

OWENS COMMUNITY COLLEGE

Workforce & Community Services

Dear EFDA Applicant,

Applications will be accepted through April 15, 2024 for the 2024 – 2025 EFDA program.

The committee will review all applications and you will be notified via email of your acceptance into the program. This email typically is sent out at the beginning of June and will contain additional information and details including a mandatory orientation. Once you receive this email acceptance letter, you will need to respond back stating you've accepted your seat or you decline your seat. This is a highly competitive program to be accepted into, as well as rigorous program.

The enclosed packet contains information you should read and/or complete/sign:

- Information document about requirements for becoming an EFDA in Ohio.
- An Owens Community Workforce & Community Services Non-credit Application form.
- Checklist of items needed to apply for the EFDA program.
- An Owens EFDA Program Application form.

We are excited to announce that the CODT EFDA Examination will be offered AT THE OWENS COMMUNITY COLLEGE CAMPUS at a to be determined date! This means the opportunity to avoid the long trip to Columbus to take your EFDA exam.

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Chair, Dental Hygiene Programs
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(567) 661-7304

Jaime Wineland
Director of Operations, Workforce & Community Services
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OWENS COMMUNITY COLLEGE

Workforce & Community Services

CHECKLIST OF ITEMS NEEDED TO APPLY FOR EFDA (2024 – 2025 program)

<input type="checkbox"/>	Owens Workforce Non-Credit Student Application completed, signed.
<input type="checkbox"/>	EFDA Program Application form completed, signed.
<input type="checkbox"/>	Copy of documentation of your current credential as a state-certified Dental Assistant, Dental Hygienist or internationally-trained Dentist.
<input type="checkbox"/>	Copy of current CPR Certification.
<input type="checkbox"/>	Copy of document proving immunity to or inoculation against Hepatitis B.
<input type="checkbox"/>	Personal statement (250 words or less).
<input type="checkbox"/>	For foreign-trained dentists only, documentation of education course evaluation.
<input type="checkbox"/>	[OPTIONAL] Employer recommendation statement.

Upon Completion, please send all application items via one of the following:

Scan/Email to: wcs@owens.edu

Mail: Owens CC, Attn: Jaime Wineland, 30335 Oregon Road,
Perrysburg, OH 43551



Workforce & Community Services Non-credit Student Application

Please print information clearly.

Your name exactly as it appears on legal documents:

Last: _____ First: _____ Middle: _____

Please indicate any former names: _____

Gender: Male Female Birth Date: (MM/DD/YYYY) _____ / _____ / _____

Social Security Number: _____ - _____ - _____

Your Social Security Number is confidential and protected by both federal and state laws. The College will protect this number from unauthorized disclosure and/or use. In compliance with state and federal regulations, disclosure may be authorized for the purposes of state and federal reporting. Additionally, Owens Community College will use your Social Security Number for keeping records, and reporting. If your Social Security Number is not provided, Owens Community College and other colleges may not be able to match your application(s), test scores or transcripts to your academic records, which may delay processing your application.

Home Mailing Address House Number & Street: _____

City: _____ State: _____ Zip Code: _____

County _____ E-mail Address: _____

Home Phone: _____ Cell Phone: _____

Name of Emergency Contact: _____ Phone: _____

Your responses to the following questions regarding race and ethnicity are voluntary and will be treated as confidential. No discriminatory action will be taken as a result of your response and no adverse action will result if you do not respond.

Are you of Hispanic or Latino origin? Yes No

If you wish to be identified by race, please check one or more:

- American Indian/ Alaska Native Black/ African American Native Hawaiian/ Pacific Islander Asian White/ Caucasian

Agreements and Authorization

The information given above is complete and accurate to the best of my knowledge. I will be responsible to pay all fees, interest, and expenses incurred. Delinquent accounts will be forwarded to the Ohio Attorney General's Office for actions, as required by the Ohio Revised Code. Successful completion of a program of study at the College does not guarantee licensure, certification, or employment in relevant occupation.

By signing this application, I agree to abide by all policies, regulations, and procedures of the College. I understand this application is for non-credit coursework only.

Signature

Date

Questions? Please call (567) 661-7357, or e-mail wcs@owens.edu.



Owens Community College EFDA Program Application (2024-2025 program)

Please print information clearly

Your name:

Last: _____ First: _____ Middle: _____

Last 4 digits of SSN: _____

Employment Experience		Dates of Employment (mm/dd/yy)	
Employer Name	Location	From	To
Please indicate total amount of Chairside Experience you have had in a dental office setting:			Years and/or Months:

Education Record				
School	Completed	Some (where applicable)	Name and Location of School	Year Graduated
High	<input type="checkbox"/>	<input type="checkbox"/>		
Vocational	<input type="checkbox"/>	<input type="checkbox"/>		
College/University	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		

Acknowledgement of Owens EFDA program completion requirements:

- Please review the course schedule in the next section and make sure you will be available to attend.
- You must be prepared for schedule adjustments if required (weather, instructor illness, etc.).
- At the time you participate in the program, you must be familiar with restorative procedures.
- To complete the program, you must be able to participate effectively in both the didactic (theory) portions of the training and clinical situations.
- You must show acceptable progress in the pre-clinical training before being allowed to provide care to patients.
- You must be in good financial standing with Owens College to be allowed to register. If you are uncertain about your status, please call the Owens Oserve office at (567) 661-7378.
- Course fees must be fully-paid before attending the pre-requisite courses. Course fee for the EFDA course must be fully-paid before you can attend the class meetings.

EFDA Program Schedule (subject to change):

Orientation/Welcome Session

TBD. This is a mandatory orientation for all accepted EFDA students. Receive information about class, lab, and clinical procedures, as well as course materials and supplies options.

Bloodborne Pathogens, Equipment Safety and OSHA Compliance Class

This will be required of all participants who are accepted into the EFDA course. There will be one date for all participants to attend this 4-hour class.

Date: TBD

Tooth Morphology Class

This will be required of all participants who are accepted into the EFDA course. There will be two date Options for this 8-hour class.

Classes will meet Mondays from 5:30-9:30 p.m.

Dates: TBD

EFDA Course Lab and Clinic Class Meetings

Lab and clinic sessions will be held on Monday evenings (5:30-9:30 p.m.) and after the first of the year, Saturday Lab Classes (8 a.m. - 5 p.m.), Saturday Clinic Sessions (8 a.m. – 2 p.m.) are in addition to Monday evenings.

Lab and clinical sessions: TBD

Ohio EFDA exam is available AT OWENS on a to be determined date. You are responsible for state exam application and any related fees.

Personal Statement (250 words or less)

In the space below, tell us why you would like to become an EFDA, briefly describe your knowledge of EFDA duties, and explain your goals for using your new credential after passing the EFDA exam.

Optional Employer Recommendation:

If you wish to provide us with a brief employer recommendation letter, please ask the employer to prepare and sign a letter on company letterhead. Suggested content to include: employer's assessment of your professional knowledge, judgment, professionalism, technical skills, following direction, dependability, and communication skills.

By signing this document, I acknowledge that I have read and understand the Owens EFDA program requirements.

Signature

Date

Questions? Please call (567) 661-7357, or e-mail wcs@owens.edu.