



# Arizona Coronal Polishing Exam

## 2010 Exam Application

2010 Application And Exam Fees Valid Through March 31, 2011

This application packet provides information concerning the requirements for the Arizona Coronal Polishing Certificate. The Dental Assisting National Board, Inc. (DANB), under agreement with the Arizona State Board of Dental Examiners (ASBDE), administers the complete certificate program; a service that includes providing exam information, distributing applications, testing, issuing certificates, and handling inquiries.

**Coronal Polishing Definition.** The ASBDE Dental Practice Act states: “A dental assistant may polish the natural and restored surfaces of the teeth under the general supervision of a dentist licensed pursuant to this chapter if the assistant has passed an examination approved by the Board” (Section 32-1291B). The ASBDE further defines ‘polish’: “Polish’ means for the purpose

*of Article 7 only, a procedure limited to the removal of plaque and extrinsic stain from exposed natural and restored tooth surfaces, utilizing an appropriate rotary instrument with rubber cup or brush and polishing agent. This procedure shall not be intended or interpreted by itself as an oral prophylaxis.”*

All inquiries regarding the **Arizona dental practice act and regulations** should be addressed to: Arizona State Board of Dental Examiners, 5060 N. 19th Ave., #406, Phoenix, AZ 85015-3214; (602) 242-1492.

Inquiries regarding the **Arizona Coronal Polishing (AZCP) Exam** should be addressed to DANB.

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### A. Arizona State Requirements

A dental assistant, under the general supervision of a licensed dentist, is qualified to perform coronal polishing in Arizona if the assistant completes **ALL** of the following requirements, pays the required fees, and abides by DANB policies:

1. Pass the Arizona Coronal Polishing (AZCP) Exam administered by DANB **AND**
2. Submit an Arizona Coronal Polishing Clinical Skills Affidavit (completed by a licensed dentist or a coronal polishing educator/course instructor) Certificate Application (Form B) to DANB.

*DANB will issue an Arizona Coronal Polishing Certificate after the candidate has completed all of the requirements listed above.*

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## **B. Computerized Exam Sites**

DANB has contracted with Pearson VUE, a national computerized testing vendor, to administer the Arizona Coronal Polishing Exam. This allows candidates flexibility in scheduling exam dates and times.

The exam is offered at proctored computerized test sites in **Flagstaff, Bullhead City, Phoenix, Mesa, and Tucson**. (Exact locations will be provided during appointment scheduling.) There is no application deadline for taking the computerized exam.

If candidates are interested in taking the exam in a state other than Arizona, contact VUE at [www.pearsontesting.com/danb](http://www.pearsontesting.com/danb) for a list of national computer test sites. Or, when the candidate receives their Test Admission Notice, they can call VUE's toll-free number. Because test site deletions and additions may occur without notice, DANB cannot guarantee the availability of specific test center locations or times.

## **C. Exam Application, Candidate Notification, and Scheduling**

The following forms are attached to this packet: the Arizona Coronal Polishing Exam Application (Form A) and the Arizona Coronal Polishing Clinical Skills Affidavit/Certificate Application (Form B).

***If you are taking the Arizona Coronal Polishing Exam for the first time***, submit Form A (Exam Application) and Form B (Clinical Skills Affidavit/Certificate Application) along with the total fee of \$180. This fee includes the \$50 nonrefundable application fee, \$100 exam fee, and \$30 Arizona Coronal Polishing Certificate fee.

***If you are retaking the Arizona Coronal Polishing Exam***, you must submit the Exam Application (Form A) along with the \$150 application and exam fee. You do **not** need to resubmit the Clinical Skills Affidavit/Certificate Application (Form B) or the \$30 certificate fee. DANB will retain Form B and the \$30 certificate fee until you retake and pass the Arizona Coronal Polishing Exam.

Mail completed exam applications and fees to DANB at the address on the front cover of this application packet. Application deadlines for the exams are listed in Section B of this application packet; there is no application deadline for taking computerized exams.

The candidate will receive a Test Admission Notice from DANB within four (4) weeks after DANB receives the application. This notice will provide all of the information needed in order to schedule the exam through Pearson VUE using its toll-free hotline. Alternatively, the candidate can register online at [www.pearsontesting.com/danb](http://www.pearsontesting.com/danb) immediately after receiving your Test Admission Notice.

***Computerized testing must be completed within the 60-day eligibility window listed on your Test Admission Notice. If the exam is not taken within this period, your entire application/exam fee will be forfeited. Report any and all errors on your Test Admission Notice to DANB immediately at 1-800-FOR-DANB, before you call to schedule your exam.***

All exam appointments are scheduled on a first-come, first-served basis. For rescheduling and cancellation policies, see Section G of this application packet.

## **D. Exam/Certificate Fee(s)**

The fees for the Arizona Coronal Polishing (AZCP) Exam and Certificate are as follows:

### **AZCP Exam and Certificate Fee: \$180**

(includes \$100 exam fee, \$50 nonrefundable application fee and \$30 nonrefundable certificate application fee)

Payment must accompany the application. **Candidates applying for the AZCP for the first time should submit Forms A and B, along with a total payment of \$180.** Candidates who are retaking the exam need only submit Form A and \$150, which includes the \$100 exam fee and \$50 nonrefundable exam application fee. DANB will already have the candidate's Form B and \$30 certificate application fee.

## **E. Payment and Refund Policies**

**All incomplete applications will be returned to the sender. DANB will retain the nonrefundable \$50 application fee on all incomplete applications (and the \$30 nonrefundable certificate fee, if applicable).** 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: Completed Forms A and/or B, Social Security number, complete name and address, signature, 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 (and \$30 nonrefundable certificate fee, if applicable).

***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 it to the candidate. DANB then issues a refund within 30 days of the notice of the returned, duplicate application, minus the \$50 application fee and \$30 non-refundable certificate fee if applicable.

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**Original Payment by Check:** When the 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 from your account or to process the payment as a check transaction. If 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 payment is received, and the check will not be returned from the financial institution.

If a candidate applies for a computerized 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 non-refundable application fee is deducted (and \$30 nonrefundable certificate fee, if applicable).

## F. Rescheduling and Cancellation Policies

DANB allows candidates to reschedule or cancel exams. The required forms to reschedule or cancel an exam are available on DANB's Web site at [www.danb.org](http://www.danb.org) or by calling DANB at 1-800-FOR-DANB. Regardless who paid for an exam, only a registered candidate may reschedule or cancel an exam and request a refund. DANB returns the refund to the individual who paid for the exam.

Candidates who apply for an exam and are not able to take it at the scheduled time may request to be rescheduled at a later date. Candidates who have scheduled an exam appointment and wish to reschedule to a later date within their 60-day eligibility window must call Pearson VUE at their toll-free hotline number (not the test site phone number) noted on the Test Admission Notice at least two business days before the scheduled exam. The appointment will be rescheduled at no additional fee within the 60-day eligibility window.

If a candidate cannot schedule or reschedule an exam before the end of the 60-day eligibility window and would like to reschedule the exam window for a fee of \$35, **the candidate must complete the following steps:**

**STEP 1:** If an exam appointment has been scheduled, the candidate **must** contact Pearson VUE at their toll-free hotline noted on the Test Admission Notice (not the test site phone

number) to **cancel at least two business days before the scheduled appointment.** Failure to cancel a scheduled exam will result in forfeiture of the full application/exam fees and the application becomes null and void.

**STEP 2:** Mail or fax the Request to Reschedule a Computerized Exam Eligibility Window form to DANB, along with a \$35 rescheduling fee so that it is received by DANB **up to 60 days after the end of the 60-day eligibility window.** Go online to [www.danb.org](http://www.danb.org) (downloadable forms) to download or call 1-800-FOR-DANB and request a Request to Reschedule a Computer Exam Eligibility Window form. **Within three weeks, you will receive a new Test Admission Notice with a new 60-day eligibility window.**

**Important Note:** A candidate may reschedule an exam up to three times. After the third reschedule, a current exam application with full fees must be submitted.

**Rescheduling 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. If a candidate is not able to take **a scheduled computerized exam, they must also contact Pearson VUE** at its toll-free hotline (not the test site phone number). DANB will only consider rescheduling a new exam date or exam window once a candidate submits a *Request to Reschedule 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 or exam window.** (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 an Exam:** If a candidate has submitted an application for a computerized exam and does not wish to make an appointment or reschedule the 60-day eligibility window, they must submit a *Request to Cancel a Computerized Exam* form so that it is **received by DANB (via mail or fax) at least two business days before the end of his/her eligibility window to receive a refund.** DANB will then issue a refund minus the \$35 cancellation fee and \$50 non-refundable application fee (a total of \$85 retained by DANB).

If a candidate has already scheduled an exam appointment and wishes to cancel the appointment, but does not wish to reschedule the exam or eligibility window, they **must complete ALL OF THE FOLLOWING STEPS at least two business days before the exam date** to receive a refund:

**STEP 1:** Contact the national computerized testing vendor, Pearson VUE, at its toll-free hotline (not the test center phone number). Failure to cancel a scheduled exam will result in  
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forfeiture of the full application/exam fees and the application is null and void.

**STEP 2:** Submit the *Request to Cancel a Computerized Exam* form (available at [www.danb.org](http://www.danb.org) or call 1-800-FOR-DANB to have a copy mailed to you) so that it is received by DANB (via mail or fax) **at least two business days before the exam date**. DANB will then issue a refund minus the \$35 cancellation fee and \$50 non-refundable application-processing fee (a total of \$85 retained by DANB).

**Important note:** If a candidate has made an exam appointment and does not cancel it by contacting Pearson VUE at its toll-free hotline (not the test site phone number) at least two business days before the appointment, the candidate forfeits the full application/exam fees and the application is null and void whether DANB has been contacted or not.

**The exam eligibility window will not be extended for a candidate who cancels less than two business days before a scheduled exam date or eligibility window as described above. The candidate forfeits the full application/exam fees and the application is null and void. The candidate must reapply.**

## G. Retest Policy

If a candidate fails the Arizona Coronal Polishing Exam and wishes to retake it, they must submit the Exam Application (Form A) along with the \$150 exam fee. They do not need to resubmit the Clinical Skills Affidavit (Form B) or the \$30 certificate fee. DANB will retain this form and fee until the Arizona Coronal Polishing Exam retest candidate passes the Arizona Coronal Polishing Exam.

If a candidate fails an exam and would like to retake it, the candidate must reapply by submitting a new application (Form A only) and fee to DANB. Upon receipt of a Test Admission Notice from DANB, the candidate can schedule an exam with Pearson VUE by calling its toll-free hotline.

## H. Exam Expectations

**Exam Time Schedule:** The candidate will have 1 1/4 hours to complete the 70-item exam. Exam candidates will also be given time for a brief introductory lesson.

**What to Bring:** The candidate must bring the Test Admission Notice and one form of ID (see "ID Requirements," below) to the exam. Exam candidates will be provided with an erasable notepad and pen to use during the exam. No reference materials or notes are to be brought to the exam area. No visitors or unauthorized individuals will be permitted in the exam area during testing.

**ID Requirements:** One form of current and valid ID is required upon arrival at the test site. Candidates may be electronically fingerprinted and photographed for ID purposes only. Candidates may also be video/audio recorded during their exam.

**The name on the ID MUST match your Test Admission Notice EXACTLY in order for you to be able to test. This is especially important for candidates with hyphenated last names. Report any and all errors on your Test Admission Notice to DANB immediately at 1-800-FOR-DANB, before you call to schedule your exam.**

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 identification 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.

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

**Failure to Bring Proper ID:** A candidate without proper ID will not be seated for the exam. The application will be considered null and void, and the full application/exam fee will be forfeited.

**Late Arrival/Failure to Appear:** See Section G, "Rescheduling and Cancellation Policies."

**Computerized Exam Tutorial:** The time a candidate spends on the tutorial will not be counted as part of his/her exam time period. The tutorial describes how to mark answers, skip items, and return to questions. This tutorial is also available on the DANB website ([www.danb.org](http://www.danb.org)).

**Exam Results:** Candidates will receive their initial results on-screen immediately upon completion of the exam; official results will be mailed within 3-4 weeks of the exam administration date.

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# Arizona Coronal Polishing Exam

## I. Exam Content

The Arizona Coronal Polishing Exam is composed of 70 “one best answer” multiple choice questions. The exam covers the following subjects indicated below. *(For a detailed content outline, see pages 7-8 of this application packet)*

<u>Content Area</u>	<u>Approx. % of Questions</u>
Orofacial Anatomy	8
Oral Prophylaxis	7
Legal Requirements of Coronal Polishing Procedures	5
Objectives of Coronal Polishing	5
Dental Deposits	15
Polishing Precautions	15
Patient Education and Recordkeeping	8
Polishing Agents	7
Polishing Technique	20
Infection Control Protocol	10

**Sample Question:** The following question illustrates the format found on the Arizona Coronal Polishing Exam. It should be noted that the sample question is presented for format, and does not necessarily reflect question content or level of difficulty of the exam.

**Directions:** In the question below, select the one choice that answers the question best.

1. Which of the following is a characteristic of aggressive brushing?
  - A. Abrasion
  - B. Attrition
  - C. Abfraction
  - D. Erosion

*For study suggestions, contact DANB at 1-800-FOR-DANB. Have all of your current study materials available when calling.*

## J. Improper Behavior

**Improper Behavior During the Exam:** The performance of all candidates taking exams will be monitored. Candidates are responsible for protecting the integrity of their answers. Test center personnel will notify DANB of any candidate who talks during the exam, who gives or receives assistance, copies questions/answers, permits another to copy questions/answers, or otherwise engages in dishonest or improper behavior during the exam. Those candidates may be required to cease taking the exam and leave the test center. Test center personnel will follow up with a written incident 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 candidate's exam results
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 allows a candidate to take an exam for which he or she is not registered, those results will not be scored. The candidate will be required to apply with an exam application and payment of the full exam fee plus processing fee.*

**Improper Behavior After the Exam:** Any individual who removes or attempts to remove testing-related materials from the test center, or who reproduces, distributes, displays or otherwise misuses a test question or any part of a test question from an exam, will be subject to legal action.

Any candidate or certificant who engages in such improper behavior also will be subject to disciplinary action by DANB, which may include denial or revocation of certification or recertification.

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

## K. 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.

## L. 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 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

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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 of this packet) **with** the application, specifying exactly what aid or modification is requested and signed by a licensed physician or psychologist. **DANB will only accept the Reasonable Accommodations form found on page 15.**

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 x452 for complete guidelines.

## **M. Hand Scoring/Appeals**

**Hand Scoring:** DANB will hand score an exam for \$25. A candidate must submit a *Request for Hand Scoring of Exam Results* form along with a \$25 hand scoring fee so that it is received by DANB (via mail or fax) within 30 days after the official score date printed on the score report or certificate received. Results of the hand scoring of the exam are typically completed within 30 days of receipt of a request. If the pass/fail status is reversed as a result of the hand scoring, the \$25 fee will be refunded to the candidate. Requests for hand scoring of an exam will not be honored after 30 days from the official score date.

**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 Web site at [www.danb.org](http://www.danb.org).

## **N. 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](mailto:danbmail@danb.org), or the address on the front cover

of this application. If name/address notification is provided after scores have been printed and mailed, the candidate must then submit a *Request for a Duplicate Score Report* form and a \$25 fee to DANB.

Results 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 Coronal Polishing Exam

## Detailed Content Outline

### I. Background (8%)

- A. Head and neck anatomy
  - 1. Landmarks
    - a. Facial
    - b. Oral cavity
    - c. Palate
    - d. Tongue
    - e. Floor of mouth
    - f. Salivary glands
    - g. Gingiva
- B. Dental anatomy
  - 1. Dental Arches
  - 2. Dentitions
    - a. Primary
    - b. Permanent
    - c. Mixed
  - 3. Tooth Divisions
  - 4. Surfaces
  - 5. Anatomic structures
  - 6. Tooth anatomy
    - a. Permanent
    - b. Primary
  - 7. Tooth numbering systems
    - a. Universal
    - b. Palmer
    - c. International
- C. Considerations
  - 1. Decalcification
  - 2. Tooth sensitivity

### II. Oral Prophylaxis (defined) (7%)

- A. General definition
- B. Total dental context (*coronal polishing as it relates to oral prophylaxis; coronal polishing as it compares to scaling and as it compares to selective polishing*)
- C. Hygiene context
- D. RDA/EFDA (or similar AZ designation for assistants qualified in coronal polishing procedures)

### III. Legal Requirements related to Oral Prophylaxis in General and Coronal Polishing Specifically (5%)

### IV. Objective of Coronal Polish (5%)

- A. Remove soft deposits
- B. Remove superficial stains
- C. Create smooth tooth surface

### V. Dental Deposits (15%)

- A. Dental Plaque
  - 1. Composition
  - 2. Characteristics
  - 3. Significance
  - 4. Relationship to disease
  - 5. Stages of formation
  - 6. Common locations

### B. Dental Calculus

- 1. Composition
- 2. Characteristics
- 3. Significance
- 4. Relationship to disease
- 5. Stages of formation
- 6. Common locations

### C. Material Alba

- 1. Composition
- 2. Characteristics
- 3. Significance
- 4. Relationship to disease
- 5. Stages of formation
- 6. Common locations

### D. Stains

- 1. Formation
- 2. Classes
  - a. Extrinsic
    - 1. Black line
    - 2. Orange
    - 3. Tobacco
    - 4. Yellow
    - 5. Brown pellicle
    - 6. Green
  - b. Intrinsic
  - c. Exogenous
  - d. Endogenous

### VI. Polishing Precautions (15%)

- A. Fulcrum
  - 1. Rules for location
  - 2. Reason for using
- B. Speed of handpiece
  - 1. Too fast
  - 2. Too slow
- C. Others (*including pressure and handpiece control*)
  - 1. Adaptation of polishing cup
    - a. Reach proximal surfaces
    - b. Prevent burnishing of tissue
  - 2. Pressure
  - 3. Decalcification

### VII. Patient Education and Record Keeping (8%)

- A. Patient Education
  - 1. Plaque Control
  - 2. Diseases
    - a. Inflammation
    - b. Gingivitis
    - c. Periodontitis
    - d. Caries
- B. Recordkeeping
  - 1. Updating Health History
  - 2. Treatment Documentation

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## Detailed Content Outline (*continued*)

### VIII. Polishing Agents (7%)

- A. Characteristics
  1. Shape
  2. Hardness
  3. Size (grit)
- B. Indications (*selecting appropriate agent for various restorations*)
- C. Contraindications
- D. Application
- E. Abrasives and Polishing agents

### IX. Polishing Technique (20%)

- A. Set up
  1. Polishing cups and brushes
  2. Slow Speed Handpiece
  3. Prophylaxis angles
  4. Basic setup
  5. Floss/tape
  6. Abrasive strips
  7. Polishing agent/prophy paste
  8. Other
- B. Positioning (ergonomics)
  1. Patient
  2. Operator
  3. Equipment
- C. Disclosing
  1. Purpose
  2. Types
  3. Application

- D. Setting a pattern/sequence
- E. Stroke (polishing motion)
  1. Activation
  2. Polishing cup adaptation/flexing
  3. Pressure
  4. Speed
  5. Handpiece grasp
- F. Flossing
  1. Types of floss
    - a. Ultra fine
    - b. Waxed
    - c. Unwaxed
    - d. Ribbon/tape
  2. Flossing technique
    - a. Removing debris
    - b. Smoothing/polishing
- G. Rinsing
- H. Evaluation

### X. Infection Control Protocol (10%)

- A. Aerosols
- B. Cross-contamination
- C. Disinfection of treatment room and equipment
- D. Safety
  1. Operator
  2. Patient

# Arizona Coronal Polishing 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 Arizona Coronal Polishing (AZCP) Examination Fact Sheet covering the administration of the AZCP and DANB policies, including, but not limited to *DANB's Code of Professional Conduct*. I agree to disqualification from the examinations and to forfeiture and return to DANB of any scores granted me by the 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 AZCP EXAMINATION RESTS SOLELY AND EXCLUSIVELY WITH DANB, BASED ON CRITERIA ESTABLISHED BY THE STATE OF ARIZONA, AND THAT THE DECISION OF DANB IS FINAL.

Notwithstanding the above, should I file suit against DANB, I agree that any such action shall be governed by and construed under the laws of the State of Illinois without regard to conflicts of law. I further agree that any such action shall be brought in the Circuit Court of Cook County in the State of Illinois, or the United States District Court for the Northern District of Illinois; I consent to the jurisdiction of such state and federal courts; and I agree that the venue of such courts is proper. I further agree that, should I not prevail in any such action, DANB shall be entitled to all costs, including reasonable attorneys' fees, incurred in connection with the litigation.

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 Coronal Polishing certificate and my Arizona Coronal Polishing examination passing status.

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 [COM-SA]) 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, 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.



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# 2010 Arizona Coronal Polishing (AZCP) Exam Application (Form A)

2010 Application And Exam Fees Valid Through March 31, 2011

### Instructions:

- Carefully read the Application Statement (on page 9 of this packet).
- Complete **all items** on the application. (Incomplete applications will be returned and the \$50 nonrefundable application fee retained, in addition to the \$30 nonrefundable certificate fee, if applicable.)
- Determine which forms and fees are required by checking the appropriate box to the right. Failure to submit designated forms and fees will result in an incomplete application. (See Section C on page 2 of this application packet.)
- Mail/fax the completed application to DANB with the application fee or credit card information.
- A Test Admission Notice will be mailed within four weeks after DANB receives your application.

### Is this your first time taking the AZCP Exam?

- Yes:** Submit **Form A** (AZCP exam application), **Form B** (AZCP Clinical Skills Affidavit/Certificate Application), with your **total fee of \$180** (\$100 exam fee, \$50 nonrefundable application fee, and \$30 nonrefundable certificate fee).
- No:** Submit **Form A only** (AZCP exam application) with your **total fee of \$150** (\$100 exam fee and \$50 nonrefundable application fee). You do not need to resubmit Forms B.

## Candidate Information

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ I work in a:  general dental office  specialty dental practice  other (please specify)

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

(Previous Name, if applicable) \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Candidate's Phone Number(s) Office (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Have you completed an educational/training course in coronal polishing?  Yes  No

**If yes, print** the name of your course here \_\_\_\_\_  
 and **attach** a copy of your certificate of completion to this application. (This is for tracking purposes only and will not affect your exam results.)

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 9, 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 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.

Candidate's Signature X \_\_\_\_\_ Date \_\_\_\_\_

**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](http://www.danb.org)

## Select Payment Option

Candidate's Name \_\_\_\_\_ Candidate's Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**\$180** (includes \$100 exam fee, \$50 nonrefundable application fee & \$30 nonrefundable certificate application fee). Forms A and B must all be submitted.

**\$150** (includes \$100 exam fee and \$50 nonrefundable application fee). Only Form A should be submitted.

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

VISA  MASTERCARD  DISCOVER  AMERICAN EXPRESS

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

Credit Card Account Number \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder's Name \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_

Cardholder's Billing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

3716  
AZCP Certificate

3714  
AZCP Exam

By signing, the cardholder acknowledges intent to register 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 Statements, page 9, for further requirements).

# 2010 Arizona Coronal Polishing/Clinical Skills Affidavit (Form B)

To be submitted with Form A and total fee of \$180

**Instructions:**

- 1. Complete all items on the application.
  - 2. Check the box in the Request for Certificate Section
  - 3. Ensure that a licensed dentist or coronal polishing course educator completes this form.
  - 4. Mail this completed Form B to DANB along with the AZCP Exam Application (Form A) and the required fee of \$180 (\$100 exam fee, \$50 nonrefundable application fee, and \$30 nonrefundable certificate application fee).
- (Note: Application fees are not refundable.) Forms A and B and fees must be submitted to be considered complete. Incomplete applications will be returned.*

## Candidate Information

SS#: \_\_\_\_\_

Name \_\_\_\_\_  
(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) \_\_\_\_\_

## Request for Certificate

I hereby request an Arizona Coronal Polishing Certificate upon successful completion of the Arizona Coronal Polishing (AZCP) Exam. **By signing this form, I understand there is a fee of \$30, along with the AZCP \$50 non-refundable exam application fee and \$100 AZCP exam fee, for a total of \$180, that will be submitted along with the AZCP exam application (Form A). My payment information is included at the bottom of the AZCP exam application (Form A).**

I hereby swear (or affirm) that the above application information is correct, I will comply with all policies, and said answers are made for the purpose of inducing the Dental Assisting National Board, Inc. to issue a certificate to me based on its standards and those of the Arizona State Board of Dental Examiners. Further, I understand that proof of coronal polishing certification, if earned, will be released to the Arizona State Board of Dental Examiners.

Candidate's Signature X \_\_\_\_\_ Date \_\_\_\_\_

## Clinical Skills Affidavit

**The following sections must be completed by either a licensed dentist or an Arizona coronal polishing course provider/educator.**

Licensed Dentist (Name) \_\_\_\_\_ License No. \_\_\_\_\_ State Issued \_\_\_\_\_

**OR** Course Provider/Educator (Name) \_\_\_\_\_ Educational Institution or Course No. \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

*Endorsers must attest to the candidate's ability in the following areas: determine appropriate polishing procedure, evaluate fulcrum placement, identify armamentarium, position rubber cup and remove stain from surfaces of teeth, and explain the coronal polishing portion of a prophylaxis to a patient.*

**Endorser:** In the spaces below, please record the date upon which the candidate completed each requirement:

**Candidate observes coronal polishing as part of oral prophylaxis in at least one (1) patient with permanent dentition:**

Date: \_\_\_\_\_

**Candidate observes coronal polishing as part of oral prophylaxis in at least one (1) patient with primary and/or mixed dentition:**

Date: \_\_\_\_\_

**Candidate polishes coronal surfaces of teeth as part of oral prophylaxis in at least two (2) patients with permanent dentition:**

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**Candidate polishes coronal surfaces of teeth as part of oral prophylaxis in at least two (2) patients with primary and/or mixed dentition:**

Date: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby certify that \_\_\_\_\_ has successfully completed the requirements on the dates indicated above.

Assistant's Name

Dentist's/Educator's Signature X \_\_\_\_\_ Date \_\_\_\_\_

## 2010 Arizona Coronal Polishing 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 Application Statement, page 9.)
- Filled out the AZCP Exam Application (Form A) in its entirety?
- Signed the AZCP Exam Application (Form A)?

### If you are taking the AZCP for the first time, have you:

- Attached an AZCP Clinical Skills Affidavit/Certificate Application (Form B), completed and signed by a licensed dentist or a coronal polishing educator/course provider?

- Enclosed the appropriate exam/certificate fee(s) or provided credit card information?
- Enclosed the Reasonable Accommodation Form, if needed? Note: Candidates applying under the *Americans with Disabilities Act* should refer to Section L: Testing Candidates with Disabilities on page 5.
- 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, Inc. (DANB) at (312) 642-8507?

### ***If you have not***

- completed the application in full,
- enclosed and signed all appropriate forms (Forms A and B)
- provided payment (check, money order, cashier's check) or payment information (credit card);

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

Incomplete applications will be returned, minus your \$50 nonrefundable application fee and \$30 nonrefundable certificate application fee, if applicable.

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

## Arizona Coronal Polishing 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 Kate Slogoski with any questions (1-800-FOR-DANB, x452).*

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 [time and a half or double-time, separate room, reader, other (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: \_\_\_\_\_

### Reasonable Accommodation Needs

**CHECK ALL THAT ARE REQUIRED:**

- Reader (a separate room will automatically be provided)
- Separate room (if available) *Computer testing facilities can provide earplugs.*
- Additional time—Specify the greatest amount of time needed below:
  - Additional 30 minutes
  - Additional time and a half
  - Additional double time

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**