



Arizona Clinical Radiologic Proficiency Exam

2010 Exam Application

2010 Application And Exam Fees Valid Through March 31, 2011

The application for the **Arizona Clinical Radiologic Proficiency Exam** is enclosed. Please read and complete the entire application, and return it to the Dental Assisting National Board, Inc. (DANB), along with the \$140 clinical application/exam fee.

DANB has contracted with local Clinical Radiologic Proficiency Exam locations. The clinical exam is offered at the locations listed in Section B of this application (Clinical Exam Location and Dates). Site location changes and additions may occur without notice. DANB cannot guarantee the availability of specific test center locations or times.

Credentialing for Radiologic Proficiency is regulated by the

Arizona State Board of Dental Examiners (ASBDE). DANB, under contract with the ASBDE, administers the complete credentialing program, a service that includes providing information, distributing applications, testing, issuing certificates, and handling inquiries.

The **Arizona Radiologic Proficiency Certificate** will be issued to you by DANB after you complete and pass both the DANB Radiation Health & Safety (RHS) Exam and the Arizona Clinical Radiologic Proficiency Exam. Either exam may be taken first. DANB will automatically notify the ASBDE of your exam results.

Table of Contents

| <u>Page</u> | | <u>Page</u> | |
|-------------|--|-------------|---|
| 1-6 | Exam Information | 5-6 | K. Testing Candidates with Disabilities |
| 1 | A. Arizona State Requirements | 6 | L. Appeals |
| 2 | B. Clinical Exam Locations and Dates | 6 | M. Contacting DANB |
| 3 | C. RHS Exam Information | | |
| 3 | D. Clinical Exam Application, Candidate Notification, and Scheduling | 7-15 | Application Information |
| 3 | E. Exam Fees | 7 | Application Statement |
| 3 | F. Payment and Refund Policies | 8 | Exam Application (Form A) |
| 4 | G. Rescheduling and Cancellation Policies | 9 | Exam Checklist |
| 4-5 | H. Clinical Exam Expectations | 10-11 | Exam Processing (Form B) |
| 5 | I. Improper Behavior | 12-13 | Evaluation Criteria (Addendum A) |
| 5 | J. Nondiscrimination Policy | 14 | Evaluation Process (Addendum B) |
| | | 14 | Mounting Diagram |
| | | 15 | Reasonable Accommodations Form |

A. Arizona State Requirements

To expose radiographs in Arizona, a dental assistant must:

1. Pass DANB's Radiation Health and Safety (RHS) Exam **AND**
2. Pass the Arizona Clinical Radiologic Proficiency Exam **AND**
3. Hold a valid Arizona Radiologic Proficiency Certificate.*

*The Arizona Radiologic Proficiency Certificate will be issued to you by DANB after you have successfully completed Steps 1 and 2. **Either exam may be taken first.** DANB will automatically notify the Arizona State Board of Dental Examiners (ASBDE) of your exam results. (Alternatively, a dental assistant may be able to obtain the certificate by credential. Contact the ASBDE at 602-242-1492 for more information.)

Arizona Clinical Radiologic Proficiency Exam

B. Clinical Exam Locations and Dates

| Location / Test Center # | 2010 | 2011 (Tentative) |
|--|---|---|
| Rio Salado School of Dental Hygiene / Site #0015 1150 E. Washington Phoenix, AZ 85034 | January 16, 2010 February 13, 2010 April 17, 2010 June 12, 2010 July 10, 2010 August 14, 2010 September 18, 2010 October 9, 2010 November 6, 2010 December 4, 2010 | January 15, 2011 February 12, 2011 April 16, 2011 June 11, 2011 July 19, 2011 August 13, 2011 September 17, 2011 October 8, 2011 November 5, 2011 December 3, 2011 |
| Pima County Community College / Site #0009 Dental Hygiene Clinic/Science Bldg. #211 2202 W. Anklam Road Tucson, AZ 85709-0080 | March 13, 2010 May 15, 2010 July 10, 2010 August 7, 2010 October 9, 2010 December 4, 2010 | March 12, 2011 May 14, 2011 July 9, 2011 August 6, 2011 October 8, 2011 December 3, 2011 |
| Northern Arizona University / Site #0205 College of Health Professions Dental Hygiene Clinic-Building 66, Rm 213 Flagstaff, AZ 86001 | February 13, 2010 June 12, 2010 October 16, 2010 | February 12, 2011 June 11, 2011 October 15, 2011 |
| Mohave Community College / Site #0011 Office of Dental Hygiene 3400 Highway 95 Bullhead City, AZ 86442 | January 16, 2010 June 19, 2010 October 16, 2010 | January 15, 2011 June 18, 2011 October 15, 2011 |
| The American Institute of Dental Assisting / Site #0016 2500 S. Power Rd. Suite 127 Mesa, AZ 85209 | April 7, 2010 May 5, 2010 June 5, 2010 August 4, 2010 September 25, 2010 October 20, 2010 November 17, 2010 | TBD |

Note: All testing sites use Circular PIDs.

Arizona Clinical Radiologic Proficiency Exam

C. Radiation Health & Safety (RHS) Exam Information

The 2010 DANB Exam Candidate Guides include the application for DANB's RHS Exam (the other exam required in order to expose radiographs in Arizona). To apply for the RHS Exam, complete and return the RHS application, along with the \$150 fee (includes a \$50 nonrefundable application fee), to DANB. Applications are available at www.danb.org.

DANB has contracted with a national computerized testing vendor to administer the RHS Exam. This allows candidates flexibility in scheduling dates and times. The computerized exam is offered at the locations listed in the 2010 DANB Exam Candidate Guide. Site deletions and additions may occur without notice. DANB cannot guarantee the availability of specific test center locations or times.

D. Clinical Exam Application, Candidate Notification, and Scheduling

Application: Complete the Arizona Clinical Radiologic Proficiency Exam Application (Form A) and return it, along with the \$140 application/exam fee or your credit card information, to DANB at the address on the front cover of this packet.

Note: Clinical sites are filled on a first-come, first-served basis. Therefore, apply as early as possible to increase your chances of reserving a clinical exam space on your chosen date.

It is the candidate's responsibility to ensure that the application is complete. Candidates will be notified of incomplete status by letter.

Mail or fax your application to DANB **only once**. Do not mail a copy of your faxed application, or fax a copy of your mailed application. **If two (2) applications are received, the candidate will then have two (2) records and will be charged twice.** If this occurs, see DANB's Refund Policy (Section G).

Candidate Notification and Scheduling: A Confirmation Letter will be mailed to you at least 14 days prior to the exam date. The letter will tell you when and where to appear for the clinical exam. **Please arrive at the test site 15 minutes prior to the time indicated.**

E. Exam Fees

Arizona Clinical Radiologic Proficiency Exam Total Fee: \$140

(includes \$90 exam fee and \$50 nonrefundable application fee)

Payment must accompany the application.

F. Payment and Refund Policies

All incomplete applications are returned to the sender along with a letter indicating that the application is incomplete. A refund of the submitted fee, minus the \$50 nonrefundable application fee, is sent within 30 days of notice of an incomplete application. Refunds will be made only to the originator of the payment, regardless of whether it is the applicant or not.

An application is considered incomplete if it is missing information or documentation, including, but not limited to: Social Security number, complete name and address, signature, date or appropriate exam fee. A candidate who wishes to reapply with a complete application, or who fails the exam and wishes to retake it, must complete a new application form and pay the full exam fee.

If two applications are received, DANB processes both applications and the candidate will have two (2) records and will be charged twice. When the two records appear in the application process, DANB automatically cancels one of the applications and returns the cancelled application to the candidate. DANB then issues a refund within 30 days of the notice of the returned, duplicate application, minus the \$50 nonrefundable application fee.

Original Payment by Check: When a candidate provides a check as payment, the candidate authorizes DANB to either use information from the check to make a one-time electronic funds transfer or to process the payment as a check transaction. When DANB uses information from the check to make an electronic funds transfer, funds may be withdrawn from the account as soon as the same day your payment is received, and the check will not be returned by the financial institution.

If a candidate applies for a clinical exam with a check that does not have sufficient funds to cover the fee, DANB will notify the candidate that they will not be allowed to take the exam until a cashier's check or money order for the full application/exam fee plus a \$25 NSF (Non-Sufficient Fund) fee has been received. DANB must receive the full payment within 30 days or the application is null and void. If the candidate reapplies for the exam, the full application/exam fee in addition to both a \$25 NSF fee and a \$50 processing fee will be required. A candidate cannot reschedule for any additional DANB exams or purchase any DANB materials until the NSF and processing fees are paid (\$75).

Original Payment by Credit Card: If a candidate paid for a DANB exam by credit card and requires a refund, DANB will credit the payor's credit card for the balance remaining after the \$50 nonrefundable application fee is deducted.

Arizona Clinical Radiologic Proficiency Exam

G. Rescheduling and Cancellation Policies

All rescheduling or cancellation requests must be made to DANB as described below. DANB Request forms are available on the DANB website (www.danb.org), or by calling 1-800-FOR-DANB. Regardless of who paid for an exam, only a registered candidate can reschedule or cancel an exam.

Rescheduling a Clinical Exam: If a candidate applies for a clinical exam and would like to reschedule to the next available test administration, they must submit a *Request to Reschedule a Clinical Exam* form, along with a \$35 rescheduling fee, so that it is **received by DANB (via mail or fax) at least two weeks before the clinical exam date for which the candidate originally applied.** The rescheduling fee of \$35 must accompany the request.

Rescheduling a Clinical Exam Due to a Test Site Change: If a candidate is scheduled for a clinical exam and wishes to test at a different test site other than the one they were originally assigned, they must submit a *Request to Reschedule a Clinical Exam Date or Test Site* form, along with a \$35 rescheduling fee, so that it is **received by DANB (via mail or fax) at least two weeks before the clinical exam date for which the candidate originally applied.** The rescheduling fee of \$35 must accompany the request.

Late Arrival: If a candidate or patient arrives more than 15 minutes after a scheduled appointment, they will be accommodated at the discretion of the Clinical Examiner. If the Clinical Examiner is unable to accommodate the latecomer, the candidate then forfeits the full application/exam fees and the application is null and void. The candidate must reapply with a new application and pay the full fee.

Failure to Appear: If a candidate fails to appear for a scheduled exam, they forfeit the full application/exam fees and the application is null and void. The candidate must reapply with a new application and pay the full fee.

Rescheduling Any DANB Exam Due to an Emergency: If a candidate experiences a personal emergency and is not able to take an exam, **they must contact DANB** at 1-800-FOR-DANB at the first available opportunity within 30 days of the scheduled exam date. DANB will only consider rescheduling a new exam date once the candidate submits a *Request to Reschedule an Exam Due to an Emergency* form (explaining the nature of the emergency that prevented them from taking a scheduled exam, including documents supporting the emergency claim). The request form must be received by DANB (via mail or fax) within 30 days of the scheduled exam date. Call 1-800-FOR-DANB with any questions about what constitutes an emergency and appropriate supporting documentation. Approved requests will be rescheduled at no additional fee.

Cancelling a Clinical Exam: If a candidate applies for a clinical exam and wishes to cancel, they must submit a *Request to*

Cancel a Clinical Exam form so that it is received by DANB (via mail or fax) **at least two weeks before the exam date** to receive a refund. DANB will then issue a refund minus a \$35 cancellation fee and a \$50 nonrefundable application fee (a total of \$85 retained by DANB).

If a candidate applies for, but does not show up for, an exam **or** if the *Request to Cancel a Clinical Exam* form is not received **at least two weeks** before the exam date, the candidate forfeits the full application/exam fee and the application is null and void. The candidate must reapply with a new application and pay the full fee.

H. Clinical Exam Procedures and Expectations

Complete and mail the clinical exam application (Form A), as directed in Section D.

What to Bring to the Clinical Exam: You will need all of the following items or you will not be allowed to take the exam:

1. Appropriate Dress – Scrubs, gloves, mask, lab coat, and closed toed shoes
2. A film holding device of your choice
3. Your Confirmation Letter
4. A completed Form B - Exam Processing
5. A prescription, signed by the patient's dentist and attached to *Form B*, for full mouth x-rays on your patient
6. One form of ID

The name on the ID MUST match your Confirmation Letter and your name on the sign-in sheet EXACTLY in order for you to take the exam. This is especially important for candidates with hyphenated last names. Any errors on your Confirmation Letter should be reported to DANB immediately at 1-800-FOR-DANB.

The ID must be a currently valid, non-expired government-issued photo and signature-bearing ID, in Roman characters. The printed name on the ID must match the name exactly as it is printed on the Test Admission Notice. Acceptable forms of ID include:

- Driver's license
- Valid Passport
- Military ID card
- State ID card
- A US Government issued permanent resident card (commonly known as the green card, formerly known as the alien registration card)
- If you do not have one of the above forms of ID, you may provide a current school year ID card if it has your photo, signature, and name imprinted on it.

Arizona Clinical Radiologic Proficiency Exam

If you recently changed your name, and your IDs have not yet been changed, contact DANB before making an appointment to find out how to proceed.

Failure to Bring Proper Identification: A candidate without proper ID or ID that does not match the confirmation letter exactly will **not** be allowed to take the exam. The application will be considered null and void and the full application/exam fee will be forfeited.

Patient Criteria: For consistency in this evaluation, and to truly determine an accurate estimate of the candidate's abilities, the full mouth series of radiographs must be exposed on a patient meeting **all** of the following criteria, or the candidate will fail the exam:

1. The patient must be 18 years old or older and must have a minimum of four (4) anterior teeth per arch.
2. At least three (3) posterior interproximal contacts must be able to be observed per quadrant.
3. All posterior interproximal alveolar crests must be able to be observed.

Taking the Exam: At the exam site, candidates will expose and mount a full mouth series of radiographs according to the instructions on *Form B—Exam Processing*. A full mouth series consists of 14 to 16 periapical and 4 bitewing radiographs. A qualified Examiner/Proctor will supervise the candidate and no portion of the exam may be completed in advance. **No retakes are permitted**, because specific evaluation criteria are available beforehand and patient radiation must be kept to a minimum. DUAL PAC films and mounts are included in your exam fee and will be supplied to you at the exam site. One copy of the radiographs will be submitted to DANB for evaluation and will NOT be returned to the candidate. The other copy may be retained with the patient's records. Radiographs submitted to DANB must be mounted, secured with transparent tape, and marked with the candidate's name.

Exam Time Schedule: The candidate has 30 minutes to expose the films and 30 minutes to mount the films.

Exam Scoring: DANB will score your exam (films) based on the *Evaluation Criteria* and *Evaluation Process* detailed in Addendums A and B.

Reporting Exam Results: Each candidate will be notified by DANB in writing of his or her Arizona clinical exam results. Results are mailed within four (4) weeks after each exam. Exam results **can be released over the telephone to anyone**. Whether a candidate holds or does not hold an AZ Clinical Proficiency certification is of public record, and may be released to anyone upon request. Names of individuals who earn Arizona radiography certification will be issued to the ASBDE. To receive a duplicate score report, a candidate may submit a *Request for a Duplicate Score Report* form, and a \$25 fee to DANB.

I. Improper Behavior

Improper Behavior During the Exam: The performance of all candidates taking the clinical exam will be monitored. The Examiner/Proctor will notify DANB of any candidate who gives or receives assistance, or otherwise engages in dishonest or improper behavior during the clinical exam. Those candidates may be required to cease taking the clinical exam and leave the test center. The Examiner/Proctor will follow up with a written report to DANB regarding the incident.

After reviewing the reported incident, DANB will determine whether there is reason to believe that a candidate has engaged in cheating or other improper behavior, or has otherwise violated the security of the exam. If DANB determines that there is reason to so believe, it may, at its discretion, pursuant to the procedures set forth in the DANB Discipline Policy and Procedures, take any of the following disciplinary actions:

1. Order the candidate to retake the exam at a time and place to be determined by DANB
2. Refuse to release, or invalidate, the score of the candidate
3. Deny the candidate's current application for certification
4. Require the candidate to wait a specified period of time before reapplying to take the exam
5. Revoke the candidate's eligibility to sit for future exams
6. Take a combination of any of the above actions or such other action that DANB may deem appropriate in the particular circumstances before it

If an Examiner/Proctor allows a candidate to take a clinical exam for which he/she is not registered, those results will not be scored. The candidate will be required to apply with a new application and payment of the full exam fee plus processing fee.

NOTE: DANB's Discipline Policy and Procedures are available on the DANB website (www.danb.org) or upon request at 1-800-FOR-DANB.

J. Nondiscrimination Policy

DANB does not discriminate in application, examination, or certification activities on the basis of age, sex, gender identity, marital status, race, color, religion, national origin, sexual orientation, or disability.

K. Testing Candidates with Disabilities

Exams are designed to provide an equal opportunity for all candidates to demonstrate their knowledge and ability. The exam will be administered to best ensure that it accurately reflects a candidate's aptitude, achievement level, or other skills intended to be measured, rather than reflecting a candidate's impaired

Arizona Clinical Radiologic Proficiency Exam

sensory, manual, or speaking skills except where those skills are factors the exam purports to measure.

DANB adheres to the provisions outlined in the Americans with Disabilities Act. In accord with this Act, DANB will make every reasonable effort to offer the exams in a manner that is accessible to persons with disabilities. If auxiliary aids or alternative arrangements are required, DANB will attempt to make the necessary provisions, unless providing such would fundamentally alter the measurement of skills and knowledge the exam is intended to test, would result in undue burden, or would provide an unfair advantage to the disabled candidate.

To allow sufficient time to make the necessary arrangements for modification or auxiliary aid, the candidate must complete and submit DANB's *Reasonable Accommodations* Form (see page 15) **with** the application, specifying exactly what aid or modification is requested and signed by a physician or psychologist. **DANB will only accept the *Reasonable Accommodations* form found on page 15 of this application packet.**

DANB reserves the right to authorize the use of auxiliary aids/modifications in such a way as to maintain the exam integrity and security. DANB exams are administered only in the English language. Reasonable accommodations will not be approved for candidates who request accommodations because English is a second language. Call 1-800-FOR-DANB x451 for complete guidelines.

L. Appeals

If a candidate believes his/her scores were not properly recorded or wishes to appeal DANB policies relative to eligibility, administration, or exam content, he or she may submit a *Request for Appeal* form, along with a \$25 appeal fee, to DANB's Executive Director within 30 days of the date on the DANB correspondence that prompts the candidate to appeal (i.e. date on the letter indicating candidate's application was incomplete, date on candidate score/result letter). For the policy governing these waivers, contact DANB's Assistant Director, Strategic Initiatives, at 1-800-FOR-DANB, ext. 431, or visit the DANB website at www.danb.org.

M. Contacting DANB

Name/Address Changes: It is the candidate's responsibility to notify DANB of name and/or address change or any spelling errors in the candidate's name. Contact DANB at 1-800-FOR-DANB, danbmail@danb.org, or the address on the front cover of this application. If notification is provided after scores have been printed and mailed, the candidate must submit a *Request for a Duplicate Score Report* form and a \$25 fee to DANB to receive a corrected score report.

Results that are returned because of an undeliverable address will be held in the DANB office for 90 days. An attempt will be made during those 90 days to contact the candidate by telephone to request a new mailing address. Once the 90-day period expires, DANB will destroy the original results. If a candidate contacts DANB with a name or address change after the 90-day period, DANB will release new results after the candidate submits a *Request for a Duplicate Score Report* form and a \$25 fee.

DANB's E-mail Policy:

- All communications sent to/from DANB are the property of DANB.
- DANB cannot guarantee that the individual e-mail messages will remain confidential, as they are sent over unsecured methods of communication. As such, clients have no expectation of privacy with respect to items sent/received.
- DANB may also disclose any e-mail messages as necessary to comply with legal processes.
- DANB will attempt to respond to received e-mail messages within two business days of receipt. Some responses may take longer, but those individuals will receive phone calls, if a phone number is provided.

You are asked to call 1-800-FOR-DANB if your e-mail has not been answered after one week or more.

Arizona Clinical Radiologic Proficiency Exam

Application Statement

Please read the following statements carefully. Candidate's signature on the application indicates understanding and agreement to be legally bound by these statements.

1. I hereby apply to the Dental Assisting National Board, Inc. (DANB) for examination by DANB and issuing of my exam scores to the Arizona State Board of Dental Examiners (ASBDE) in accordance with and subject to the procedures and regulations of DANB and the ASBDE. Under penalty of perjury, I declare that the information provided on my application is true. I have read and agree to the requirements and conditions set forth in DANB's application covering the administration of the Arizona Clinical Radiologic Proficiency Exam and DANB policies, including, but not limited to DANB's *Code of Professional Conduct* found at www.danb.org. I agree to disqualification from the examination and to forfeiture and return to DANB of any scores granted me by ASBDE based on DANB exam scores in the event that any of the answers or statements made by me in this application are false or in the event that I violate any DANB rules or regulations. I authorize DANB to make whatever inquiries and investigations it deems necessary to verify my credentials or professional standing.
2. I hereby release DANB, its directors, officers, examiners, and agents, from any and all liability arising out of or in connection with any action or omission by any of them in connection with the exam application, exam administration, state registration and/or state or national certification process, any examination given by DANB, any scoring relating thereto, the failure to issue me an exam application form, exam score report and/or certificate (state or national), or any demand for forfeiture or return of such application form, score report and/or certificate and I agree to indemnify DANB and said persons and hold them harmless from any lawsuit, complaint, claim, loss, damage, cost, or expense, including attorneys' fees, arising out of or in connection with said exam application, administration, score reporting, state registration and/or state or national certification activities. I UNDERSTAND THAT THE DECISION AS TO WHETHER I QUALIFY FOR THE ARIZONA CLINICAL RADIOLOGIC PROFICIENCY EXAMINATION RESTS SOLELY AND EXCLUSIVELY WITH DANB, BASED ON CRITERIA ESTABLISHED BY THE STATE OF ARIZONA, AND THAT THE DECISION OF DANB IS FINAL.
3. I understand that, except as provided below, this application and any information or material received or generated by DANB in connection with this application or the examination process will be kept confidential and will not be released unless I have authorized such release or the release is required by law. I further understand and agree, however, that, upon mail or phone request by anyone, DANB will verify:
 - (1) receipt of any DANB exam application and the date received;
 - (2) whether or not I hold the Arizona Clinical Radiologic Proficiency certificate.

I further understand and agree that DANB may provide online verification on DANB's website of the state-specific certificates administered by DANB that I hold, along with online verification of DANB Certificates of Competency (Radiation Health and Safety [RHS] and/or Infection Control [ICE]) or DANB Certifications (Certified Dental Assistant [CDA], Certified Orthodontic Assistant [COA], Certified Dental Practice Management Administrator [CDPMA], or Certified Oral and Maxillofacial Surgery Assistant [COMSA]) that I hold; such verification may consist of online display of my name, credentials held and dates earned, current Certification status, and my city and state of residence. My full address will not be posted online by DANB. I understand that if I do not want DANB to display my city and state of residence as part of the online credential verification process, then I must submit a written request for omission of this information to following address:

DANB Director, Marketing & Communications, 444 N. Michigan Ave., Suite 900 Chicago, IL 60611.

I understand that by providing my e-mail address on the application form, I am consenting to receive e-mail messages from DANB and its affiliates related to their products and services or news affecting the dental assisting profession. I understand that DANB agrees not to provide my e-mail address to any third party without my consent, and that I can request removal from DANB's e-mail distribution list by following the directions contained in the Privacy Policy section of DANB's Terms and Conditions of Use of [DANB.org](http://www.danb.org), located at <http://www.danb.org/termsandconditions.asp>.

4. I authorize DANB to release my examination score(s) to state reporting agencies. I also authorize DANB to use information from my application and examination(s) for statistical analysis, providing that any personal identification is deleted.
5. I understand that I can be disqualified from taking or continuing to sit for an examination and from receiving examination scores if DANB determines through proctor observation, statistical analysis, or any other means that I was engaged in collaborative, disruptive, or other unacceptable behavior during the administration of or following the examination.
6. I understand that the content of the DANB examination is proprietary and strictly confidential information. I hereby agree that I will not disclose, either directly or indirectly, any question or any part of any question from the examination to any person or entity. I understand that the unauthorized receipt, retention, possession, copying, or disclosure of any DANB examination materials, including but not limited to the content of any examination question, before, during, or after the examination, may subject me to legal action. Such legal action may result in monetary damages and/or disciplinary action including denial or revocation of exam scores.
7. I understand that for each application submitted DANB will process the appropriate payment. If I fail to show up for an examination for which I have applied, and there is no documented DANB-accepted emergency, and I failed to comply with DANB cancellation policies, I am still obligated to pay the full examination fee. I further understand that taking the examination, and then revoking payment constitutes the wrongful use of DANB products and services and I may be subjected to legal action. I am obligated to pay for the examination whether I pass or fail. I agree not to dispute the examination fee. Passing candidates will not be eligible to retain their scores if the examination fee is not paid in full.



2010 Arizona Clinical Radiologic Proficiency Exam Application (Form A)



2010 Application And Exam Fees Valid Through March 31, 2011

Fee: \$140

Instructions:

- Carefully read the Application Statement (Page 7) before proceeding.
- Complete **all items** on the application below. (Incomplete applications will be returned and the \$50 nonrefundable application fee retained.)
- Mail/fax the completed application to DANB with the application/exam fee or credit card information. **Note: Application fees are nonrefundable.**
- Candidates who are ineligible for the exam will be notified by mail.

Candidate Information

SS#: _____ - _____ - _____

Name (must match ID exactly) _____
(Last) (First) (Middle Name or Initial)

(Previous Name, if applicable) _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Phone Number(s) Office (____) _____ Home (____) _____ Cell (____) _____ Fax (____) _____

I work in a: general dental office specialty dental practice other (please specify) _____

I hereby affirm that my answers to all questions are true and correct, I have met all eligibility requirements, and will comply with all DANB policies and procedures. I further affirm that I have read and understood the Application Statements contained on page 7, and I intend to be legally bound by them. I understand that the \$50 application fee is not refundable under any circumstances. I hereby apply for Arizona Clinical Radiologic Proficiency Exam in accordance with the rules and regulations governing the examination; and I herewith enclose the examination fee. I hereby agree that prior to examination or subsequent to my exam, the Arizona State Board of Dental Examiners or DANB may investigate my eligibility and may refuse to issue examination and such refusal may not and shall not be questioned by me in any court of law or equity or other tribunal, nor shall I have any claim in the event of such refusal to a return of the fee accompanying the application.

Signature X _____ Date _____

Exam Selection Information

Exam Dates: You will be assigned to the first available hour on the first available day at the test site of your choice.

Please list any exam dates you **CANNOT** attend. (see Section B) _____

Insert up to three test site numbers in your order of preference. (Sites are listed in Section B of this Fact Sheet.)

Test Center Choices: 1st Choice _____ 2nd Choice _____ 3rd Choice _____

FAX your application to: 312-642-8507

Do not Fax twice or you will be charged twice!



MAIL to: DANB

444 N. Michigan Ave., Suite 900
Chicago, IL 60611

QUESTIONS?

**Call 1-800-FOR-DANB or
Go online at www.danb.org**

Select Payment Option

Full exam fee must be paid or application will be returned as incomplete. (See payment and refund policies.)

Candidate's Name _____ Candidate's SS# _____

Check/Money Order payable to the Dental Assisting National Board, Inc. or DANB
Checks must include candidate's name, Social Security Number, and name of the exam.

3710
AZ-Clinical

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit Card Authorization: Allows DANB to charge the credit card account. Please complete all information.

Credit Card Number _____ Expiration Date: ____/____/____ **Amount: \$140.00**

Cardholder's Name _____ Cardholder's Signature _____

Cardholder's Billing Address _____

City/State/Zip _____ Phone Number _____

By signing, the cardholder acknowledges intent to register the candidate for the aforementioned DANB examination in the amount of the total shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with the issuer. Furthermore, the cardholder understands that the signature obtained at the examination administration shall be used to indicate receipt of purchase. Candidates who fail to show up for the examination for which they registered and have not cancelled their examination as described in this Guide are still required to pay for the examination. (See Application Statement, page 7, for further requirements).

Arizona Clinical Radiologic Proficiency Exam

Exam Checklist

Have you:

- Read the instructions and information in this application packet?
- Read and agreed to be bound by Arizona and DANB rules, regulations, policies, and procedures as noted in this application (see page 8)?
- Filled out the Clinical Exam Application (Form A) in its entirety?
- Signed and dated the Clinical Exam Application (Form A)?
- Enclosed the application and exam fee (\$140) by check or credit card?
- Enclosed the Reasonable Accommodation Form, if needed? Note: Candidates applying under the *Americans with Disabilities Act* should refer to Section K: Testing Candidates with Disabilities.
- Made a copy of your entire application packet for your records?
- Addressed your envelope?
Dental Assisting National Board (DANB)
444 N. Michigan Ave., Suite 900
Chicago, IL 60611

OR prepared your information (credit card payments only) to be faxed to the Dental Assisting National Board (DANB) (312) 642-8507?

If you have not

- completed the application in full,
- enclosed your signed and dated application,
- provided payment (check, money order, cashier's check or complete credit card information)

your application will be considered incomplete and will not be processed.

Incomplete applications will be returned, minus the \$50 **nonrefundable** application fee.

2010 Arizona Clinical Radiologic Proficiency Exam Processing (Form B)**Instructions:**

1. The candidate should bring this completed form, Confirmation Letter, and one form of identification to the exam site. **Do not mail this form to DANB.**
2. The Examiner will mail the exam processing form to DANB along with the exposed and mounted radiographs.
3. The candidate is responsible for supplying her/his own patient and bringing a prescription for x-rays from the patient's dentist. The candidate is also responsible for providing gloves, mask, lab coat, and film holding device as part of Infection Control standards. DUAL PAC film and mounts are included in the exam fee and will be supplied at the exam site. **DUAL PAC film is used so that a copy may be retained in the patient's records. Radiographs submitted to DANB will not be returned to the candidate.**
4. Appropriate dress, such as scrubs or uniform and closed toed shoes, is required.

Please print clearly

A. Personal Information

Candidate's Social Security No. _____ - _____ - _____

Candidate's Name _____
(Last) (First) (Middle Name or Initial)

B. Prescription for Full Mouth Series on Patient

IMPORTANT NOTE: A prescription for these radiographs by a licensed dentist must be firmly attached to this form.

C. Consent Form

I consent to be exposed to 14 to 16 periapical and 4 bitewing radiographs. I understand that these radiographs will be taken by a student as part of a clinical examination for a Certificate of Radiologic Proficiency.

Patient's Signature *X* _____ Date _____

Instructions for Clinical Examination

D. Exam Procedures

Candidates must expose and mount a full mouth series of radiographs. A full mouth series consists of 14 to 16 periapical and 4 bitewing radiographs. Candidates must use DUAL PAC film so that a copy may be retained with the patient's records. *Radiographs submitted to DANB will not be returned to the candidate.* Radiographs must be mounted, secured with transparent tape, and marked with the candidate's name.

The candidate has 30 minutes to expose the films and 30 minutes to mount the films. A qualified Examiner/Proctor will supervise the candidate and no portion of the exam may be completed in advance. No retakes are permitted, because specific evaluation criteria are available beforehand, and patient radiation must be kept to a minimum.

E. Patient Criteria

For consistency in this evaluation, and to truly determine an accurate estimate of the candidate's abilities, the full mouth series of radiographs must be exposed on a patient meeting all of the following criteria:

1. The patient must be 18 years old or older and must have a minimum of four (4) anterior teeth per arch.
2. At least three (3) posterior interproximal contacts must be able to be observed per quadrant.
3. All posterior interproximal alveolar crests must be able to be observed.

Form B continues on next page

Form B (cont.)



FOR CANDIDATE USE ONLY

Candidate must sign, date and complete sections 1 and 2 or exam will automatically fail. Sections 3 and 4 should be completed if necessary.

1. I have enclosed:

- 14 periapicals and 4 bitewings
- 16 periapicals and 4 bitewings
- 18 periapicals and 4 bitewing

2. Mounting:

Films are mounted:

- Lingual view (All films are mounted with the raised dot away from the observer.)
- Buccal view (All films are mounted with the raised dot toward the observer.)

3. Missing teeth:

Using the Universal Numbering System, list the tooth numbers of missing teeth, if any:

4. Anatomic Factors

If this patient exhibits any of the following factors that may affect the evaluation of this full mouth series of radiographs, check those that apply.

- Crowded dentition
- Narrow arch
- Shallow palate
- Shallow floor
- Short frenum
- Large maxillary tori
- Large mandibular tori
- Excessive root resorption

If candidates are of the opinion that facilities for the examination were problematic or inadequate, such candidates must immediately register a complaint with the Test Administrator. In the event that no immediate remedial or corrective action is taken, the candidate is urged to register an appropriate complaint in writing to DANB at the address listed below, immediately following the completion of the examination. DANB, Attn: Chris Hoel, 444 N. Michigan Ave. Suite 900, Chicago, IL 60611-3985.

Print Candidate's Name _____

Candidate's Signature *X* _____ Date of Exam _____

FOR PROCTOR USE ONLY

Verification by Proctor

The candidate has:

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| 1. Produced one (1) form of proper identification | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Used accepted radiation safety precautions | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Followed infection control procedures according to OSHA/CDC/ADA guidelines | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Exposed films within 30-minute limit | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Mounted films within 30-minute limit | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Completed the exam without voicing a complaint or requesting assistance during the examination | <input type="checkbox"/> | <input type="checkbox"/> |

During the exam:

- | | | |
|---------------------------------------|--------------------------|--------------------------|
| 7. Equipment functioned appropriately | <input type="checkbox"/> | <input type="checkbox"/> |
|---------------------------------------|--------------------------|--------------------------|

After the exam:

- | | | |
|--|--------------------------|--------------------------|
| 8. Films were processed without incident | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

_____ Date

_____ Exam Site #

_____ Examiner's Signature

Proctor: Please use this space to describe why any 'No' boxes were checked.

Evaluation Criteria (Addendum A)

| RATING | FILM CONTRAST, DENSITY, and SHARPNESS | FILM COVERAGE | |
|--|---|---|--|
| | | PERIAPICALS | BITEWINGS |
| D I A G N O S T I C | Standard illumination permits differentiation among the various structures of the teeth, the periodontal ligament spacings, the support bone, and normal anatomic landmarks. | The exposure must depict a minimum of 1 mm completely surrounding each crown and a minimum 2mm beyond the periodontal ligament, depicted together with interproximal alveolar crests, contact areas and surrounding bone regions, including any edentulous areas. To better expose the apex, have the patient bite down all the way on the bite block. The exposure must also depict at least 4mm past the second molar areas. | The posterior interproximal contacts are open and 2mm of alveolar crest are visible. The occlusal plane is centered on the film. |
| M A R G I N A L | Differentiation among the various structures of the teeth, the periodontal ligament spacings, the supporting bone and anatomic landmarks requires special viewing illumination: Film density is excessive or insufficient OR film contrast is excessive or insufficient OR image details are inadequate, but other films in the series allow interpretation of the regions in question. | The exposure must depict between 0 and 1mm completely surrounding each crown, and all crowns must be visible. There must be between 0 and 2mm beyond the periodontal ligament, depicted together with interproximal alveolar crests, contact areas, and surrounding bone regions, including any edentulous areas. To better expose the apex, have the patient bite down all the way on the bite block. The exposure must also depict between 0-4mm past the second molar areas. | Overlapped interproximal areas of the cementoenamel junction are acceptable, provided this area can be viewed on some other film. The occlusal plane is not centered on the film, but the interproximal areas and less than 2mm of alveolar crest are visible. |
| N O N - D I A G N O S T I C | For interpretation of possible pathologic changes in the dentition and/or the surrounding bone. Film density is inadequate OR film contrast is inadequate OR image detail is inadequate. | Film coverage is insufficient to diagnose pathologic changes in the interproximal, periradicular, and/or retromolar regions, OR film series is incomplete. | Film coverage is insufficient to diagnose pathologic changes in the interproximal regions, OR film series is incomplete. |

Addendum A (cont.)

| RATING | IMAGE DEFECTS | TECHNICAL ERRORS | MOUNTING |
|--|--|---|---|
| D I A G N O S T I C | Images of all teeth and other structures are shown in proper relative size and contour, with minimal distortion. | Films are free from cone cuts, evidence of patient movement, and extraneous artifacts. | <p>Either all films are mounted with the raised dot toward the observer (buccal view) OR all films are mounted with the raised dot away from the observer (lingual view).</p> <p>All films are mounted in the correct position.</p> |
| M A R G I N A L | Images of some teeth and other structures are slightly distorted (foreshortened or elongated), but the series of films provides sufficient diagnostic information. | When present, cone cuts, evidence of patient movement, and extraneous artifacts do not prohibit differentiation among the various structures of the teeth, periodontal ligament spacings, the supporting bone and anatomic landmarks. | Not applicable. |
| N O N - D I A G N O S T I C | Images of teeth and other structures are distorted to the extent the interpretation of normal structures compared to pathologic changes is not possible. | Films exhibit cone cuts, evidence of patient movement or extraneous artifacts, to the extent that the films are rendered non-diagnostic. | Films are mounted incorrectly (buccal and lingual views mixed OR films mounted in incorrect positions). |

Evaluation Process (Addendum B)

Each full mouth series of radiographs will be evaluated by one trained judge, based on the enclosed evaluation criteria. **If the patient criteria are not met, or if the radiographs have slipped out of the mount, the candidate automatically fails.**

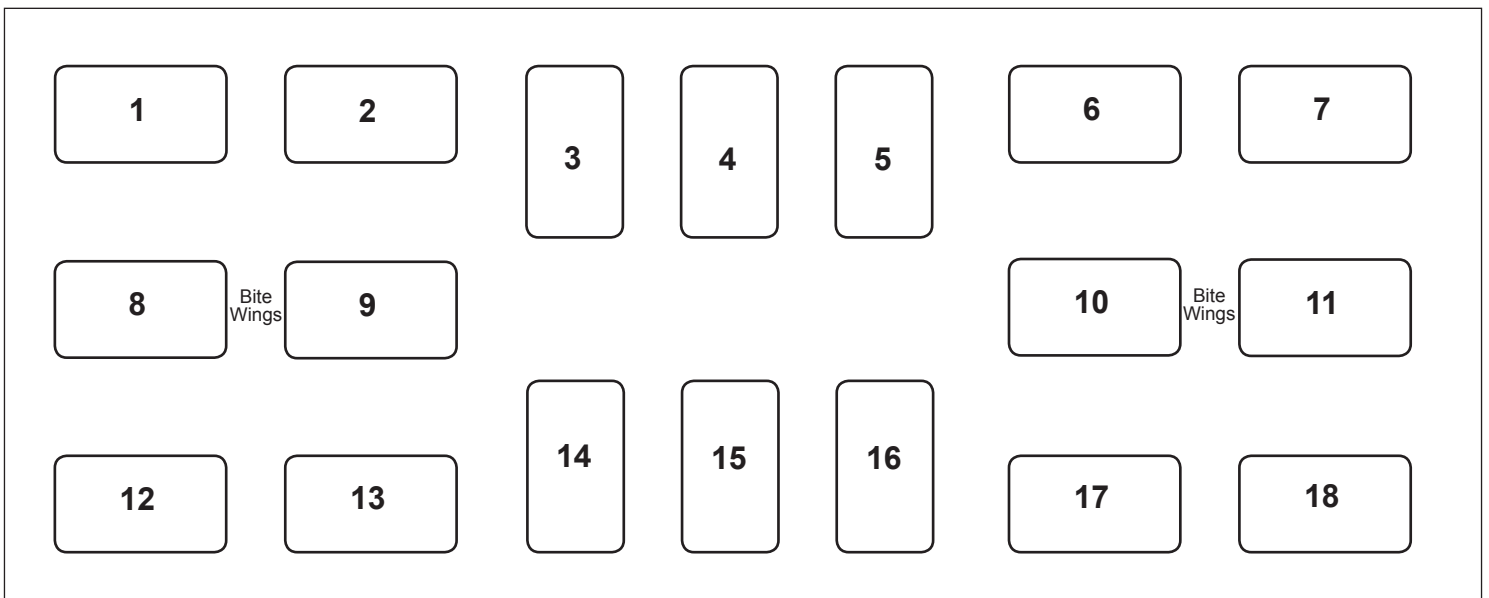
DANB Evaluators must determine that the candidate's full mouth series of radiographs is diagnostically acceptable, based on the evaluation criteria, in order to provide a passing grade.

Mounting Diagram

Submit **14 periapical** and **4 bitewing** radiographs for evaluation and mount them as directed in this 18-window diagram.

Patient's Right

Patient's Left



2010 Reasonable Accommodations Form (must be submitted with exam application)

Arizona Clinical Radiologic Proficiency Exam

(For candidates covered by the Americans with Disabilities Act ONLY)

To be completed by the Candidate's physician, psychologist, or another professional qualified to diagnose disabilities. **A license number must be provided.** Complete and submit **all** required information with the candidate's application to be considered for **ALTERNATE** arrangements for the test administration. *Contact Chris Hoel with any questions (1-800-FOR-DANB, x450).*

DANB requires the following requirements be met, and documentation to be provided before reasonable accommodations will be approved:

- clearly state the diagnosed disability or disabilities
- describe the functional limitations resulting from the disability or disabilities
- be current — i.e., completed within the last 5 years for learning disability (LD), last 6 months for psychiatric disabilities, or last 3 years for ADHD and all other disabilities (NOTE: this requirement does not apply to physical or sensory disabilities of a permanent or unchanging nature)
- include complete educational, developmental, and medical history relevant to the disability for which testing accommodations are being requested
- include a list of all test instruments used in the evaluation report and relevant subtest scores used to document the stated disability (this requirement does not apply to physical or sensory disabilities of a permanent or unchanging nature)
- describe the specific accommodations requested [separate room may be available, other accommodations as requested by the professional filling out the form (if available)].
- adequately support each of the requested testing accommodation(s)
- be typed or printed on official letterhead and be signed by an evaluator qualified to make the diagnosis (include information about license or certification and area of specialization).

DANB reserves the right to authorize the use of modifications in such a way as to maintain the exam integrity and security. DANB exams are administered only in the English language. Reasonable accommodations will not be approved for candidates who request accommodations because English is a second language.

Candidate Information

Please print clearly

Candidate's Name _____ Candidate's SS#: _____
(Last) (First) (Middle name or initial)

Candidate's Address _____

Candidate's City _____ State _____ Zip _____

Candidate's Phone Number(s) Office (____) _____ Home (____) _____ Cell (____) _____

Email: _____

Physician, Psychologist, or Other Qualified Professional Information

Name _____ Degree(s) Held: _____
(Last) (First) (Middle name or initial)

Address _____

City _____ State _____ Zip _____

Phone Number(s): Office (____) _____ Home (____) _____

Email: _____ License #: _____

Reasonable Accommodation Needs

CHECK ALL THAT ARE REQUIRED:

Separate room (if available)

Other accommodations (if available) Specify here: _____
English as a second language does not qualify for a reasonable accommodation.

FOR DANB USE ONLY

Reviewed by:

initials

date

Signature of physician, psychologist, or other professional qualified to diagnose disabilities

License Number (must be included)

Date

If ALL of the above information is not disclosed, required documentation is not included, or this form is not submitted with the candidate's application, DANB WILL NOT consider the request for an accommodation.

Mail to: DANB, 444 N. Michigan Ave., Suite 900, Chicago, IL 60611
 Phone: 1-800-FOR-DANB or 312/642-3368 • Fax: 312/642-8507 • Email: danbmail@danb.org • Website: www.danb.org