

EXPANDED FUNCTION DENTAL AUXILIARY PROGRAM

EFDA Application Packet

Dear Applicant,

Thank you for your interest in the EFDA Program at NHTI. Please review the eligibility requirements and have your sponsoring dentist complete the Employment Verification Form. Payment must accompany the 'accepted application' on a first come, first serve basis. We encourage you to include credit card information with this application or mail a check to the BTC to hold your seat upon acceptance. Thank you! – Kathy Taylor, Director, Business Training Center

Eligibility Requirement

- Be a RDH, CDA or graduate of a CODA-accredited school of dental assisting.
- Proof of a minimum of 4,500 hours of dental clinical experience.
- Letter of recommendation from sponsoring dentist with an active NH license in good standing.
- Sponsoring dentist agreement (*A sponsoring dentist must commit to providing 120 hours of supervised clinical experience in their dental office/practice.*)
- Proof of current BLS-HCP Certification.
- Have successfully completed Preliminary Oral Inspection (POI) - *not required for RDHs or graduates of a CODA-accredited school of dental assisting.*

Application Process

- 1) Sponsoring dentist submits Employment Verification (see nhti.edu/efda)
- 2) Applicant submits fully completed application with all required documentation.
- 3) Applicants will be notified of acceptance on a first come, first serve basis.
- 4) Full payment must be received at time of acceptance.

NOTE: Tuition includes Liability Insurance & Typodont but does not include Dental Loupes

Application Packet Checklist

Please check one box and attach documentation.

- RDH - attach current license.
- CDA - attach DANB Certification Card.
- CODA Accredited School of Dental Assisting – attach transcript.

Attach the following documentation:

- [Employment Verification Form](#) (completed and signed by sponsoring dentist)
- Letter of recommendation from sponsoring dentist (provided by sponsoring dentist)
- Attach proof of current BLS-HCP Certification

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Student Information *(Please fill in the information below)*

Name	Date of Birth
Street address	Town/City State Zip
Home Phone Number	Cell Phone Number Employer Phone Number
E-Mail Address	

Employer and/or Sponsoring Dentist *(Please fill in the information below)*

Name	
Street Address	Town/City State Zip
Phone Number	E-Mail Address

Payment Information *(choose one)*

Credit Card (VISA, MC, Discover)

AMERICAN EXPRESS IS NOT ACCEPTED

NOTE: 2.85% credit card processing charge on top of charge for the class

PLEASE INITIAL TO ACKNOWLEDGE SEEING CREDIT CARD FEE

Name or Business Name on Card			
Billing Address	Town/City	State	ZIP
Credit Card Number#	Expiration Date		

Checks are payable to: NHTI Mail to: NHTI BTC, 31 College Drive, Concord, NHTI 03301

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Refund Information

In order to receive a full refund, you must contact the Business Training Center a minimum of 2 weeks before course start date. Cancellations made less than 14 days prior to course start will be refunded 50% of the tuition.

Applicant signature: _____ Date: _____