



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

Supervising Dentist Commitment Form

I understand that _____ is applying to the UC Blue Ash EFDA Program and that if accepted, I agree to allow this student to place direct restorations in my office (amalgams, composites, bases, liners, sealants etc.) on patients under my Direct Supervision during the second semester of the program in order to fulfill the Ohio State Dental Board required hours (80 hours) of clinical patient care to graduate.

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

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

(Print name – Dentist)

(Signature – Dentist) (Date)