

Pennsylvania Expanded Function Dental Assistant (EFDA) Board Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of questions,

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Don't worry about getting everything right, your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations, and take breaks to retain information better.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning.

7. Use Other Tools

Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly — adapt the tips above to fit your pace and learning style. You've got this!

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Questions

- 1. What class of dental restoration is indicated for carious lesions located on the proximal surfaces of molars and premolars?**
 - A. Class I**
 - B. Class II**
 - C. Class III**
 - D. Class IV**
- 2. Which of the following describes the curing methods available for composites?**
 - A. Only light cured**
 - B. Only self cured**
 - C. Self cured, light cured, and dual cured**
 - D. Light cured and chemical cured**
- 3. What is the primary purpose of Continuing Education hours for EFDA?**
 - A. To maintain licensure**
 - B. To enhance personal skills**
 - C. To fulfill state requirements**
 - D. To gain financial benefits**
- 4. Where is the height of contour located on the facial surface of a posterior tooth?**
 - A. At the Incisal edge**
 - B. At the Cervical third**
 - C. At the Middle third**
 - D. At the Occlusal surface**
- 5. Which type of stain can be removed from the surface of the teeth?**
 - A. Intrinsic stains**
 - B. Endogenous stains**
 - C. Extrinsic stains**
 - D. Persistent stains**

- 6. What can be inferred about Class VI cavities?**
- A. They are the least common type of cavities**
 - B. They are always written out in dental records**
 - C. They only occur in molars**
 - D. They are found in the pits of anterior teeth**
- 7. A cavity preparation that includes the mesial incisal angle of a maxillary central incisor is classified as what type?**
- A. Class II**
 - B. Class III**
 - C. Class IV**
 - D. Class V**
- 8. What occupies the interproximal spaces between teeth?**
- A. Gingival papillae**
 - B. Interdental brushes**
 - C. Alveolar bone**
 - D. Dentinal tubules**
- 9. What is the purpose of using isolation systems during certain dental procedures?**
- A. To improve visibility and control moisture**
 - B. To minimize patient discomfort**
 - C. To increase chair time**
 - D. To allow for quicker procedures**
- 10. What is the primary purpose of a rubber dam in dental procedures?**
- A. To enhance patient comfort**
 - B. To eliminate saliva from the field of operation**
 - C. To facilitate communication between staff**
 - D. To improve aesthetic outcomes**

Answers

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- 1. B**
- 2. C**
- 3. A**
- 4. B**
- 5. C**
- 6. B**
- 7. C**
- 8. A**
- 9. A**
- 10. B**

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Explanations

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1. What class of dental restoration is indicated for carious lesions located on the proximal surfaces of molars and premolars?

- A. Class I
- B. Class II**
- C. Class III
- D. Class IV

Class II dental restorations are specifically indicated for carious lesions located on the proximal surfaces of molars and premolars. These types of restorations address cavities that occur between the teeth, particularly where the decay can affect the contact area and the surfaces adjacent to the neighboring tooth. In the context of dental classification, Class II restorations are designed to restore the interproximal surfaces of posterior teeth, which are more susceptible to decay due to their anatomy and the difficulty in maintaining oral hygiene in these areas. The designation helps dental professionals quickly identify the type of restoration needed based on the location and extent of the carious lesion. The other classes address different locations and types of restorations: Class I pertains to decay in the pits and fissures of teeth, Class III is for anterior teeth affecting the interproximal surfaces but not involving the incisal angle, and Class IV applies to anterior teeth involving the incisal angle. Each class serves a unique purpose in addressing various dental issues, and understanding these distinctions is essential for effective treatment planning and execution.

2. Which of the following describes the curing methods available for composites?

- A. Only light cured
- B. Only self cured
- C. Self cured, light cured, and dual cured**
- D. Light cured and chemical cured

The correct answer is that curing methods for composites include self cured, light cured, and dual cured. This is comprehensive and reflects the various technologies used to set or harden dental composite materials. Self-cured composites rely on a chemical reaction that occurs when two components, typically a base and a catalyst, are mixed together. This type of curing does not require any external light source and begins the hardening process immediately upon mixing. Light-cured composites, on the other hand, utilize a specific wavelength of light, often from a dental curing lamp, to activate photoinitiators within the composite material. Once exposed to the light, the photoinitiators start a polymerization reaction that results in the curing of the composite. Dual-cured composites combine the benefits of both self-curing and light-curing. They can be cured with light but also contain components that allow them to set chemically even in areas that may be less accessible to light, such as within deep cavities or in areas of complex restorations. This comprehensive range of curing methods ensures flexibility and effectiveness in various clinical situations, enabling dental professionals to select the most appropriate type for particular restoration requirements.

3. What is the primary purpose of Continuing Education hours for EFDA?

- A. To maintain licensure**
- B. To enhance personal skills**
- C. To fulfill state requirements**
- D. To gain financial benefits**

The primary purpose of Continuing Education hours for an Expanded Function Dental Assistant (EFDA) is to maintain licensure. In Pennsylvania, as in many other states, healthcare professionals are required to participate in ongoing education to ensure they remain current with the latest practices, technologies, and regulatory requirements in their field. This requirement is in place to uphold the standards of patient care and professionalism in the dental community. Continuing Education helps EFDAs stay informed about advancements in dental procedures, safety protocols, and overall best practices. Completing these hours not only ensures that EFDAs meet their licensure renewal criteria but also demonstrates their commitment to professional growth and improving patient care. This ongoing education is essential for providing quality services and adapting to the evolving landscape of dental healthcare. While enhancing personal skills, fulfilling state requirements, and gaining financial benefits are also potential outcomes of participating in Continuing Education, the fundamental reason is to maintain licensure. This necessity underscores the importance of continual learning in a profession that directly impacts patient health and safety.

4. Where is the height of contour located on the facial surface of a posterior tooth?

- A. At the Incisal edge**
- B. At the Cervical third**
- C. At the Middle third**
- D. At the Occlusal surface**

The height of contour on the facial surface of a posterior tooth is located at the cervical third. This area represents the greatest bulge or contour of the tooth as it is visible from the front view. The cervical third is crucial because it influences the way teeth interact with adjacent teeth and with gum tissue, playing an important role in both aesthetics and function. In the cervical third, the contour helps to direct plaque and food particles away from the gum tissues, thus contributing to periodontal health. It also aids in providing proper support for restorations and ensuring the necessary space for the dental arch. Understanding the height of contour is essential for accurate tooth preparation, especially in the context of dental restorations. It is important for dental professionals to know this location, as it assists in designing restorations that fit well and maintain the health of surrounding structures.

5. Which type of stain can be removed from the surface of the teeth?

- A. Intrinsic stains**
- B. Endogenous stains**
- C. Extrinsic stains**
- D. Persistent stains**

Extrinsic stains are those that occur on the outer surface of the teeth and are typically caused by factors such as consuming certain foods and beverages, smoking, and poor oral hygiene. These stains can be effectively removed through professional dental cleaning, regular brushing, and other oral hygiene practices. In contrast, intrinsic stains, which originate from within the tooth structure due to factors like trauma, aging, or exposure to certain medications during tooth development, cannot be removed by surface cleaning techniques. Endogenous stains specifically refer to stains that develop due to systemic conditions or genetic factors that cause discoloration from within the tooth. Persistent stains tend to refer to those that remain despite attempts at removal, often signaling more serious underlying issues. For effective management of tooth stains, it is important to distinguish between extrinsic and intrinsic factors so that the appropriate cleaning methods or treatments can be implemented.

6. What can be inferred about Class VI cavities?

- A. They are the least common type of cavities**
- B. They are always written out in dental records**
- C. They only occur in molars**
- D. They are found in the pits of anterior teeth**

Class VI cavities refer to carious lesions that affect the incisal edges of anterior teeth or the cusp tips of posterior teeth. The classification system for dental cavities helps in understanding the location and type of restoration required. The assertion that Class VI cavities are always written out in dental records highlights the importance of documenting all types of dental caries clearly. Proper and detailed documentation in dental records is critical for various reasons, including tracking treatment history, planning future care, and communicating between dental professionals. This ensures that any clinician reviewing the records is immediately aware of the presence and specifics of any Class VI cavities, contributing to better patient care. The other options do not accurately represent the characteristics of Class VI cavities. While they may be less common than other classes, this does not define them as the least common type. Class VI cavities can occur in various types of teeth, not just molars, and they are specifically identified based on their location rather than any singular writing protocol in records. Hence, the emphasis on documentation supports the crucial role of accurate record-keeping in dental practice.

7. A cavity preparation that includes the mesial incisal angle of a maxillary central incisor is classified as what type?

- A. Class II**
- B. Class III**
- C. Class IV**
- D. Class V**

A cavity preparation that involves the mesial incisal angle of a maxillary central incisor is classified as a Class IV restoration. This classification is specifically used for cavities that affect the anterior teeth, particularly when the cavities extend to the incisal edge of the tooth and involve the angle of the tooth. Class IV restorations are needed when there is a fracture or decay present at the incisal edge as well as in the proximal surfaces, as in the case of the mesial incisal angle. This type of cavity usually requires a more extensive restoration because it not only involves a surface but also affects the structural integrity and aesthetics of the tooth, which is crucial for anterior teeth due to their visibility. Understanding this classification is essential for EFDAs, as it gives insight into the extent of the damage and the appropriate restorative procedures needed. The restoration of Class IV cavities often requires more detailed preparation and consideration of the aesthetic outcome, which is vital in maintaining the natural appearance of the teeth.

8. What occupies the interproximal spaces between teeth?

- A. Gingival papillae**
- B. Interdental brushes**
- C. Alveolar bone**
- D. Dentinal tubules**

The correct answer is that the interproximal spaces between teeth are occupied by gingival papillae. Gingival papillae, also known as interdental papillae, are the soft tissue structures that fill the spaces between adjacent teeth, specifically at the gum line. These structures are composed of mucosal tissue and play an essential role in maintaining dental health by preventing food particles from becoming lodged between the teeth and aiding in the overall aesthetics of the smile. Understanding the role of gingival papillae is important for dental assistants, as they contribute to the health of periodontal tissues and are a critical aspect of oral hygiene. Proper care and flossing techniques can help maintain the health and integrity of these tissues, which are essential for preventing periodontal disease. Other choices like interdental brushes are dental hygiene tools used for cleaning these spaces but do not occupy them. Alveolar bone provides support for the teeth but does not fill the interproximal areas. Dentinal tubules are microscopic channels found within the dentin of the tooth, playing a role in tooth sensitivity and health, but they are not relevant to interproximal spaces between teeth.

9. What is the purpose of using isolation systems during certain dental procedures?

- A. To improve visibility and control moisture**
- B. To minimize patient discomfort**
- C. To increase chair time**
- D. To allow for quicker procedures**

The purpose of using isolation systems during dental procedures primarily revolves around improving visibility and controlling moisture. Proper visibility is crucial for dentists to accurately perform procedures, especially in areas that are difficult to access or view. When a patient's mouth is adequately isolated from saliva and blood, it enables the dental professional to maintain a clear field of operation. This is essential for procedures that require precision and attention to detail, ensuring that restorations are placed effectively and that any decay or damage is thoroughly addressed. Additionally, controlling moisture is vital to the success of many dental procedures. Moisture can disrupt the bonding process of materials used in restorative dentistry, such as dental adhesives and composites. By effectively managing the environment in the oral cavity, isolation systems contribute to better outcomes and can lead to longer-lasting results for dental work. Minimizing patient discomfort may occur as a secondary effect of good isolation, but it is not the primary purpose. While efficient procedures can be a byproduct of good isolation, these systems are not designed specifically to expedite chair time or hasten the process. Instead, the focus is placed on ensuring optimal conditions for treatment, promoting effectiveness and durability in the work performed.

10. What is the primary purpose of a rubber dam in dental procedures?

- A. To enhance patient comfort**
- B. To eliminate saliva from the field of operation**
- C. To facilitate communication between staff**
- D. To improve aesthetic outcomes**

The primary purpose of a rubber dam in dental procedures is to eliminate saliva from the field of operation. This isolation is crucial for a variety of dental treatments, particularly those that involve restorative work or endodontics. By effectively preventing saliva from interfering with the procedures, a rubber dam maintains a dry and clean working environment, which is essential for the adhesion and setting of materials used in dental restorations. This isolation helps in achieving better outcomes, as moisture control is vital in ensuring that materials bond properly and that there are no contaminants disrupting the procedure. Maintaining a dry field also enhances the visibility and accessibility for the dentist, making it easier to perform intricate tasks. While factors like patient comfort and aesthetic outcomes are important considerations in dental practice, they are secondary to the primary function of achieving an uncontaminated work area through the use of a rubber dam.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://pennsylvaniaefdaboard.examzify.com>

We wish you the very best on your exam journey. You've got this!