



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
Board of Dental Examiners
7 Eagle Square, Concord, NH 03301
Phone: 603-271-2152

EXPANDED FUNCTION DENTAL AUXILIARY (EFDA) - 2021
STATE OF NEW HAMPSHIRE - BOARD OF DENTAL EXAMINERS
APPLICATION FOR PERMIT RENEWAL

EFDA PERMIT RENEWAL FEE: \$25

Bank check or money order made payable to: "TREASURER, STATE OF NEW HAMPSHIRE".

If presented in person, the payment may be made in cash.

If you will not be renewing your permit, please sign here and return this form to the Board's office with no further entries. _____

Name _____ Permit # _____

Original Date of Issue _____

Primary Residence:

Address: _____

City/State/ZIP: _____

Telephone: _____

Primary Employing Dentist:

Name: _____

Name of Practice: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Primary e-mail address (either business or personal): _____

Have you completed 10 CEU's in this biennium in restorative dentistry? Yes _____ No _____
(Please provide proof.)

Have you completed 2 CEU's in this biennium in infection control? Yes _____ No _____
(Please provide proof.)

Are you currently certified in BLS-HCP, with hands-on component? Yes _____ No _____
(Please provide proof.)

Have you completed 2 CEUs in Medical Emergency? Yes _____ No _____
(Please provide proof.)

Name of supervising dentist: _____

If no supervising dentist, please explain. _____

Signature: _____ Date: _____

Please mail the application and fee to the Board's office.

Adopted: 3-2-2020