program.
- E. In accordance with health facility affiliation agreements, students enrolled in clinical courses are required to complete a Request for Criminal History form. All information will be kept confidential. Students should be aware that certain convictions may prevent clinical placement and employment and that completion of this program does not guarantee certification, licensing or employment.

**\*\* It is recommended that students with minimal or no computer skills take an introductory course in the use of computers, such as MIC 101, or complete the SAM test in the Testing Office, Room Number 1106. TEL: (206) 934-6344**

Once courses are complete, either at SCCC or another college:

1. Apply to SCCC.
2. Apply for admission to the EFDA program by completing an application and submitting it before the deadline. You will be required to pay a **\$35.00 non-refundable processing fee**.
3. Students will go through the selection process. Fifteen students will be selected for program entry bi-annually.
4. All students will be notified of their acceptance status. Students who are placed on the alternate list are ranked, and should stay in close contact with the EFDA Program Office if interested in remaining active applicants. If a candidate withdraws, alternate candidates will be contacted.
5. Prior to entry, all students must have a: Washington State criminal background check, proof of CPR /First Aid, HIV/AIDS training, TB testing, required vaccinations, dental and medical physical exams.

## EFDA PROGRAM APPLICATION PROCEDURES

The deadline for submitting a Seattle Central Community College EFDA Program Application for Admission is **October 28<sup>th</sup>, 2011**. In addition, a \$35.00 nonrefundable processing fee must be paid in the Cashier's Office and a receipt included with your transcripts and application documents. Please make check or money order payable to Seattle Central Community College. Please read the information below regarding other documents due by **October 28<sup>th</sup>, 2011**. It is the applicant's responsibility to see that his/her file is complete and up-to-date. The following procedures must be followed. Failure to comply will disqualify the applicant. All applicants must adhere to the following deadlines to be considered in the applicant selection/review pool.

### CRITICAL DEADLINE

- 1. **October 28<sup>th</sup>, 2011** Complete college Admission Application form <http://seattlecentral.edu/admissions/index.php>  
Former students who applied and enrolled within the last five years need not re-apply.  
For more information, please contact the Registration Records Office at (206) 934-6918.
- 2. **October 28<sup>th</sup>, 2011** Official transcripts demonstration or completion of high-school or diploma attended or GED.
- 3. **October 28<sup>th</sup>, 2011** Proof of completion of a dental assisting education program accredited by the Commission on Dental Accreditation (CODA);  
  
OR the Dental Assisting National Board (DANB) certified dental assistant credential earn by Pathway II which includes:
  - i. a minimum of 3500 hours of experience as a dental assistant within a continuous twenty-four through forty-eight month period;
  - ii. Employer-verified knowledge in areas as specified by DANB;
  - iii. Passage of DANB certified dental assistant examination;
  - iv. An additional dental assisting review course, which may be provided on-line, in person or through self-study; or
  - v. A Washington limited license to practice dental hygiene.
- 4. **October 28<sup>th</sup>, 2011** A \$35.00 non-refundable EFDA Processing Fee.
- 5. **Results** of the International English Language Testing System (IELTS) exam for students whose English is a second language. Please schedule in time for results to be available prior to entry.
- 6. **To Be Announced:** Hand skills test after successful completion of EFDA application at SVI dental clinic. Notification is required by EFDA program.

**Incomplete files will not be considered in the selection process. It is the applicant's responsibility to see that his/her file is complete and up-to-date, prior to established deadlines.**

## REQUIREMENTS AFTER ACCEPTANCE INTO THE EFDA PROGRAM: DEADLINE December 15<sup>th</sup> 2011

Once an applicant has been accepted into the EFDA Program, the following will be required **prior** to beginning the Winter Quarter. All medical examinations are to be completed at the student's expense.

1. **Complete and forward the following results to the EFDA Department office by December 15<sup>th</sup> 2011** . A physical examination (within six months prior to entering the Program) evaluating general and musculo-skeletal health. This examination must include previous or current injuries and conditions to hands and arms (i.e. carpal tunnel, tendonitis, fractures, etc.), shoulders, neck and back (including muscles, tendons, bones, and/or nerves). In addition, this physical examination **must** include laboratory tests and update of immunizations as recommended by the Centers for Disease Control and Prevention (CDC) or your health care provider. *Guidelines for immunizations, set by the CDC, are provided at the end of this section. Take these guidelines with you to your appointment to ensure that you receive the proper immunizations.*

2. A **two-step PPD/Manitou screening test** for Mycobacterium tuberculosis is required at the time of acceptance into the program and thereafter on an annual basis. This is not an immunization but a test of exposure to Mycobacterium tuberculosis.

**NOTE:** Students accepted into the Program who were born in a foreign country and received a BCG immunization for T.B. must contact the EFDA Department prior to going for a PPD test.

3. A vision/eye examination that includes an evaluation of depth perception. Students will be required to wear safety glasses during the performance of **all** lab and clinical activities/procedures. Students who wear prescription glasses should consult with the Clinic Coordinator for acceptable eyewear options. Side shields are required on all safety glasses including personal prescription glasses. Some frame designs create difficulty in meeting this requirement.

### REQUIRED IMMUNIZATIONS

MMR: *Measles* (Rubeola), *Mumps*, and *Rubella* (German measles) may require booster doses based upon periodic titer tests of the antibody levels. Current booster doses are recommended at 10 year intervals, or more often when medically indicated.

Oral Polio Vaccine (OPV): provides immunization against polio viruses 1, 2, and 3.

Tetanus-Diphtheria (TD): recommend 10 year booster.

Hemophilus Influenza B (HIB): now FDA approved in combination with DPT immunization.

Hepatitis B Vaccine: immunization should begin within two (2) months of birth, with possible periodic booster doses. This is a recent addition to childhood immunization and booster dose recommendation. Further definition of this recommendation will be determined over time by the Center for Disease Control (CDC).

Varicella Virus Vaccine: Chicken Pox, this vaccination is endorsed by the American Academy of Pediatric Physicians.

First Aid/CPR: Current First Aid and CPR-Provider C course card (Provider C is a Basic Life Support course for health care professionals) Valid for 2 years

**Students are required to have all immunizations prior to beginning their training. The cost for all vaccinations including HBV is the responsibility of the student.** Ideally all doses will be completed prior to fall quarter of admission. A confirming test to determine immunity is encouraged after the second dose, and is required after the third dose.

All required immunizations must be current upon entrance into the EFDA Program. Any variations must be documented by a healthcare provider, indicating why the medication was not/will not be given.

#### Special Note:

The educational environment contains multiple latex products and exposure to potential blood borne pathogens and that all treatment conforms to current infection control standards as designated by the Centers For Disease Control (CDC) and the United States Occupational Safety & Health Administration (OSHA).

### ESTIMATED COST OF THE PROGRAM

<b>Student Costs</b>	
A. Tuition	\$9,000.00
B. Student Photo ID Card	One time fee \$5
C. Transportation Management Fee Per Qtr	\$10
D. Universal Technology Fee per Qtr	\$35
E. Student Activity Fee per Qtr	\$20
F. Online Technology Fee	\$10 per class
G. Books	\$160
H. Uniform	\$150 approx
I. Clinic/Lab Fees per Qtr	\$500
J. Instrument Issue	\$2800 includes hand pieces
K. WA EFDA License	\$175 approx
L. WREB Restorative Exam	\$500 approx
M. DANB EFDA Exam (WARE)	\$275
N. Dental Assisting Professional Association Dues & Malpractice Insurance	\$105 + National Dues \$10 = \$115 Total
O. Application Fee Payable to SCCC EFDA Program	\$35
<b>Total: *subject to change</b>	<b>\$13,800.00*</b>

### FINANCIAL AID, SCHOLARSHIPS, AND LOANS

Students accepted into the Seattle Central Community College EFDA Program who are interested in information about financial aid, scholarships, and/or loans should contact the Financial Aid Office (206) 934-3844. Our Federal (Title IV) School Code is 003787. Deadlines are strictly adhered to, so students are encouraged to apply early.

Any documents sent to your file at the Seattle Central Community College Admissions Office or the EFDA Program will become the property of Seattle Central Community College and the EFDA Program. Please keep copies of documents you wish to retain in your records.

SEATTLE CENTRAL COMMUNITY COLLEGE EFDA CURRICULUM  
2012-2013

It is recommended that students with minimal or no computer skills take an introductory course in the use of computers, such as MIC 101 or the SAM test in SCCC's Testing Office, room 1108.

**PROGRAM SEQUENCE**

SEATTLE CENTRAL COMMUNITY COLLEGE  
*Expanded Function Dental Auxiliary Program Scope & Sequence*  
REQUIREMENTS FOR THE CERTIFICATE OF COMPLETION

**FIRST QUARTER COURSES**

EFDA 100	Procedures I
EFDA 101	Restorative Lab I (6 hrs lab)
EFDA 110	Dental Coronal Anatomy (Online)
EFDA 111	Dental Materials & Technique

**CREDITS**

1  
3  
2  
2

**Qtr 1=Total 8 Credits**

**SECOND QUARTER COURSES**

EFDA 200	Procedures II
EFDA 201	Restorative Clinic II (8 hrs clinic)
EFDA 202	WREB Preparation (2 hrs lab)
EFDA 212	Ethics & Jurisprudence (Online)

1  
4  
1  
1

**Qtr 2=Total 7 Credits**

**Total Program = 15 Credits**

**EFDA APPLICATION FORM**

Where do you hear our program from?

- School catalog
- Family & Friends
- Dental Assistant students
- Dental Clinic
- College Website

Other: \_\_\_\_\_

Are you U.S. Citizen? Yes No

U.S. High School Graduate?  Yes  No

IELTS is required if English is your second language,

And you did not complete U.S. high school and not U.S. citizen

IELTS Test Taken?  Yes Date \_\_\_\_\_  NO

Submit IELTS Test Score Yes No

Name \_\_\_\_\_ Date \_\_\_\_\_

S.I.D. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone (eve) \_\_\_\_\_ Phone (day) \_\_\_\_\_

E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

**A non-refundable application fee of \$35.00 must be paid before you can be placed on any Allied Health approved list. (The \$35.00 fee and application form is required for each program you are applying for).**

The fee must be paid at Seattle Central Community College’s Cashier’s Office, located in room BE1104. Please present your application form to the cashier with your payment. Payment can be made by cash, check, and money order, VISA, MasterCard or Discover. You must then submit your application form and receipt, showing the paid \$35.00 application fee, to the Division Office located in BE3210 in order to be placed on the approved list.

**Cashier Note:** Fee code: **011-2715 AH**

**Checks must be written for the exact amount and must be drawn on banks located in the United States. A handling fee of \$30.75 is charged for any returned checks.**

**PATHWAY I DENTAL ASSISTING GRADUATE of CODA ASSISTING PROGRAM OR  
 PATHWAY II OFFICE EXPERIENCE VERIFICATION FORM AND DANB CREDENTIALS DUE: October 28<sup>th</sup> 2011**

**APPLICANT'S NAME:** \_\_\_\_\_ **Student Identification Number**  
 (Please print clearly) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Graduated from CODA ACCREDITED Dental Assistant Program:**  Yes  No  
 Name of Program: \_\_\_\_\_ Address: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**OR Pathway II which includes:**

- i. a minimum of 3500 hours of experience as a dental assistant within a continuous twenty-four through forty-eight month period;
- ii. Employer-verified knowledge in areas as specified by DANB;
- iii. Passage of DANB certified dental assistant examination;
- iv. An additional dental assisting review course, which may be provided on-line, in person or through self-study.

Name of dentist(s) or clinic in which you were employed \_\_\_\_\_

For applicants submitting with Certified Dental Assisting (CDA) Certification, please attach a copy of your current (CDA) Certificate. Proof of an additional dental assisting review course (see above).

If you wish to submit work experience from more than one office, please copy this form and submit each signed form to the Seattle Central CommunityCollege EFDA Office.

Please read the descriptions below, indicate with an X in the boxes that most closely describe the nature of your work experience in a dental office:

Duties and tasks performed:	Routinely	Occasionally	Never
<b>Expanded Function Dental Assistant</b> (performs two or more tasks) All chairside functions noted below plus: temporary crowns, retraction cord placement, sealants, placement of matrices, etc.			
<b>Chairside Dental Assistant</b> (primary role) 4 & 6 handed dentistry, manipulation of dental materials, rubber dam placement, exposing radiographs, child prophylaxis			
<b>Limited Chairside Experience</b> (not primary role) Oral evacuation and transfer of instruments			
<b>Sterilization Assistant</b> (primary role) No chairside duties			

*By signature, the applicant verifies this to be an accurate reflection of his/her work experience and the total hours worked in this position.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*By signature, the employing Dentist verifies this to be an accurate reflection of the applicant's work experience and the total hours worked in this position according to WAC 246-817-195.*

**Work Experience Dates:** from \_\_\_\_\_ to \_\_\_\_\_ **Total hours** \_\_\_\_\_ worked at this position.

**DATES EMPLOYED:**

**DENTIST'S NAME (PRINTED):** \_\_\_\_\_

**Dentist's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_ **Office Phone No.** \_\_\_\_/\_\_\_\_/\_\_\_\_ (mandatory)

**FOR OFFICE USE ONLY: VERIFIED:**  YES  NO **DATE:** \_\_\_\_\_ **INITIALS:** \_\_\_\_\_