

Expanded Duty Dental Assistant Course (EDDA)

EDDA Experience Verification Form

TO BE COMPLETED BY DENTAL ASSISTANT REGISTERING FOR EDDA

Name: _____ Phone Number: _____
(Please Print) (Best Number to Reach You)

Course Date: _____ Course Number: _____

GENERAL INFORMATION

Primary language: English Spanish Other _____

Current status in the dental field:

Full-Time Employment Part-Time Employment Not currently working as a dental assistant
 In a Dental Assisting Training Program: _____ (name of program)

Type of practice you are currently working in (check all that apply):

General/Family Practice Orthodontic Endodontic Periodontics Pediatric Prosthodontics
 Oral Surgery Other: _____

Is EDDA training/certification REQUIRED for your current job: Yes No

Glove size: _____ Latex Latex-Free

Food allergies or dietary restrictions: _____

ASSISTING EXPERIENCE & TRAINING

I have been a chair-side assistant for _____ years and _____ months.

Name of dentist verifying experience: _____

From: ____/____/____ To: ____/____/____ Phone Number: _____

Name of dentist verifying experience: _____

From: ____/____/____ To: ____/____/____ Phone Number: _____

Type of dental training received:

on the job military training program through high school or community college
 commercial training program (Delta College, Briman, Blue Cliff, etc.): _____ (name of program)
 Other: _____

Do you have expanded duty or expanded function certification in another state? Yes No

By signing below, I hereby certify the information I have provided above is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

PLEASE NOTE: Use one form per dental assistant. This form and the [Dentist Confirmation/Dental Assistant Agreement](#) must be received by our office **TWO WEEKS PRIOR TO THE SCHEDULED COURSE**. If these forms are not completed and returned to our office by the deadline, the assistant's registration will automatically be moved to the next course offered. Forms should be emailed to cde@lsuhsc.edu or faxed to (504) 941-8403 or mailed to 1100 Florida Avenue, Box 142-B, Clinic Building, Room 4319, New Orleans, Louisiana 70119-2799.