

Western Technical College

400 7th Street N
Lacrosse, WI 56401

The EFDA Pre- Credential Requirements are as listed below on the State of Wisconsin Department of Safety and Professional Services Website:

Successfully completion of an accredited instructional program that provides training in practice as an Expanded Function Dental Auxiliary (EFDA) and requires no fewer than 70 hours of classroom instruction (Wis. Stat. § [447.035\(3\)\(b\)2](#)). **As a prerequisite to program enrollment, an applicant must have satisfied either 1 or 2 below (Wis. Stat. § [447.035\(3\)\(b\)1](#)):**

1. Dental Assisting National Board, Inc. ([DANB](#)) certified dental assist credential **and** a minimum of 1,000 hours of dental assistant practice, **OR**

2. A minimum of 2,000 hours of dental assistant practice, as verified by the supervising licensed dentist.

The intention of this letter is to certify that the named employee fulfills the requirement of pathway two (2) has been verified by an overseeing dentist. Please complete the following:

This letter serves as official verification that _____ [Employee's Full Name]
has been employed as a Dental Assistant with _____ [Practice or Organization Name]
from _____ [Start Date] to _____ [End Date or "Present" if still employed].

Throughout this period, the employee named above has accumulated a minimum of **2,000 hours** of hands-on dental assisting experience. These verified hours reflect consistent and active participation in a clinical setting, performing duties such as:

- _____

This experience satisfies the minimum hour requirement for employment in the field of dental assisting and reflects a competent, professional, and reliable performance in all assigned duties.

****The organization will be contacted should any additional information need to be provided.**

Signing D.D.S. or D.M.D. _____ Date: _____

Office or Organization Name: _____

Contact information: _____