2027 Expanded Functions Dental Auxiliary - Program Application

Deadline to submit application: September 23, 2026

Welcome to the Columbia Basin College Expanded Functions Dental Auxiliary program. The following package of materials has been prepared for students interested in applying for program admission.

This packet contains:

Students applying to the program need to complete and return the program application and application checklist.

The following are important dates for the entire application process:

Dates	Event / Stage
Aug. 3	**First date** for submission of the program application. Please either mail to the address below or scan and email to healthsciences@columbiabasin.edu .
Sep 23	**Last date** for submission of program applications.
October	Candidates will be emailed notification of application status: (1) accepted to program, (2) alternate status/wait list, or (3) denial. Accepted candidates will receive a letter via email. It will instruct you on how to submit your National Background search, register for drug screen, and to start uploading documents into your immunization tracker account.
Nov 3 6-9 pm	A mandatory program orientation is required for all accepted 2027 Expanded Function Dental Auxiliary students. The location for the orientation will be provided in the acceptance letter. This is part of the acceptance process and attendance is mandatory. Loupes vendors will be present for fitting and ordering.

For additional information or assistance related to this application process, please contact the following:

Health Science Center
Healthsciences@columbiabasin.edu
(509) 544-8300

Hand Deliver Address:
Medical Science Center, Columbia Basin College
940 Northgate Drive, 4th Floor
Richland Campus

Columbia Basin College

2027 Expanded Functions Dental Auxiliary - Program Application

Deadline to submit application: September 23, 2026 no later than 4 pm

Demographic Information	Last Name	First	Middle	Other Name(s) Used
	Address		City	State Zip
	Phone Number			CBC Student ID Number
	CBC Student Email Address (required)			

Program-Related Requirements	Are you proficient with computers?	☐ Yes	☐ No
	Current & Unencumbered Washington State Registered Dental Assisting license? Dental Assisting License #: _____ Expiration Date: _____	☐ Yes	☐ No
	American Heart Association BLS Provider CPR and First Aid certificate or alternate certification accepted by your sponsoring dentist. **Attach a copy of each card or certificate.	CPR Expiration Date: _____ First Aid Expiration Date: _____	

*** The BLS Provider CPR and First Aid are not a requirement to apply to the program. First Aid and BLS CPR training will be required for those students that are accepted into the program. This will need to be completed before the beginning of Winter Quarter 2027. Please attach a copy of your card(s) or certificate(s) if you have already completed these requirements.

I understand that if I am selected for the program, I am required to attend the mandatory orientation to confirm my acceptance into the Expanded Functions Dental Auxiliary program.

I certify the above information is accurate and complete. I have attached copies of my CPR and First Aid cards or certificates to this application. I understand this application is due by the close of business on the date noted above.

_____ _____

Applicant Signature Date

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General Applications

- [ ] Completed online college application to CBC Admissions (for new CBC students)
- [ ] Completed Expanded Functions Dental Auxiliary Application Checklist (page 3)
- [ ] Completed Application for the Expanded Functions Dental Auxiliary Application (page2)
- [ ] Sponsoring Dentist Letter of Commitment - EFDA (page 6)
- [ ] Please either deliver your application to the address noted on the first page with required documents. OR you can save it as a PDF & email the application with attached documents to healthsciences@columbiabasin.edu.

Students accepted into the program are required to submit a National Background search using the college-approved vendor. Vaccination history and health documents are uploaded by all students accepted into the program to verify required immunizations. American Heart Association BLS Provider CPR and First Aid certificates or alternate certification recognized by the sponsoring dentist are required by the beginning of Winter Quarter 2027 and must be kept current for the duration of the program.

I have read all the criteria and requirements for the Columbia Basin College Expanded Functions Dental Auxiliary program and certify the information contained within this application is accurate and complete to the best of my ability.

_____

Applicant Name (Printed)

_____ _____

Applicant Signature Date

Minimum Entrance Requirements for the Expanded Functions Dental Auxiliary Program

A. Completion of online college application to CBC Admissions and received a CBC Student ID# and email.

B. Students must be able to demonstrate a basic understanding of computers.

C. Students must have a current employer-approved CPR card for the duration of enrollment in the program. Students can check the DANB website for approved CPR training.

D. Applicants to the EFDA program are eligible through one of three pathways:
Pathway One: Applicants must hold a current and unencumbered dental assistant registration in Washington State and be a graduate from a Commission on Dental Accreditation (CODA) approved dental assisting school.

Pathway Two: Applicants must hold a current and unencumbered dental assistant registration in Washington State, have a verifiable 3,500 hours of experience as a dental assistant within a continuous 24 to 48-month period, pass the Dental Assisting National Board (DANB) Certified Dental Assisting (CDA) examination, and maintain a current CDA.

Dental Hygiene Pathway: Applicants must hold an unencumbered Washington State Limited Dental Hygiene license.

E. All applicants must submit a sponsor dentist attestation and a copy of their applicable license(s) within the application packet.

F. After acceptance, students will be required to submit a national criminal history background check, register for a drug screen, and begin to upload immunization documents to the immunization tracker using the college- approved third-party vendor, CastleBranch.

G. After acceptance, students must comply with all program and college policies.

General Information for Prospective Students

Once a student has been accepted into the program, the following information will be helpful to guide them with other requirements necessary to maintain enrollment.

A. All students are highly encouraged to have accident/health insurance.

B. All students are required to have malpractice insurance. This insurance is included in your quarterly tuition and fees.

C. Student study requirements have been found to be a minimum of three hours per week for each scheduled theory credit hour.

D. Scholarships and loans are available through the Financial Aid office. For more information, contact Financial Aid and review the Columbia Basin College website .

E. All students must successfully complete required courses each quarter with a minimum of 2.0 to remain enrolled in the Expanded Functions Dental Auxiliary program.

F. Attendance is vitally important to successfully complete the Expanded Functions Dental Auxiliary Assistant program. Students must adhere to the attendance policy to continue regular enrollment in the program.

G. All students must utilize their CBC student email account and check email on a daily basis while in the program. This will be the only email utilized by staff and faculty.

Estimated Costs

All fees are estimated and are subject to change. However, the following figures may be used as a general guideline to assist applicants in preparing for the costs associated with enrollment in the Expanded Functions Dental Auxiliary program.

1.	Tuition Two Quarter Certificate (based on Washington State residency)	$ 3,918
2.	National Background Search and Immunization Tracker	$175
	Immunizations (costs to acquire vaccination history depending on history available)	$100 to $400
3.	Textbooks	$ 400
4.	Various class supplies two-quarters (notebooks, pens/pencils & materials)	$50-100
5.	1 Scrub CBC Scrub Jacket purchased from CBC vendor	$45-$48
6.	CBC clinical identification badge, present registration at Hawk Central with identification. First one at no charge, there is a replacement fee of $3.50.	
7.	Required Personal Protection Equipment, Loupes, Instruments, Materials, Typodonts & Practice Dentition, Burs, and Disposables	$4,900
8.	NOTE: Air-driven high-speed & low-speed handpieces are required for this course. Handpieces are not provided for this program, and it is the responsibility of the student to bring with them to labs with them. In the event you are unable to borrow handpieces from your sponsoring Dentist they can be purchased by an approved CBC dental supplier for an additional fee.	Handpieces start at $1300 - 1500 each

Students need to confirm actual costs of quarterly tuition and fees using CBC's Paying for College webpage and click on Tuition & Fees 2020-2027.

For assistance related to this program, contact the CBC Dental Department office at (509) 544- 4980.

SPONSORING DENTIST LETTER OF COMMITMENT - EFDA

To CBC Health Sciences Division,

I, _____ a licensed dentist practicing in the State of Washington, with license number _____hereby attest and affirm my commitment to the clinical supervision and mentorship of _____, an applicant for the Expanded Functions Dental Auxiliary (EFDA) Program at Columbia Basin College.

Supervision and Grading: I will personally supervise the clinical training of the dental assistant in the EFDA program. I am fully committed to using the rubrics provided by Columbia Basin College to assess, grade, and provide feedback on their clinical performance accurately.

Program Requirements: I will ensure that adequate time is allotted during regular work hours for the dental assistant to complete all the requisite program components and essential hands-on training.

Site Visits and Chart Review: I am amenable to faculty site visits and, if indicated, will allow for a thorough review of patient charts as part of the program's quality assurance measures.

Placement of Amalgam Restorations: I understand the importance of the dental assistant acquiring the necessary skills related to the placement of amalgam restorations. If, for any reason, I am unable to provide an adequate learning environment for this specific skill, I commit to supporting the dental assistant in finding an alternative clinical site. If required, I will also grant the dental assistant necessary time off for external training.

Equipment Loan (Optional): To assist _____ in their training and to reduce personal expenditures, I am [willing/unwilling] to loan a slow-speed air-driven handpiece and motor, as well as a high-speed air-driven handpiece for the duration of their training in the EFDA program.

Full Clinical Agreement Upon Acceptance: Upon the acceptance of _____ into the EFDA program at Columbia Basin College, I understand and agree that a comprehensive clinical agreement will need to be facilitated. This agreement will involve not only myself as the sponsor dentist but also _____ where the dental assistant is employed, and any additional sites where the dental assistant will be performing clinical practice as part of the EFDA program.

The full clinical agreement will detail the terms, roles, and responsibilities of each party involved and will serve as the formal document governing the clinical practice components of the EFDA program.

By providing this letter, I affirm my commitment to fostering a supportive clinical learning environment in the EFDA program. I am fully committed to ensuring that _____ receives the best
[First and Last Name of Student]
possible training and mentorship during their time in the program.

Sincerely,

Signature: _____

Full Name of the Dentist: _____ Contact Phone Number: _____

Practice Name/Address: _____

Email Address: _____