



Allied Health Department
EFDA Program
University of Cincinnati
9555 Plainfield Road Blue
Ash, OH 45236

Supervising Dentist Commitment Form

I understand that my auxiliary _____ is applying to the UCBA EFDA Program and that if accepted, I will be expected to allow her / him to place restorations in office (amalgam, composite and pit and fissure sealants) on patients under my Direct Supervision during the fourth semester of the course in order to fulfill the Ohio State Dental Board required hours (80 hours) of patient clinical care to complete the program.

I further understand that I will receive from my auxiliary(once enrolled) information to learn about the grading criteria, discuss sections of the Ohio Revised Code and be presented a document requiring my signature indicating my office be used as a remote site facility while my auxiliary is attending the EFDA Program.

(If applicant is a CDA) I attest that the applicant _____ has worked as a chairside dental assistant a minimum of two out of the last five years.

(Print name – Dentist)

(Signature – Dentist) (Date)