



**NEW MEXICO BOARD OF DENTAL HEALTH CARE
NEW MEXICO DENTAL HYGIENIST COMMITTEE**

New Mexico Regulation and Licensing Department
BOARDS AND COMMISSIONS DIVISION
Toney Anaya Building ▪ 2550 Cerrillos Road ▪ Santa Fe, New Mexico 87505
(505) 476-4680 ▪ Fax (505) 476-4545 ▪ www.RLD.state.nm.us/dental

NEW MEXICO BOARD OF DENTAL HEALTH CARE

***AFFIDAVIT OF APPRENTICESHIP FOR EXPANDED FUNCTION DENTAL
AUXILIARY CERTIFICATION***

I certify that as the supervising and certifying dentist I assure the board that _____(name) is competent in the procedures allowed an EFDA and that I as the certifying dentist assume full responsibility and liability for the training and actions of the above named EFDA, in accordance with the guidelines and rules of the New Mexico Board of Dental Health Care.

SIGNED: _____

DATE: _____

RETURN COMPLETED AFFIDAVIT TO: NEW MEXICO BOARD OF DENTAL Health Care
P.O. BOX 25101
SANTA FE, NM 87505

I _____, DENTIST license# _____,
(please print your name)

hereby certify that _____ has completed an
(please print name of applicant)

apprenticeship over that last _____ months, in the duties and procedures allowed an EFDA under my close personal supervision, and I recommend _____(name) for certification as an EFDA.

SIGNED: _____

DATE: _____

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SANTA FE, NM 87505