



## Sponsoring Dentist Statement of Commitment Expanded Function Dental Auxiliary (EFDA) Program

**Instructions**

1. The applicant completes Section 1 of this form.
2. The sponsoring dentist completes Section 2 of this form, reads Section 3, and signs in Section 4.
3. The applicant must scan and attach the form to their EFDA application prior to submitting the application.

**Section 1. Applicant Information**

<b>Applicant Last Name</b>		<b>Applicant First Name</b>		<b>M.I.</b>
<b>EFDA Application Year</b>	<b>Applicant Signature</b>			<b>Date</b>

**Section 2. Sponsoring Dentist Information**

<b>Dental Practice or Clinic Name</b>				
<b>Sponsoring Dentist Last Name</b>		<b>Sponsoring Dentist First Name</b>		<b>M.I.</b>
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Email Address</b>			<b>Phone Number</b>	

**Section 3. Role of the Sponsoring Dentist**

The student named above has applied to the Expanded Function Dental Auxiliary (EFDA) program at South Puget Sound Community College (SPSCC) and has indicated that you are interested in being their sponsoring dentist. Thank you for considering this opportunity.

To complete the applicant's file, and before the applicant may be considered for testing and registration, this Statement of Commitment needs to be signed by the sponsoring dentist. It is the applicant's responsibility to include the signed form along with their application before the applicant may be considered for testing and registration.

The EFDA program is a partnership between the dental community, the student, and SPSCC. All parties play vital roles in student success.

**Role of the Sponsoring Dentist**

1. Provide the employee / EFDA student with the preceptorship site during the second and third quarters for taking final impressions and placing and finishing 68 required restorations on patients who have been screened and chosen by the dentist.
2. Complete written evaluations (provided) for each composite and amalgam placed.
3. If you do not use amalgam as a restorative material, help the student secure sites where they can place and carve required amalgam restorations on live patients.
4. Guide and mentor the EFDA student as he/she practices placing amalgam and composite restorations in assigned typodont teeth.
5. Help to evaluate the student's restorations in typodonts using the evaluations provided by the college.
6. If possible, provide (temporarily) needed restorative instruments, dental materials, and a high-speed hand piece for the student from your office. Students can also purchase these items through an arrangement with Smart Practice. While it is not expected that the sponsoring dentist provide these items, it is appreciated if they do.
7. Provide contact information to receive pertinent information including review of the preceptorship and other responsibilities.
8. Sign a contract agreement with SPSCC. This agreement is for the dentist's protection as well as the college and is a very basic contract. FYI: Students will be required to purchase malpractice insurance from the college before starting the preceptorship in your office.

**Section 4. Sponsoring Dentist Signature**

I have read the Sponsoring Dentist Statement of Commitment and agree to help the EFDA student /employee accomplish the goals of the program at South Puget Sound Community College.

<b>Sponsoring Dentist Signature</b>	<b>WA State Dental License Number</b>	<b>Date</b>