

**Expanded Function Dental Auxiliary (EFDA) Scholarship Community
or Public Dental Health Clinic
Recommendation
Deadline: November 4, 2011**

Purpose:

- Increase access to restorative care dental health care in Washington.
- Helps recruit and retain providers in high need communities in Washington State.

Eligible Candidates:

- Dental Assistants who meet the requirements set by the state: Pathway I or Pathway II.
- Dental Assistants who are currently working for or recommended by a community or public dental health clinic.

Funds:

- Applications for scholarships are available, please apply now.

Name of Institution or Clinic: _____

Street: _____ City: _____ State: _____

Zip Code: _____ Phone: _____

(Please Print)

Director of Clinic or Human Resource Director:

Last Name: _____ First Name: _____ Middle Initial: _____

Signature: _____

I recommend (Please Print):

Last Name: _____ First Name: _____ Middle Initial: _____

For Seattle Central Community College Expanded Function Dental Auxiliary (EFDA) Scholarship. This candidate fully understands and is willing to work for our institution for no less than one year of employment after receiving an EFDA license.

We appreciate your time and effort in completing the assessment below. Please provide the feedback on the personal characteristics of:

_____.

Prospective EFDA Student Name

PERSONAL CHARACTERISITCS	3	2	1
Rating Scale <i>(Please mark only 1 box with a V or X)</i>	Excellent	Average	Low
1. This person has the following ability to follow through on assigned tasks.			
2. This person has the following attention to detail.			
3. This person has the following ability to work on a team.			
4. This person has the following ability to communicate orally.			
5. This person has the following ability to communicate in writing.			
6. This person has the following ability to solve problems independently.			
7. This person has the following ability to articulate her/his personal system of ethics.			
8. This person has the following ability in organizing tasks.			
9. This person has the following level of professionalism.			
10. This person has the following knowledge of the field of dentistry.			
11. This person has the following ability to be punctual.			
12. This person has the following level of competence using technology.			

Please provide a short summary of your perception of this person to be successful in an EFDA program, to include: The Applicant’s participation in community activities, the demographic characteristic of the community in which the applicant resides, and the applicant’s interaction with people of diversity backgrounds.

Director of Clinic or Human Resource Director:

Last Name: _____ First Name: _____ Middle Initial: _____

Signature: _____