



New Mexico Regulation and Licensing Department

BOARDS AND COMMISSIONS DIVISION

New Mexico Board of Dental Health Care and

New Mexico Dental Hygienist Committee

P.O. Box 25101 ▪ Santa Fe, New Mexico 87504

(505) 476-4680 ▪ Fax (505) 476-4545 ▪ www.RLD.state.nm.us/boards/dental_health_care.aspx

TO: Expanded Function Dental Auxiliary Applicants

FROM: New Mexico Dental Health Care, Board Administrator

All licensing information provided is public information

Thank you for your interest in certification as an Expanded Function Dental Auxiliary in the State of New Mexico. Enclosed is the current application and a copy of the rules related to "Expanded Function Dental Auxiliary".

It is important you complete each area on the application form and submit the required fee. (note: when submitting a check as payment, you are authorizing the State of New Mexico to process as a one-time electronic fund transfer or a check transaction)

The following information and documentation is required as part of your New Mexico Expanded Function Dental Auxiliary Application for Certification. Applications are valid for one year from the date of receipt by the Board office.

Applicants must have met one of the following tracks for certification:

Applicants who complete an Expanded Function Dental Auxiliary accredited program as defined in Subsections A, C, D, and F of 16.5.42.9 NMAC must submit the following:

- Completed application with a passport quality photo taken affixed to the application.
- Official transcripts or certification verifying successful completion of an EFDA program accredited by the commission on dental accreditation (CODA).
- Copy of WREB, CRDTS, NERB/ADEX, SRTA or other examination accepted by the board, the results of the exam are valid in New Mexico for a period not to exceed five years: results of the clinical examination shall be sent directly to the board office.
- Affidavit letter from supervising dentist(s).
- Completed the New Mexico Jurisprudence Examination with a score of at least 75%.
- Copy of current BLS/CPR card, cannot be a self-study course.

Applicants who have not graduated from an accredited expanded function dental auxiliary program and meet all requirements in Subsections B, C, D and F of 16.5.42.9 NMAC and must submit the following:

- Completed application with a passport quality photo affixed to the application.
- Provide proof of five years of continuous employment as a dental assistant or dental hygienist with a minimum of 1,000 hours per year.
- Achieved certification in all expanded function as defined in 16.5.33 NMAC.
- Proof of completion of courses in dental anatomy, dental materials, placing and shaping direct restorations, fitting and shaping of stainless steel crowns, and occlusion function.
- Proof of a passed post-test approved by the Board verifying readiness for taking the certification exam.

- Provide a letter from supervising dentist recommending applicant for EFDA certification; must be on dentist letterhead.
- Completed the New Mexico Jurisprudence Examination with a score of at least 75%.
- Copy of WREB, CRDTS, NERB/ADEX, SRTA or other examination accepted by the board; the results of the exam are valid in New Mexico for a period not to exceed five years: results of the clinical examination shall be sent directly to the board office.
- Copy of current BLS/CPR card, cannot be a self-study course.
- Affidavit letter from the supervising dentist(s).

Certification by credentials. Applicants can apply for certification by credentials if they meet all requirements as defined in Subsections A, C, D and F of 16.5.42.9 NMAC and must submit the following:

- Completed application with a passport quality photo affixed to the application.
- Verification of a current active certification in good standing from another state.
- Copy of WREB, CRDTS, NERB/ADEX, SRTA or other examination accepted by the board; the results of the exam are valid in New Mexico for a period not to exceed five years: results of the clinical examination shall be sent directly to the board office.
- Affidavit letter from the supervising dentist(s).
- Completed the New Mexico Jurisprudence Examination with a score of at least 75%
- Copy of current BLS/CPR card, cannot be a self-study course.

Upon completion of your application, receipt of all required fees, and all documentation, you will be sent an affidavit to be signed by the supervising dentist attesting to the apprenticeship. The affidavit shall serve as the permit to start the apprenticeship and must include the following:

- The affidavit shall state that the supervising dentist assures that the EFDA candidate is competent in the procedures allowed by an EFDA and that the supervising dentist assumes full responsibility and liability for the training and actions of the EFDA.
- Once the affidavit is issued by the board office the EFDA candidate will have 180 days to complete the apprenticeship and submit the signed affidavit to the board.

Upon completion of your apprenticeship and the signed affidavit has been received at the board office it will be sent to the secretary-treasurer or delegate of the board who will review the application and determine eligibility for certification. The certificate for EFDA may be issued.

A. Initial certificates are issued for a period not to exceed three years.

B. The certificate must be displayed so that it is visible to the public.

The average application takes 4- 6 weeks to process.

Please keep the Board informed of any address changes in writing. Any questions please contact the Board office at (505) 476-4680, by fax at (505) 476-4545 or by e-mail Dental.Board@state.nm.us.



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**EXPANDED FUNCTION DENTAL AUXILIARY (EFDA)
Certification Application**

**(Application fees are non-refundable)
Application Fee \$100.00**

Attach a
passport
quality photo
here

All licensing information provided is public information

Please check box:

Licensure by Examination

Licensure by Credentials

Licensure by Independent Preparation

DEMOGRAPHIC INFORMATION

First Name:

Middle Name:

Last Name:

Type or Print your name as desired on official license or certificate:

Social Security Number:

Date of Birth:

Place of Birth (city and state)

Address

City:

State:

Zip:

Contact Phone #:

Business Phone #

E-Mail Address:

Mailing Address (if different from above address of records)

City:

State:

Zip:

NOTE: The mailing and email address you provide will be your address of record. It is your responsibility to maintain current contact information on file with the Board

Have you ever been known under any other name(s)?

Yes

No

If yes, list names:

LICENSURE INFORMATION

Do you have or have you had a New Mexico License/Certificate?

Yes

No

If yes, what is/was your license number?

Issue date

Expiration date:

List all states (or countries) in which you are or have been licensed, regardless of current status (attach additional page, if necessary)

State/Country	Licensed by Exam/Credentials	License Number	License Status	Issue Date	Expiration Date

Expanded Function Dental Auxiliary Education and Training			
School granting EFDA certificate (CODA accredited)		Location (city/state)	Date of Degree or Certificate:
Infection Control Course Title: Attach a copy of course certificate		Location (city/state)	Date course was taken
Proof of current Basic Life Support (BLS) or Cardiac Pulmonary Resuscitation (CPR): (cannot be a self-study course) Attach a copy of course certificate.		Location (city/state)	Date course was taken
Professional Training and Experience			
Indicate which education, training and experience completed: (please check one)			
<input type="checkbox"/> 1. Completed and received certificate/degree from an CODA (commission on dental accreditation) accredited school as an Expanded Function Dental Auxiliary (EFDA) <ul style="list-style-type: none"> • Pass the WREB, CRDTS, NERB/ADEX, SRTA or other examination accepted by the board certification of EFDA; • Pass New Mexico jurisprudences examination with at least 75%; • Completed apprenticeship (<i>apprenticeship is completed after application has been submitted</i>) 			
<input type="checkbox"/> 2. Dental hygienist or dental assistant who has certification in all expanded functions who has meet all the following requirements: <ul style="list-style-type: none"> • 5 years continuous employment with a minimum of 1,000 hours per year • is certified in all expanded functions as defined in 16.5.33 NMAC • taken a course in dental anatomy, dental materials, placing and shaping direct restorations, fitting and shaping of stainless steel crowns and occlusion function to and passed a post-test approved by the board verifying readiness for taking their certification exam • was recommended by the supervising dentist for EFDA Certification • pass the WREB, CRDTS, NERB/ADEX, SRTA or other examination accepted by the board certification of EFDA • pass New Mexico jurisprudence examination with at least 75% • completed apprenticeship (<i>apprenticeship is completed after application has been submitted</i>) 			
<input type="checkbox"/> 3. Expanded Function Dental Auxiliary who is certified to perform EDFA duties in another state or jurisdiction with requirements not less stringent than those in New Mexico may be certified based on credentials: <ul style="list-style-type: none"> • taken a course in dental anatomy, dental materials, placing and shaping direct restorations, fitting and shaping of stainless steel crowns and occlusion function to and passed a post-test approved by the board verifying readiness for taking their certification exam • pass the WREB, CRDTS, NERB/ADEX, SRTA or other examination accepted by the board certification of EFDA • pass New Mexico jurisprudence examination with at least 75% • completed apprenticeship (<i>apprenticeship is completed after application has been submitted</i>) 			
Examination:			
Restorative Exam: (<i>please check one</i>)		Date of Exam:	
<input type="checkbox"/> WREB <input type="checkbox"/> CRDTS <input type="checkbox"/> NERB/ADEX <input type="checkbox"/> SRTA			
Employment Information: List all employment and the number of hours of employment for the past five (5) years.			
Dates of Employment:	Name of Employer and Supervising Dentist(s):	City & State	Hours of Active Practice (per year)

Personal Data Questions			
Give details of any yes answers on a separate sheet		Yes	No
1.	Have you ever used another name under which records relating to your application, education, training or experience may be filed? <i>Please type or print other names below:</i>		
2.	Have you ever received deferred prosecutions or judgment or been convicted of or pled guilty or nolo contendere to a felony or misdemeanor (not including traffic violations) in any state, territory or district of the United States or a foreign country?		
3.	Have you ever had any disciplinary action taken against your dental hygiene license or any other professional license in any state? (NOTE: Disciplinary action includes, but is not limited to suspension, probation, practice limitations, reprimand letter or admonition , censure, and any allegations currently pending)		
4.	Have you ever been a defendant in a legal action involving professional liability (malpractice) or had a professional liability claim paid in your behalf or paid such a claim yourself?		
5.	Have you ever voluntarily surrendered a license or certification to practice expanded function dental auxiliary or any other health related profession in any state, foreign country, territory or institution?		
6.	Are you currently more than thirty days in arrears in payment of amounts required to be paid pursuant to an outstanding judgment and order for child support in New Mexico or any other state?		
7.	Do you have any medical condition that in any way limits impairs or alters your ability to practice expanded function dental auxiliary with reasonable skill and safety?		
8.	Do you take any medication or chemical substance that limits, impairs, or alters, in any way, your ability to practice expanded function dental auxiliary?		
<i>If you answered yes to questions (7) and (8) please answer questions (9) & (10)</i>			
9.	Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program?		
10.	Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice?		
11.	Have you ever been convicted of a crime of moral turpitude?		
12.	Are you currently engaged in the illegal use of controlled and/or dangerous substances?		
13.	Are you currently participating in a supervised rehabilitation program or professional assistance program, which monitors you in order to assure that you are not engaging in the illegal use of controlled dangers substances?		
14.	Have you ever been licensed in New Mexico? If yes, what is your license number? Issue Date: _____ Expiration Date: _____		

Applicant's Attestation

I HEREBY CERTIFY that I am the person described and identified in this application; this application contains no willful misrepresentation; and the information given by me is true and complete to the best of my knowledge and belief.

I further certify I have read the New Mexico Dental Health Care Act and Rules and fully understand that I bind myself to be governed by them.

Signature of Applicant

Date

STATE OF _____

COUNTY OF _____

BEFORE ME on this _____ day of _____, 2____, personally appeared the above-named applicant who, being by my duly sworn upon oath, states that all statements and answers contained in this application are true and correct.

Notary Public

Seal

My Commission Expires: _____

All requested information is essential and must be provided. Failure to present a completed application by omitting information sought, having less than a full and complete disclosure, or failure to have the required documentation provided as required in this application, will result in delay or cause return of the application. The board shall neither approve nor deny an application until it is received in proper form, contains the information required by law and as requested by this application. The responsibility for completing the application is solely that of the applicant. The burden of proof in satisfying the Board that you are entitled to a license as an Expanded Function Dental Auxiliary is upon you.

THE BOARD DOES NOT HAVE THE AUTHORITY TO GRANT A WAIVER OF ANY REQUIREMENT.

IF THIS APPLICATION IS INCOMPLETE UPON ONE (1) YEAR OF RECEIPT, THE APPLICATION AND SUPPORTING DOCUMENTATION WILL BECOME NULL AND VOID

Payment method - \$100.00
checks and money orders must be made payable to the:
New Mexico Board of Dental Health Care

Check	Money Order	Credit Card: <input type="checkbox"/> MasterCard or <input type="checkbox"/> Visa
		Credit Card #:
		Expiration Date:

New Mexico Board of Dental Health Care
Expanded Function Dental Auxiliary (EFDA)
Jurisprudence Examination

Applicant Name: _____ Date: _____
(Please Print)

SPECIAL INSTRUCTIONS:

This is an “open book” exam based on the Dental Health Care Rules.

The purpose of this examination is to test the applicant’s familiarity with the law and rules that govern the practice of Expanded Function Dental Auxiliary in New Mexico.

Your responsibility is to read the entire Expanded Function Dental Auxiliary section within the Dental Health Care Rules.

**ALL ANSWERS MUST BE CLEARLY MARKED IN BLACK OR
BLUE INK**

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Section I: Multiple Choice- Please circle the letter for the correct answer.

1. Definition of “Direct Supervision”:
 - A. Dentist is physically present throughout the performance of the act
 - B. Dentist orders, controls and accepts full professional responsibility for the acts performed
 - C. Dentist evaluates and approves the procedure being performed before the patient departs the care setting
 - D. A & B
 - E. All of the above

2. The application fee for the EFDA certification is:
 - A. \$300.00
 - B. \$100.00
 - C. \$50.00

3. Which pathway is acceptable to become an EFDA?
 - A. Completed an expanded function dental auxiliary program accredited by the Joint Commission on Dental Accreditation
 - B. Independent preparation for dental auxiliaries that have five years’ experience and prepare independently for the requirements
 - C. Candidate who possess a current expanded function certificate in good standing from another state or jurisdiction (credentials)
 - D. A only
 - E. A and B
 - F. All of the above

4. The number of Continuing Education requirements for EFDA renewal:

- A. 28 hours
 - B. 36 hours, with a maximum of 12 hours of on-line, webinars or self-study
 - C. 12 hours
5. Which regional exams are accepted by the board for certification?
- A. WREB
 - B. CRDTS
 - C. NERB/ADEX
 - D. SRTA
 - E. Other exam accepted by the board for certification
 - F. A and B
 - G. A only
 - H. All of the above
6. The following courses are required for each certification renewal:
- A. A course in infection control techniques and sterilization procedures.
 - B. Proof of current certification in basic life support (BLS) or cardiac pulmonary resuscitation (CPR) accepted by the American Heart Association, the American Red Cross or the American Safety and Health Institute (ASHI)
 - C. Twelve hours in restorative dentistry
 - D. B & C
 - E. All of the above.
7. The following may be grounds for revocation of an EFDA certification:
- A. Sexual misconduct
 - B. Failure to use appropriate infection control techniques or sterilization procedures
 - C. Cheating on an examination for Expanded Function Dental Auxiliary certificate
 - D. Injudicious administration of any drug or medicine
 - E. Conviction of either a misdemeanor or a felony punishable by incarceration
 - F. A, B, D only
 - G. All of the above
8. "Direct Supervision" is defined as:
- A. Dentist is physically present in the treatment facility.
 - B. Dentist is not physically present in the treatment facility.
9. Results of the clinical EFDA Board exam must be:
- A. Sent directly to the board office from the examining board
 - B. Can be included by the candidate with the application
 - C. Results can be sent to the board from the candidate as soon as they are received.

10. Verification of continuing education hours may be requested by the board in the form of an audit. Continuing education records must be maintained for how many years following the renewal cycle in which they are used:
- A. One year
 - B. Seven years
 - C. Five years
11. Initial EFDA certificates are issued for a period not to exceed:
- A. Five years
 - B. One year
 - C. Three years

Section II: True or False- Please circle the letter for the correct answer.

12. Reinstatement of a revoked for non-renewal EFDA certification can be made within one year by submitting reinstatement application, payment of renewal, late and reinstatement fees, and compliance with continuing education requirements:
- True False
13. The dentist must fully examine and evaluate the dental procedure carried out by the EFDA and correct or replace any deficiency found in the EFDA work, before allowing the patient to leave the treatment facility:
- True False
14. "Apprenticeship" means a period of time in which an EFDA candidate is closely supervised by a supervising dentist and demonstrates competency on patients in EFDA duties as defined under 16.5.46 NMAC.
- True False
15. The board may issue fines, deny, revoke or suspend or otherwise limit a certificate holder, if the board determines that the certificate holder is guilty of violating any of the provisions outlined in the act, the Uniform Licensing Act or the rules:
- True False
16. "Continuous Employment" means 800 hours per year for any five consecutive years:
- True False
17. The board may reprimand, censure, stipulate and may require certificate holders to fulfill additional continuing education hours within limited time constraints for violations of the act or the rules:

- True False
18. License renewal must be postmarked on or before August 1st to avoid practicing under an expired certificate:
- True False
19. EFDA's that hold a current certification in another state or jurisdiction are allowed to begin working as an EFDA before receiving certification from the New Mexico Board of Dental Health Care:
- True False
20. EFDA is allowed to take final impressions for multiple unites of single crowns, bridges, cast framework partial dentures or full dentures.
- True False
21. After passing a board accepted examination or being certified by credentials, EFDA candidates must complete an apprenticeship under the close personal supervision of a dentist:
- True False
22. The following procedures is allowable under the EFDA rules:
- Cement permanent or provisional restorations with temporary or provisional cement, provided the permanent cementation will be completed or monitored by the dentist within six months
- True False
23. EFDA certificates must be displayed so that it is visible to the public:
- True False
24. The board may take disciplinary action for performing, or holding oneself out as able to perform professional services beyond the scope of practice of an Expanded Function Dental Auxiliary (EFDA):
- True False
25. Continuing education course work must contribute directly to the practice of expanded function dental auxiliary:
- True False