

## RESTORATIVE II REGISTRATION PACKET

### Registration Process

1. Select an available EFDA clinical course date/competency exam date for the Restorative II course.
  - Note that that the clinical course date and competency exam dates are paired 4 weeks apart.
2. There are **THREE documents** that must be completed and turned in for registration:
  - EFDA Registration Form
  - EFDA Signature Sheet to be signed by both the supervising doctor and the auxiliary.
  - EFDA Waiver
3. **PLEASE PROVIDE A VALID PERSONAL EMAIL THAT YOU HAVE CONSISTENT ACCESS TO.** MDA staff will send correspondence to you via email to provide you with overview materials and login information.

### Summary of Coursework

1. **PREWORK PERIOD:** The online portion of the Restorative II course opens 4 weeks prior to the clinical course date. Auxiliaries are required to review all materials in the modules, complete the prework restorations and work with their supervising doctors during the 4-week prework period to prepare themselves for the clinical course.
  - The MDA will mail to auxiliaries, as a part of the course fee, a typodont and set of prepped teeth to practice 10 different restorations (Class II, III and IV). A chair mount is LOANED to the auxiliary for the entire course period and is mailed. It must be brought to the clinical session and exam for use and then returned to the onsite trainer. Auxiliaries must first review modules and then proceed to completing the mandatory prework.
2. **CLINICAL SESSION:** The clinical portion is a one-day session that includes instruction and practice. Auxiliaries will be coached and will have time to practice and complete restorations on 6 of the 10 preparations with which they practiced during the prework. This includes coaching the auxiliary by leading discussions, giving tips and techniques to improve their skills and guiding them in performing good restorations. The trainers will answer questions and provide feedback. Auxiliaries may practice as many times as needed to produce acceptable restorations, so long as they have completed all the restorations by the end of the session.
3. **PRACTICE PERIOD:** Auxiliaries will have a period of 4 weeks to go back and continue to hone their skills, building on the additional guidance and coaching that they received during the clinical session. In addition, their supervising doctor will need to confirm that the auxiliary is ready and that their practice work has been checked as well.
4. **COMPETENCY EXAM:** The auxiliary will present 4 weeks later, to complete the competency exam. Each auxiliary will be given three exam preparations (different preps than they have previously completed) to place and finish restorations completely on their own, without trainer coaching.
  - The auxiliary will be given 3 hours to complete all restorations. The auxiliary may get a second prep to redo a restoration as long as all restorations are completed within 3 hours. Auxiliaries must keep in mind that efficient use of time is also a component of the competency testing.
  - Upon completion of the restorations, the auxiliaries will turn in their assigned typodont and may leave. All typodonts will be returned to the MDA office and then shipped to a group of calibrated trainers for comprehensive grading of the restorations. Each typodont will be graded by three trainers who will determine final score and the ultimate grade of pass or fail.

### Cancellation/Substitution/Transfer/Refund Policy

- Cancellations made **PRIOR** to the final registration deadline: Course fee refunded less \$200 cancellation fee.
- No refunds will be made after the deadline and/or access to online coursework is given/packets have been mailed.
- Cancellations made **AFTER** the final registration deadline: Course credit issued and may reschedule for a new course/date with a \$200 transfer fee.
- Another employee may be substituted at no additional charge before the final registration deadline.
- **No substitution/credit/transfer will be provided to any registrant who does not show up at a scheduled course without notification of the MDA.**



**COURSE REGISTRATION INFORMATION**

|   |               |  |           |  |
|---|---------------|--|-----------|--|
| <input type="checkbox"/> Restorative II | Clinical Date |  | Exam Date |  |
|---|---------------|--|-----------|--|

Course Location: All courses now held at the Clinical Training Center in Jefferson City.

|  |  |
|--|--|
| Most courses include short lunch/break; please note any dietary restrictions |  |
|--|--|

**REGISTRANT INFORMATION**

Name

Home Address

|      |       |     |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

Primary Phone (Home/Cell)

Must Provide Personal Email

**SUPERVISING DOCTOR/EMPLOYER INFORMATION**

|      |            |
|------|------------|
| Name | ADA Number |
|------|------------|

Office Address

|      |       |     |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

|              |              |
|--------------|--------------|
| Office Phone | Doctor Email |
|--------------|--------------|

**FEE & PAYMENT** (FEE INCLUDES NEW TYPODONT & PREPS TO KEEP)

CHECK BOX FOR APPROPRIATE FEE *IS THE SUPERVISING DENTIST A MEMBER OR NON-MEMBER OF THE MDA?*

**JOIN THE MDA!!**

**\*\*If you're a non-member & your team takes 3-4 courses a year, you will cover the cost of membership, just in course fee savings. In addition to other member benefits you will receive from the ADA/MDA/Local Society). [CLICK HERE TO JOIN](#) Or email [Stacey@modentalmail.org](mailto:Stacey@modentalmail.org).**

|  |   |
|--|---|
| <input type="checkbox"/> \$975 MDA Member/Course Fee | <input type="checkbox"/> \$1450 Non Member**/Course Fee |
|--|---|

\$100 Modern Dental Assisting eBook (optional referencel)

|  |  |   |
|--|--|---|
| <b>PAYMENT BY</b> <input type="checkbox"/> Employer <input type="checkbox"/> Assistant | <input type="checkbox"/> Credit Card (Visa/MC/Disc) <b>NO AMEX</b> | <input type="checkbox"/> Check (Payable to MDA) |
|--|--|---|

|                    |     |     |
|--------------------|-----|-----|
| Credit Card Number | Exp | CSV |
|--------------------|-----|-----|

|              |           |
|--------------|-----------|
| Name on Card | Signature |
|--------------|-----------|

|   |               |
|---|---------------|
| Would you like a receipt by email? <input type="checkbox"/> Yes | Email Address |
|---|---------------|

**REQUIRED CERTIFICATION**

***A Restorative I Permit is required to register for the Restorative II course.  
MDA will verify this permit with the Missouri Dental Board.***

**MAIL/FAX YOUR REGISTRATION WITH PAYMENT & OTHER REQUIRED DOCUMENTS TO**  
Missouri Dental Association • 3340 American Ave • Jefferson City, MO 65109 • Fax 573-635-0764  
Questions • Contact Mandy Lewis at 573-634-3436 or [mandy@modentalmail.org](mailto:mandy@modentalmail.org)



## RESTORATIVE II REGISTRANTS & SUPERVISING DOCTORS ONLY

This form **must be read and completed** by both the auxiliary and the supervising dentist and included with registration **BEFORE** dental auxiliary enrollment is accepted for an upcoming **Restorative II Expanded Functions** course.

The Restorative II EDFA course allows functions for delegation that are *very technique sensitive* and may be difficult for your dental auxiliary, even if they've been a Restorative I EFDA for some time, and/or have other EFDA certificates/permits. **Therefore, we require substantial practice and preparation by auxiliaries prior to the clinical course to help ensure positive outcomes at both the clinical session and competency testing.**

\_\_\_ **(Auxiliary Initials)** *I am aware there is substantial prework required for the Restorative II course. I understand all prework restorations MUST be completed prior to the clinical course and MUST be graded by my supervising dentist. I will bring my typodont with all completed prework to the clinical course. I will use my time accordingly to successfully complete the prework and come prepared to the clinical session/testing.*

\_\_\_ **(Supervising DR Initials)** *I am aware my auxiliary will need substantial time to complete the required prework. I will ensure they are allowed time for clinical course/test preparation.*

**PREWORK PERIOD:** Your auxiliary will be emailed information/links to prerequisite online coursework and will receive a package by mail that includes a typodont, chair mount and practice preps. **We strongly encourage you both to review and discuss this information and the online coursework modules.** This discussion is beneficial so your auxiliary can engage you in any related questions about the skills prior to the actual clinical session. The more prepared they are, the better she/he will understand the concepts of the clinical skills and perform those skills at a passing competency level.

### Online Coursework

- **PRESENTATIONS:** Thorough viewing of the presentations and videos are required.
- **QUIZZES:** Multiple choice questions pertaining to each module; quizzes are to be completed, but are for practice and self-evaluation only.
- **SKILLS STANDARDS:** Printed criteria used to assess competency at the clinical session and exam.

### Hands-On Prework

- **PRACTICE TYPODONTS:** Each auxiliary will be required to restore 10 preps during the prework period. The auxiliaries are asked to practice these restorations as much as they feel necessary to prepare for the impending clinical session and competency testing. Auxiliaries may drill/refill restorations as necessary. **The supervising doctor must review and grade the final restorations utilizing the criterion on the skills standards sheets. This is a mandatory prerequisite which must be done prior to the clinical session. The practice typodont restorations must be brought to the clinical session for evaluation.**
- **AMALGAM RESTORATIONS:** Effective placement and carving of amalgam restorations are a requirement of EFDA Restorative II, even if the supervising dentist no longer uses amalgam. Mentoring in amalgam placement must be a part of the practice in advance of the clinical session.

\_\_\_ **(Supervising DR Initials)** *I will coach my auxiliary during completion of the prework exercises in preparation for this course. I will provide guidance to my auxiliary to ensure preparedness for the clinical session and exam.*

\_\_\_ **(Supervising DR Initials)** *I will use the skills standards sheets to evaluate the prework completed by the auxiliary.*

**During both the clinical session and competency exam, procedures will be performed on the student's typodont that has been mounted on a dental chair.** Your auxiliary will be required to use a mouth mirror to perform maxillary restorations with indirect vision. She/he should practice the prework restoration placement and finishing using indirect (dental mirror) vision as the typodont is oriented like a patient's head is oriented. It is not permissible to work on the typodont that is opened up on a flat surface. A chair mount is included (on loan) with the student's typodont and **MUST BE** brought to the clinical course for competency testing.

Visual acuity (sight and light) is imperative to accomplish acceptable restorations for auxiliaries being delegated Expanded Functions. Dental loupes—preferably with a light—are highly recommended for accomplishing the small, detailed work of restoring, finishing and polishing restorations. The MDA Restorative II typodont graders use 2.5X magnification to grade the restorations.

\_\_\_ (Supervising DR Initials) *I am aware restoring typodont teeth on a chair mount is required for practice/testing. I am aware the use of magnification/loupes is highly recommended for this course. I am aware Restorative II restorations are graded with 2.5X magnification via loupes with a light.*

**CLINICAL SESSION:** The clinical portion is a one-day session that includes instruction and practice. The auxiliary will be coached and practice and complete restorations on 6 of the 10 preparations with which they practiced during the prework. Trainers will lead discussions, give tips and techniques to improve their skills and guide them in performing good restorations. The trainers will answer questions and provide feedback. The auxiliary may practice as many times as needed during the session to produce acceptable restorations.

**PRACTICE PERIOD:** The auxiliary will have a period of 4 weeks to go back to the office and continue to hone their skills, building on the guidance and coaching that they received during the clinical session. **In addition, the supervising doctor will need to confirm that the auxiliary is ready and that their practice work has been checked as well.**

**COMPETENCY EXAM:** The auxiliary will present 4 weeks later, to complete the competency exam. Each auxiliary will be given three exam preparations (different preps than previously completed) to place and finish restorations on their own, without trainer coaching. The auxiliary will be given 3 hours to complete all restorations. The auxiliary may get a second prep to redo a restoration as long as all restorations are completed within 3 hours. Upon completion of the restorations, the auxiliaries will turn in their assigned typodont and may leave. All typodonts will be returned to the MDA office and then shipped to a group of calibrated trainers for comprehensive grading of the restorations.

## Conclusion

**After reading through this information, we hope you understand the importance of your role as the supervising doctor and how your interaction, coaching and mentoring before the clinical session and exam is critical to the success of your auxiliary. This is a difficult course, currently with more than half of auxiliaries having needed to remediate one or more restorations.** However, we anecdotally know this often is due to lack of preparation before coming to the clinical course. An auxiliary *must commit to spending the time necessary* in both the online curriculum and clinical prework to be prepared for successful completion of the clinical session and exam.

**Even with successful Restorative II course completion, the supervising dentist is ultimately responsible for the outcomes of the EFDA delegation!** You must continue coaching your auxiliary and only delegate Restorative II skills when you are assured your auxiliary can perform them with the same safety and efficacy as you.

- Licensed dentists are responsible for all patient care, even if rendered by a permitted EFDA practicing under direct supervision. **A dentist is NOT required to delegate any expanded functions.**
- Licensed dentists are responsible for determining the appropriateness of delegation, as you consider the EFDA skill level, task difficulty, and nature and condition of the patient.
- **As the supervising dentist, you should always check the work of an EFDA before releasing the patient.**
- For questions about an EFDA delegable procedure as defined in the Dental Practice Act, contact Brian Barnett at the Missouri Dental Board (573-751-0040).

Supervising Doctor Name (PRINT): \_\_\_\_\_

Signature: \_\_\_\_\_

Auxiliary Name (PRINT): \_\_\_\_\_

Signature: \_\_\_\_\_

## MDA EFDA – ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AGREEMENT

*In consideration for the services provided to me by the Missouri Dental Association (“MDA”), including, but not limited to, allowing me to enroll and participate in the Expanded Functions Dental Assistant (“EFDA”) program as a student, I hereby agree to the terms and conditions as outlined below in this Assumption of Risk, Release, and Waiver of Liability Agreement (“Agreement”).*

1. I acknowledge that my participation in MDA’s EFDA program entails known and unanticipated risks, which could result in physical or emotional injury or damage to myself or my property. I understand that MDA has taken steps to minimize risk but that some risks simply cannot be eliminated.

2. I expressly agree and promise to accept and assume all of the risks, known and unknown, existing in the EFDA program. My participation in the EFDA program is purely voluntary, and I was not forced or coerced into enrolling or participating in the program.

**3. I, ON BEHALF OF MYSELF, MY CHILDREN, MY PARENTS, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVE AND ESTATE, HEREBY VOLUNTARILY RELEASE, WAIVE, AND FOREVER DISCHARGE ANY AND ALL CLAIMS OF NEGLIGENCE AGAINST THE MISSOURI DENTAL ASSOCIATION, ITS BOARD OF TRUSTEES, AGENTS, OWNERS, VOLUNTEERS, PARTICIPANTS, EMPLOYEES, TRAINERS, GRADERS, AND ALL OTHER PERSONS OR ENTITIES ACTING IN ANY CAPACITY ON THEIR BEHALF (“AFFILIATES”), THAT RELATE IN ANY WAY TO ANY ACTIVITY I UNDERTAKE WHILE ENROLLED OR PARTICIPATING IN THE EXPANDED FUNCTIONS DENTAL ASSISTANT PROGRAM.**

4. I further agree to indemnify and hold harmless MDA and its Affiliates from any and all claims, demands, causes of action, including attorney’s fees, arising from my negligence, or willful acts while enrolled or participating in the EFDA program. Should MDA or any of its Affiliates be required to incur attorney’s fees and costs to enforce this Agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I agree to bear the costs of any personal injury or damage I may cause while enrolled or participating in the EFDA program. I certify that I am willing to assume the risk of any medical or physical condition I may have.

6. I acknowledge that enrollment and participation in the EFDA program does not guarantee that I will successfully obtain EFDA certification. I understand that I must complete the courses within the program to the satisfaction of the Trainers and Graders, in their professional judgment. I also acknowledge that even if I do successfully obtain my EFDA certification, it does not assure that I will obtain employment as a dental assistant. I agree to raise any concerns or complaints about grading or my completion of the EFDA program directly with MDA before filing a claim or bringing an action against MDA or its Affiliates based on these concerns.

7. This Agreement shall be governed by, and construed in accordance with, the laws of the State of Missouri, without reference to any choice of law provision therein. Venue shall be exclusively in the State of Missouri for any action or proceeding arising from or related to this Agreement. If any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I expressly state that I have had sufficient opportunity to read this entire Agreement. I further certify that I have read and understood it, and I agree to be bound by its terms.**

**I further acknowledge that this document contains a negligence waiver and indemnification provisions.**

**EFDA Course Type**    Restorative I    Restorative II    Remove Prosth    Fixed Prosth    Orthodontics

EFDA Course Date \_\_\_\_\_ EFDA Course Location \_\_\_\_\_

Auxiliary Print Name \_\_\_\_\_ Auxiliary Signature \_\_\_\_\_

Date Signed \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_