

**Expanded Function Dental Auxiliary (EFDA) Continuing Education Program**

**Send Registration Form and Documentation to:**

**Martha C Clements, MEd, Continuing Dental Education Consultant**

**MWU College of Dental Medicine - Arizona, 19555 North 59th Avenue, Glendale, AZ 85308**

**Phone: 623-572-3870 Fax 623-572-3830**

**Program Dates: May 31, June 1, 7, 8, 14, 15, 21, 22, and 28, 2024**

**Full Program Tuition \$4,300/ \$1,000 Deposit : \_\_\_\_\_ Group Rate: \$3,380 Each: \_\_\_\_\_**

**MWU CDMA Alumni Rate: \$3,870 or \$1,000 Deposit : \_\_\_\_\_**

**Professional Designation: \_\_\_\_\_(BDS, DDS, DA, CDA, RDH, or Foreign Trained Dentist)**

**Name \_\_\_\_\_**

**Address \_\_\_\_\_**

**City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_**

**Email \_\_\_\_\_ Special dietary considerations: \_\_\_\_\_**

**Dental Office Phone \_\_\_\_\_ Fax \_\_\_\_\_**

**Applicants must provide documentaion for the following:**

**Location and Date of Certification if RDH: \_\_\_\_\_**

**Current Dental Office of Employment (include name and dates of employment):**

\_\_\_\_\_

**If less that two years, previous dental office (include name and dates of employment):**

\_\_\_\_\_

**If Foreign Trained Dentist, Documents necessary: Submit to Martha Clements**

**Name and dates of dental school attended: \_\_\_\_\_**

**TOEFL Examinations: \_\_\_\_\_ Bachelors' degree obtained: \_\_\_\_\_**

**Payment Methods: Make checks payable to Midwestern University and mail with Registration Form(s)**

**The College of Dental Medicine accepts the following credit cards: American Express, Diners Club, Discover, MasterCard and Visa.**

**Credit Card: Complete the required information: (card information is not held on file)**

**Type of Card: \_\_\_\_AMX \_\_\_\_Diners Club \_\_\_\_Discover \_\_\_\_MasterCard \_\_\_\_VISA**

**Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_**

**Code on Card \_\_\_\_\_ Name on Card \_\_\_\_\_**