



## **YORK COUNTY COMMUNITY COLLEGE**

### **Expanded Function Dental Assisting Program Externship Contract**

#### **Student Agreement:**

I \_\_\_\_\_ hereby agree to fulfill my EFDA responsibilities  
in a professional manner in the practice of \_\_\_\_\_.

I know my clinical schedule and will be prompt and regular in my attendance. In addition to my externship responsibilities, I will complete my clinical logbook as directed.

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

#### **Dentist Agreement:**

I \_\_\_\_\_ understand my obligation to supervise, direct and evaluate  
\_\_\_\_\_ in his/her responsibilities as an EFDA in my  
practice. I agree to provide him/her with the opportunity to utilize his/her duties in a technical and  
professional capacity. I also understand and agree to attend and participate in at least one of the  
one-on-one classroom/laboratory sessions as a mentor.

\_\_\_\_\_  
*Supervising Dentist Signature*

\_\_\_\_\_  
*Date*