

NEW MEXICO BOARD OF DENTAL HEALTHCARE

**AFFIDAVIT OF APPRENTICESHIP FOR EXPANDED FUNCTION DENTAL AUXILIARY
(EFDA) CERTIFICATION**

The affidavit portion must be completed before the apprenticeship and uploaded to the licensing portal. After the apprenticeship has been completed, the lower portion must be completed. The completed affidavit must be uploaded to the licensing portal after completing the apprenticeship to obtain full licensure. This will be the only form accepted as of the revision date below.

Complete the top portion and submit with the application for EFDA:

I _____ (Name of Supervising Dentist) certify my license is in good standing and have no current discipline or inquiries pending by the board. As the supervising dentist I assure the board that _____ (name of applicant) is knowledgeable in the procedures allowed by an EFDA. As the certifying dentist, I assume full responsibility and liability for the training and actions of the above-named EFDA applicant, in accordance with the guidelines and rules of the New Mexico Board of Dental Health Care.

Dental License Number: _____

Print Name: _____

Signature: _____

Date: _____

Completed after apprenticeship has been completed:

I _____ (Dentist), hereby certify that the identified EFDA applicant has completed an apprenticeship over the last _____ months, in the duties and procedures allowed an EFDA under my close personal supervision, and I recommend _____
_____ (Name) for certification as an EFDA.

Dental License Number: _____

Print Name: _____

Signature: _____

Date: _____

