



Oregon Clinical Radiologic Proficiency Exam

2012 Exam Application

2012 Application and Exam Fees Valid Through December 31, 2012

Certification for Radiologic Proficiency is regulated by the Oregon Board of Dentistry (OBD). The Oregon Dental Practice Act requires assistants to have a Radiologic Proficiency Certificate before they can expose radiographs, except as part of approved training or examination. Dentists may not permit assistants to expose radiographs unless the assistants have been certified in Radiologic Proficiency by the

OBD. DANB, under contract with the OBD, administers the Radiologic Proficiency certification program, a service that includes providing information regarding exams and certifications, distributing materials, and issuing certificates.

Oregon State Requirements

A dental assistant must meet the following requirements in order to receive Clinical Radiologic Proficiency Certification in Oregon:

Pathway I

1. Complete **ONE** of the following:
 - (a) A radiologic proficiency course of instruction at a dental assisting program accredited by the Commission on Dental Accreditation (CODA). (See Appendix C for CODA-accredited schools.) Please provide a copy of your transcript or diploma if you have completed the program.
 - (b) A radiology course taught by an OBD-approved radiologic proficiency course provider (See Appendix D).
 - (c) A radiologic proficiency course of instruction, approved by the Oregon Radiation Protection Services (RPS). (See Appendix E.)

AND

2. Pass DANB's Radiation Health and Safety (RHS) Exam or Certified Dental Assistant (CDA) Exam.

AND

3. Pass the Oregon Clinical Radiologic Proficiency Exam.
(DANB's RHS exam or CDA exam and the Oregon clinical exam can be taken in **any order**).

Pathway II

1. Obtain certification by credential. (Contact the OBD office at 971-673-3200 for further information.)

DANB will issue an individual's Oregon Clinical Radiologic Proficiency **exam results** within 3-4 weeks after DANB receives that individual's application for Oregon Clinical Radiologic Proficiency Certification and all required documentation. DANB will issue the individual's Oregon Radiologic Proficiency **Certificate** within 3-4 weeks upon successful completion of requirements 1, 2 and 3 above.

Oregon Clinical Radiologic Proficiency Exam

Radiation Health and Safety (RHS) Exam Information

The 2012 DANB Certified Dental Assistant (CDA) and RHS Exam Application Packets include the application for DANB's RHS exam (the other exam required in order to expose radiographs in Oregon). To apply for the RHS exam, complete and return the RHS application, along with the \$175 fee (includes a \$50 nonrefundable application fee), to DANB. Applications are available at www.danb.org.

DANB exams are administered on computer at Pearson VUE test centers all year. To find the nearest testing center, visit www.vue.com/danb or see the Test Center Locations section in the 2012 DANB CDA Exam Application Packet.

Appointments are scheduled on a first-come, first-served basis. Test centers may have limited availability. Changes to test centers may occur without notice. DANB cannot guarantee the availability of specific test center locations, dates or times.

Clinical Exam Instructions

Candidates must expose, develop and mount a full mouth series of radiographs. You must submit actual film radiographs with your application. A full mouth series consists of 14 to 18 periapical and 4 bitewing radiographs. Candidates must use Dual Pac film so 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. Pocket mounts are required. Suggestions: EZ-View® Clear Pocket or EZ-View® Masked Pocket Mounts, 18- to 22-window series, Rinn Corporation, 1-800-323-0970; or AdaMount® Radiograph Mounts, 618 to 621 series, Ada Products Company, 1-800-471-4411 or www.adaproducts.net. If you speak to a customer service agent, you may be able to obtain sample mounts from these companies. (Other brands of pocket mounts will be accepted.)

The candidate has one hour to expose, process **and** mount the films. The candidate must be supervised by a qualified instructor, dentist, hygienist or Oregon X-Ray Certified Assistant. No portion may be completed in advance. A maximum of three retakes of individual films in the series are permitted. Only the candidate may determine the necessity of retakes. The radiographs must be taken on an adult patient with at least 24 fully erupted teeth. If this criterion is not met, the candidate will automatically receive a failing score. **The radiographs must be submitted to DANB for evaluation within six months after they are taken.**

DANB will issue results of the Oregon Clinical Radiologic Proficiency Exam within four (4) weeks after the full mouth radiographic series is received by DANB for evaluation.

Payment Instructions

DANB accepts payment by check, money order or credit card (Visa, MasterCard, American Express or Discover). Check or

money order payments must be payable to DANB. The application is a contract to test, and the check or credit card authorization is the contract to pay. The candidate should put his or her name on the check. DANB only accepts U.S. currency.

Returned Checks

If a candidate applies for an exam with a check that is returned by the bank for any reason (including but not limited to nonsufficient funds, stop payment, closed account or refer to maker), DANB will assess a \$25 nonsufficient funds (NSF) fee to the candidate's account and notify the candidate. The candidate will not be allowed to take the exam until a cashier's check or money order for the full application and exam fee plus the \$25 NSF fee has been received. If full payment has not been received within 30 days, the application will be null and void and the candidate's account will remain on finance hold. The candidate must pay \$75 (the \$25 NSF fee and \$50 nonrefundable processing fee) before DANB will remove the finance hold and process any exam application. No new business will be allowed for the candidate until the finance hold has been removed.

Incomplete Applications

The candidate is responsible for submitting a complete application. Incomplete applications are returned to the candidate, and a letter indicating the reasons for the incomplete application will be sent to the candidate and the payer (if different). A refund for the exam fee, minus the \$50 nonrefundable application fee and minus the \$40 nonrefundable certificate fee, will be sent within 30 days of notice of the incomplete application. Refunds will be made only to the payer.

An exam application is considered incomplete for reasons including but not limited to:

- Missing information (e.g., candidate and/or payment information)
- Appropriate documentation is not enclosed
- No date or signature
- Insufficient payment
- Expired exam application

Duplicate Application Policy

If two applications are received for the same exam, completed applications will be accepted, and duplicate payments will be returned, minus the \$50 nonrefundable application fee, within 30 days, after the payment clears.

DANB's 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.

Candidates With Disabilities

DANB exams are designed to provide an equal opportunity for each candidate to demonstrate his or her clinical knowledge. The exam will be administered to best ensure that it accurately

Oregon Clinical Radiologic Proficiency Exam

reflects a candidate's aptitude, achievement levels 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 examination purports to measure.

DANB adheres to the provisions outlined in the Americans with Disabilities Act. In accordance with this act, DANB will make every reasonable effort to offer the exams in a manner that is accessible to people 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 modifications or auxiliary aids, the candidate must submit the *Reasonable Accommodations Form* (found on www.danb.org) with the required documentation and exam application, specifying exactly what aid or modification is requested by a physician or psychologist. DANB will only accept the form found on www.danb.org. DANB reserves the right to authorize the use of auxiliary aids or modifications in such a way as to maintain the exam integrity and security. DANB examinations are administered only in the English language. Modifications will not be approved for a candidate who requests accommodations because English is a second language. Call 1-800-367-3262, ext. 452, with questions.

Reporting Exam Results

Each candidate will be notified by DANB in writing of his/her Oregon Clinical Radiologic Proficiency Examination results. Results are mailed within four (4) weeks after the full mouth radiographic series is received by DANB for evaluation. **Exam results will not be released over the telephone to anyone.** DANB protects exam results and other candidate information as confidential. Names of individuals who earn Oregon radiography certification will be issued to the Oregon Board of Dentistry. A candidate may submit a *Request for a Duplicate Score Report* form with a \$25 fee to DANB.

Credential verification for Oregon Certificate holders may be accessed on DANB's website at www.danb.org/main/oregon-lookup.asp. Because Radiology Certification in Oregon is a matter of public record, DANB may verify over the phone, to employers or others, if a person holds an Oregon Radiologic Proficiency Certificate. However, individual exam results will not be released to anyone over the phone.

Appeals

If a candidate wishes to appeal a DANB decision regarding eligibility, administrative or exam content issues, he or she may submit *DANB's Policy and Procedures for Appeal of Clinical Exam Results* form and a \$25 appeal fee to DANB's Executive Director within 30 days of the date on the DANB correspon-

dence that prompts the candidate to appeal (e.g., date on the letter indicating the candidate's application was incomplete, date on candidate score report). The policy governing requests for reconsideration is available by contacting DANB's Coordinator, Executive Liaisons, at 1-800-367-3262, ext. 462.

Name/Address Changes

The candidate must notify DANB of address changes or any errors in the candidate's name. Call 1-800-367-3262 or email danbmail@danb.org. If notification is provided after the 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.

Exam scores and certificates that are returned because of an undeliverable address will be held for 90 days. DANB will call the candidate to request a new mailing address. If DANB cannot reach the candidate and the 90-day period expires, DANB will destroy the original results. If the 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/or a *Request for a Duplicate Certificate* form with a \$25 fee for each request.

Contacting DANB

All communications sent to and from DANB are DANB's property. DANB cannot guarantee that communications will remain confidential; clients have no expectation of privacy with respect to items sent or received. DANB may disclose communications as necessary to comply with legal processes. DANB responds to phone and email messages within two business days.

Oregon Clinical Radiologic Proficiency Exam

Application Statements

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 Oregon Board of Dentistry (OBD) in accordance with and subject to the procedures and regulations of DANB and the OBD. 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 Oregon Clinical Radiologic Proficiency Exam and DANB policies, including, but not limited to DANB's Code of Professional Conduct found on www.danb.org. I agree to disqualification from the examination and to forfeiture and return to DANB of any scores granted me by the OBD 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 Oregon Clinical Radiologic Proficiency Exam RESTS SOLELY AND EXCLUSIVELY WITH DANB, BASED ON CRITERIA ESTABLISHED BY THE STATE OF OREGON, 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 understand that DANB will verify receipt of any DANB exam application and the date received, on request. I further understand and agree that DANB may also provide verification to anyone by phone, by mail or on DANB's website regarding whether I hold any DANB Certifications, including the Certified Dental Assistant (CDA), Certified Preventive Functions Dental Assistant (CPFDA), Certified Orthodontic Assistant (COA), Certified Dental Practice Management Administrator (CDPMA) or Certified Oral and Maxillofacial Surgery Assistant (COMSA) Certifications; any DANB Certificates of Competency, including the Radiation Health and Safety (RHS), Infection Control (ICE), Coronal Polish (CP), Sealants (SE), Topical Anesthetic (TA) and Topical Fluoride (TF) Certificates of Competency; and any state-specific certificates administered by DANB on behalf of a state regulatory body, including the Arizona Radiologic Proficiency Certificate, Arizona Coronal Polishing Certificate, Oregon Radiologic Proficiency Certificate, Oregon Expanded Functions Dental Assistant Certificate and Oregon Expanded Functions Orthodontic Dental Assistant Certificate. Phone and mail verification will be provided to anyone upon request and will consist of oral or written confirmation of whether I hold any of the DANB-administered credentials listed above and the effective dates for each credential. Online verification through DANB's website may consist of online display of my name, the DANB-administered credentials I hold and dates earned, current DANB 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 the following address: DANB Communications Department, 444 N. Michigan Ave., Suite 900, Chicago, IL 60611. (I understand that my name, credentials held [issued by DANB as described above] and current DANB Certification status will be displayed for everyone; opting out of display of information is only possible for an individual's city and state.)
4. I understand that by providing my email address on the application form, I am consenting to receive email 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 email address to any third party without my consent, and that I can request removal from DANB's email 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/termsandconditions.asp), located at <http://www.danb.org/termsandconditions.asp>.
5. 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.
6. 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.
7. 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.
8. 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.





2012 Oregon Clinical Radiologic Proficiency Exam and Certificate Application (Form A)

2012 Application and Exam Fees Valid Through December 31, 2012

Exam and Certificate Fee: \$205

Instructions:

- Carefully read the *Application Statements* on page 4.
- Complete Forms A, B and C. (Incomplete applications will be returned and the \$50 **nonrefundable** application fee retained.)
- Indicate if you are applying for BOTH the exam and certificate OR the exam ONLY, by checking one of the boxes to the right and below.
- Enclose proof of completion of a course of instruction in radiology in (a) a CODA-accredited program or (b) a course taught by an Oregon Board of Dentistry (OBD)-approved course provider or (c) an Oregon Radiation Protection Services (RPS)-approved course. (See page 1 for details.)
- Enclose a full mouth series of radiographs taken in accordance with the instructions. **Note: DANB retains all radiographs. Candidates must use Dual Pac film so a copy may be retained with the patient's records.**
- Mail the completed application, documents and radiographs to DANB with the full application/exam fee or credit card information.

Is this your first time applying for the Oregon Clinical Radiologic Proficiency Exam?

- Yes:** Submit **Forms A, B and C** with your **total fee of \$205** (\$115 exam fee, \$50 nonrefundable application fee, and \$40 nonrefundable certificate fee).
- No:** Submit **Forms A, B and C** with your **total fee of \$165** (\$115 exam fee and \$50 nonrefundable application fee).

Please print clearly. Candidate Information

I am applying for the Oregon Clinical Radiologic Proficiency Exam AND Certificate: \$205

I am applying for the Oregon Clinical Radiologic Proficiency Exam ONLY: \$165

3886
OR-CL RAD
3884-10
OR-CL RAD cert

SSN _____ - _____ - _____

If you graduated from a CODA-accredited school, list name of program and program code (see Appendix C)

If your course of instruction was from an OBD-approved instructor/program or RPS-approved dental radiograph program, list instructor/program name and OBD/RPS/DANB ID (see Appendices D and E):

CODA Program Name _____ School Code _____ OBD/ODHS Instructor Name _____ OBD/ODHS/RPS/DANB ID _____

Name _____ (Last) _____ (First) _____ (Middle Name or Initial)

Prior Name, if any _____

Address _____

City _____ State _____ Zip _____

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

Email Address _____

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 I will comply with all DANB policies and procedures. I further affirm that I have read and understood the application statements contained on page 4, 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 OBD 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 **X** _____

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 1-800-367-3262 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 _____ SSN _____ - _____ - _____

\$205 (includes \$115 exam fee, \$50 nonrefundable application fee, and \$40 nonrefundable certificate application fee)

\$165 (includes \$115 exam and \$50 nonrefundable application fee)

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.

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

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit Card Account Number _____ Expiration Date ____/____/____ Amount _____

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 Statements, page 4, for further requirements).

2012 Oregon Clinical Radiologic Proficiency Exam

Application Checklist

Please make sure you have completed each of the following items before sending in your application. *If one or more items on this list are not complete, your application and fee will be returned to you, minus the \$50 processing fee.*

Have you:

- Enclosed proof of completion of a course of instruction in radiology? (See page 1 for details.)
- Enclosed a full mouth series of film radiographs?
 - Radiographs were taken within 6 months of application?
- Enclosed a completed exam application, including:
 - Candidate Information section completed in its entirety?
 - Signature and date?
 - Enclosed application (Form A) and payment by check, money order or credit card?
 - Form B Section **A** (Patient consent) complete with patient's signature and date?
 - Form B Section **B** (Prescription for radiographs) complete with patient name, dentist name, signature and date?
 - Form **C** (Instructor Consent) complete with signature, date and (if signed by Dentist, Hygienist or X-ray Certified Assistant) a copy of their license or certificate?
- Enclosed completed Instructions for Clinical Examination form (Form C)?
- Addressed your envelope to:
 - Dental Assisting National Board (DANB)**
 - 444 N. Michigan Ave., Suite 900**
 - Chicago, IL 60611**

***Your application will NOT be accepted unless
all items on this list are complete.***

Please make a copy of your entire application packet for your records.

Evaluation Criteria (Appendix A)

RATING	FILM CONTRAST, DENSITY and SHARPNESS	FILM COVERAGE	
		PERIAPICALS	BITEWINGS
DIAGNOSTIC	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 2 mm 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 4 mm past the second molar areas.	The posterior interproximal contacts are open and 2 mm of alveolar crest are visible. The occlusal plane is centered on the film.
MARGINAL	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 1 mm completely surrounding each crown, and all crowns must be visible. There must be between 0 and 2 mm 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 and 4 mm 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 2 mm of alveolar crest are visible.
NON-DIAGNOSTIC	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.

Appendix A (cont'd)

RATING	IMAGE DEFECTS	TECHNICAL ERRORS	MOUNTING
DIAGNOSTIC	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.	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). All films are mounted in the correct position.
MARGINAL	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, processing errors, 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.
NON-DIAGNOSTIC	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).

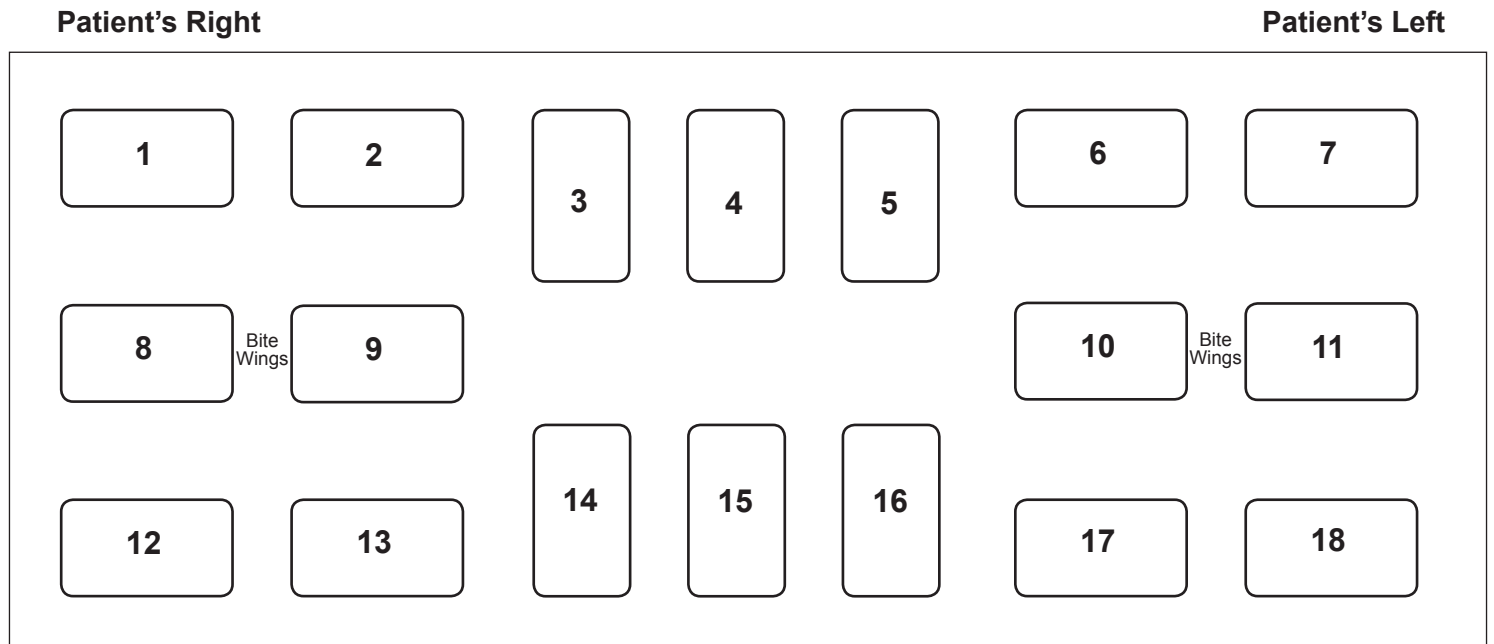
Evaluation Process

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.**

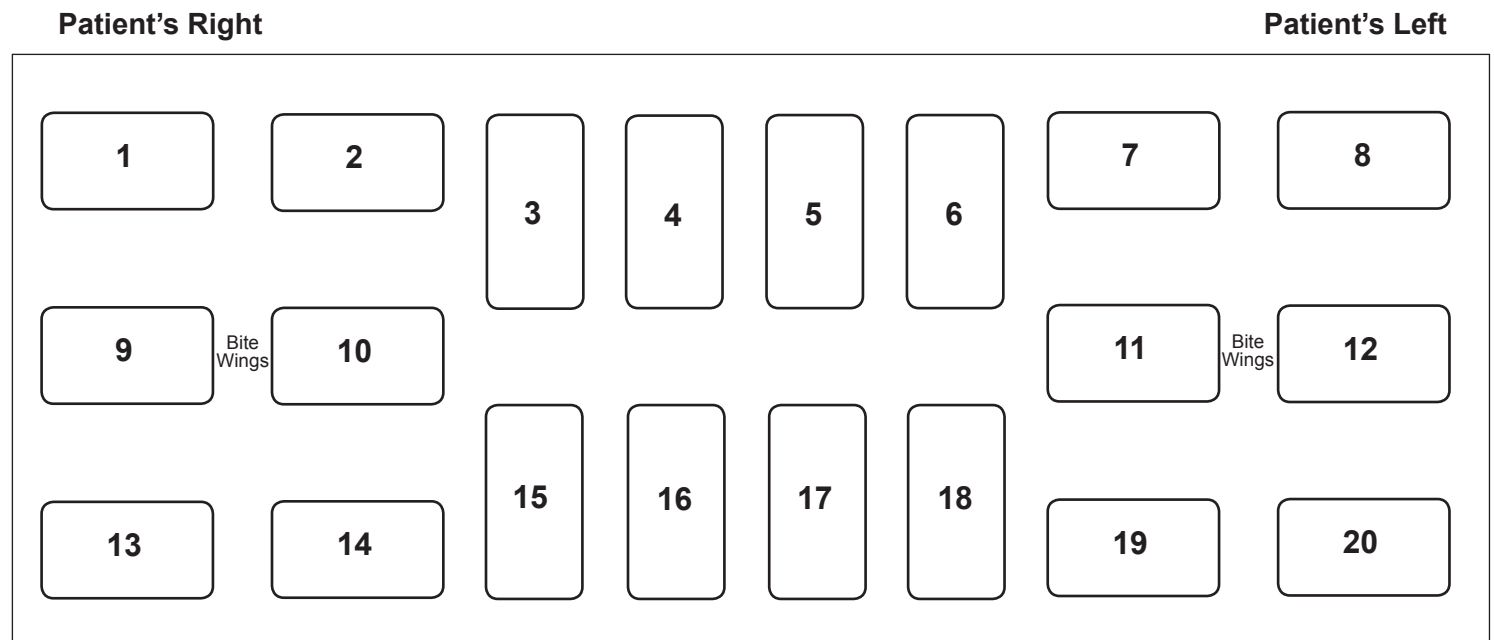
DANB Evaluators must determine that the candidate's full mouth series of radiographs is diagnostically acceptable, based on the evaluation criteria, in order to provide a passing grade. If anatomical data are missing from a film but can be observed on an adjacent film, the film will be considered marginal and not non-diagnostic. If there are any films that are non-diagnostic (do not allow for diagnosis and the missing anatomical data cannot be observed on another film and therefore would require a retake of the film), this set of films will be graded as non-diagnostic and the candidate will be given a failing grade.

Mounting Diagram (Appendix B)

If you are submitting **14 periapical and 4 bitewing** radiographs for evaluation, mount them as directed in this 18-window diagram.*



If you are submitting **16 periapical and 4 bitewing** radiographs for evaluation, mount them as directed in this 20-window diagram. (If size 1 films are used in the anterior with 5 maxillary periapical films and 3 mandibular periapical films, please mount the maxillary left canine film in slot #18.)*



* If vertical bitewing films are exposed, they should be mounted horizontally in the proper slot with the top edge of the film to the left.

CODA-Accredited Dental Assisting Programs (Appendix C)

Dental assisting educational programs accredited by the Commission on Dental Accreditation (CODA) of the American Dental Association, as of August 2011, are listed below. Candidates who are students or graduates of any of these programs should mark the number of the program and year of graduation in the spaces provided on the application.

ALABAMA

0753 Calhoun Comm. Coll.
0754 Faulkner State Community College
0346 Fortis College
0822 Lawson State Comm. Coll.-Bessemer
0864 Trenholm State Technical College
0790 Wallace State Community College

ALASKA

0501 University of Alaska-Anchorage

ARIZONA

0503 Phoenix College
0743 Pima County Community College
0605 Rio Salado College

ARKANSAS

0255 Arkansas Northeastern College
0505 Pulaski Technical College

CALIFORNIA

0511 Cerritos College
0514 Chaffey Community College
0515 Citrus College
0534 City College of San Francisco
0506 College of Alameda
0523 College of Marin
0838 College of the Redwoods
0536 College of San Mateo
0745 Contra Costa College
0518 Cypress College
0516 Diablo Valley College
0517 Foothill College
0776 Hacienda LaPuente Adult Ed
0257 Heald College-Concord Campus
0259 Heald College-Hayward Campus
0261 Heald College-Stockton Campus
0528 Orange Coast College
0721 Palomar Community College
0529 Pasadena City College
0270 Riverside Community College
0532 Sacramento City College
0512 San Diego Mesa College
0535 San Jose City College
0538 Santa Rosa Junior College

COLORADO

0804 Front Range Comm Coll.-Larimer
0250 IntelliTec Medical Institute
0722 Pickens Technical College
0540 Pikes Peak Community College
0502 Pueblo Community College

CONNECTICUT

0543 A. I. Prince Technical High School
0885 Lincoln College of New England
0925 Porter and Chester Institute-Branford
0931 Porter and Chester Institute-Enfield
0929 Porter and Chester Inst.-Rocky Hill
0933 Porter and Chester Inst.-Stratford
0181 Porter and Chester-Watertown
0875 Tunxis Community College
0545 Windham Technical High School

FLORIDA

0178 Atlantic Technical Center
0823 Brevard Community College
0778 Broward College

FLORIDA (cont.)

0907 Charlotte Tech. Center
0251 College of Central Florida
0183 Concorde Career Institute-Orlando
0877 Daytona State College
0504 D.G. Erwin Technical Center
0549 Gulf Coast State College (day)
0591 Gulf Coast State Coll (online weekend)
0533 Hillsborough Community College
0839 Indian River State College
0170 Lincoln Technical Institute-Fern Park
0550 Lindsey Hopkins Technical Ed. Ctr.
0852 Lorenzo Walker Inst. of Technology
0551 Manatee Technical Institute
0531 Northwest Florida State College
0805 Orlando Technical Center
0688 Palm Beach Community College
0555 Pinellas Technical Education Center
0915 Robert Morgan Educational Center
0177 Sanford Brown Institute-Ft. Lauderdale
0182 Sanford Brown Institute-Jacksonville
0554 Santa Fe Community College
0530 South Florida Community College
0609 Tallahassee Community College
0723 Traviss Career Center

GEORGIA

0895 Albany Technical College
0894 Athens Technical College
0965 Atlanta Technical College
0557 Augusta Technical College
0258 Columbus Technical College
0800 Fortis College
0262 Georgia Northwestern Tech. College
0914 Gwinnett Technical College
0901 Lanier Technical College
0966 Ogeechee Technical College
0908 Savannah Technical College
0610 Southern Crescent Technical College
0962 Wiregrass Georgia Technical College

HAWAII

0265 Heald College-Honolulu Campus
0785 Maui Community College

IDAHO

0932 Carrington College of Boise
0559 College of Western Idaho-
Cosponsor of Boise State University

ILLINOIS

0561 Elgin Community College
0755 Illinois Valley Community College
0891 John A. Logan College
0562 Kaskaskia College
0724 Lewis and Clark Comm. College

INDIANA

0979 C4 Columbus Area Career
Connection/Ivy Tech. State
0725 Indiana Univ. School of Dentistry
0729 Ind. U. Sch. of Dentistry-distance
0794 Indiana Univ. Northwest-Gary
0574 Indiana Univ.-Purdue Univ-Ft Wayne
0647 International Business College
0254 Ivy Tech Comm. College-Anderson
0572 Ivy Tech Comm. College-Kokomo
0795 Ivy Tech Comm. College-LaFayette

INDIANA (cont.)

0857 Kaplan College
0573 University of Southern Indiana

IOWA

0577 Des Moines Area Comm. College
0579 Hawkeye Community College
0581 Iowa Western Community College
0582 Kirkwood Community College
0583 Marshalltown Community College
0756 Northeast Iowa Comm. College
0727 Scott Community College
0260 Vatterott College-Des Moines Campus
0584 Western Iowa Tech Comm. Coll.

KANSAS

0585 Flint Hills Technical College
0602 Salina Area Tech. School
0587 Wichita Area Technical College

KENTUCKY

0902 Bluegrass Comm. & Tech. Coll-
Leestown Campus
0881 West Kentucky Tech. College

MAINE

0846 University of Maine Augusta/
University College of Bangor

MARYLAND

0616 All-State Career-Healthcare Division
0802 Medix School-Towson
0431 TESST College-Towson

MASSACHUSETTS

1101 Kaplan Career Institute-Boston
0596 Massasoit Community College
0598 McCann Tech. School
0601 Middlesex Community College
0769 Northern Essex Community College
0930 Porter and Chester Inst.-Chicopee
0173 Porter and Chester Inst.-
Westborough
0600 Quinsigamond Community College
0726 Southeastern Technical Institute
0606 Springfield Technical Comm. Coll.

MICHIGAN

0171 Baker College-Auburn Hills
0655 Baker College-Port Huron
0608 Delta College
0612 Grand Rapids Community College
0187 Kaplan Career Institute-Detroit
0758 Lake Michigan College
0611 Mott Community College
0780 Northwestern Michigan College
0619 Washtenaw Community College
0824 Wayne County Comm. College

MINNESOTA

0620 Central Lakes College
0747 Century College
0648 Dakota County Technical College
0728 Hennepin Technical College
0734 Herzing University
0622 Hibbing Community College
0882 Minneapolis Comm. & Tech. College
0621 Minnesota West Comm. & Tech. Coll.

CODA-Accredited Dental Assisting Programs (Appendix C)

MINNESOTA (cont.)		NORTH CAROLINA (cont.)		TENNESSEE (cont.)	
0760	Minn St Comm & Tech. Coll.-Moorhead	0783	Rowan-Cabarrus Community College	0982	Tennessee Tech Center-Dickson
0759	Northwest Tech College-Bemidji	0654	Univ of N Carolina Schl. of Dentistry	0686	Tennessee Tech Center-Knoxville
0626	Rochester Community & Tech. Coll.	0928	Wake Technical Community College	0687	Tennessee Tech Center-Memphis
0748	St. Cloud Technical College	0657	Wayne Community College	0739	Tennessee Tech Center-Murfreesboro
0623	South Central Tech. College-Mankato	0658	Western Piedmont Comm. College	0848	Volunteer State Comm. College
MISSISSIPPI		NORTH DAKOTA		TEXAS	
0627	Hinds Community College	0659	North Dakota State Coll. of Science	0889	Coleman Coll. of Health Sciences
0266	Meridian Community College	OHIO		0189	Concorde Career College-Dallas
0671	Pearl River Community College	0896	Choffin Career and Technical Center	0191	Concorde Career Coll.-San Antonio
MISSOURI		0661	Eastern Gateway Community College	0690	Del Mar College
0972	Concorde Career College	0176	Fortis College-Cuyahoga Falls	0811	El Paso Community College
0166	Missouri College	0175	Miami-Jacobs Career College	0730	Grayson County College
0854	Nichols Career Center	0168	Polaris Career Center	0693	San Antonio College
0629	Ozarks Tech. Community College	OKLAHOMA		0190	Sanford-Brown College-Dallas
0935	Metropolitan Com. Coll. - Penn Valley	0188	Francis Tuttle Technology Center	0694	Medical Education and Training
0936	St. Louis Comm College-Forest Park	0736	Metro Tech. Center, Health Careers Center	0970	Campus-Air Force Dental Asst. Prog.
MONTANA		0828	Moore Norman Technology Center	0695	Texas State Tech Coll.-Harlingen
0633	Montana State Univ.-Great Falls	0887	Rose State College		Texas State Tech Coll.-Waco
0816	Salish Kootenai College	0271	Western Technology Center	UTAH	
NEBRASKA		OREGON		0973	Bridgerland Applied Tech. College
0634	Central Community College	0663	Blue Mountain Comm. College	0740	Davis Applied Technology College
0172	Kaplan College	0737	Central Oregon Comm. College	0974	Ogden-Weber Applied Tech. College
0637	Metropolitan Community College	0664	Chemeketa Community College	VERMONT	
0636	Mid-Plains Community College	0603	Concorde Career Institute	0919	Center for Technology-Essex
0635	Southeast Community College	0665	Lane Community College	VIRGINIA	
0798	Vatterott College-Omaha Campus	0632	Linn-Benton Community College	0604	Centura College
NEVADA		0668	Portland Community College	2011	Fortis College-Richmond
0969	College of Southern Nevada	PENNSYLVANIA		0762	J. Sargeant Reynolds Comm. Coll.
0859	Truckee Meadows Comm. College	0263	Bradford School	WASHINGTON	
NEW HAMPSHIRE		0939	Commonwealth Tech. Inst. at HGA	0702	Bates Technical College
0719	NHTI, Concord's Community College	0869	Harcum College	0703	Bellingham Technical College
NEW JERSEY		0918	Harrisburg Area Comm. College	0704	Clover Park Technical College
0252	Burlington County Inst. of Tech.	0870	Luzerne Cty. Community College	0904	Lake Washington Tech College
0860	Camden County College	0834	Manor College	0927	Renton Technical College
0691	Cape May County Tech Institute	0738	Westmoreland County Comm. Coll.	0980	Seattle Vocational Institute
0617	Cumberland Cty. Tech. Educ. Center	0174	YTI Career Institute-Lancaster	0707	South Puget Sound Comm. College
0893	Fortis Institute	PUERTO RICO		0710	Spokane Community College
0731	The Institute for Health Education	0675	University of Puerto Rico, College of Health Related Prof.	WEST VIRGINIA	
0761	University of Med-Dent. of New Jersey	RHODE ISLAND		0975	Mercer County Tech. Ed. Center
NEW MEXICO		0676	Comm. College of Rhode Island	WISCONSIN	
0542	Central NM Community College	0624	Lincoln Technical Institute	0853	Blackhawk Technical College
0787	Dona Ana Comm. College	SOUTH CAROLINA		0858	Fox Valley Technical College
5008	Luna Community College-Las Vegas	0926	Aiken Technical College	0713	Gateway Technical College
0546	Santa Fe Community College	0678	Florence-Darlington Tech Coll.	0717	Northeast Wisconsin Tech. College
0967	University of New Mexico-Gallup	0680	Greenville Technical College	0718	Western Tech. College
NEW YORK		0964	Horry-Georgetown Tech. College	DENTAL HYGIENE	
0735	Monroe Community College	0677	Midlands Technical College	0900	All CODA-accredited Dental Hygiene Programs
0646	SUNY Educ Opportunity Ctr.-Buffalo	0683	Spartanburg Community College		
NORTH CAROLINA		0681	Tri-County Technical College		
0656	Alamance Community College	0682	Trident Technical College		
0650	Asheville-Buncombe Tech. Comm. Coll.	0888	York Technical College		
0692	Cape Fear Community College	SOUTH DAKOTA			
0267	Central Carolina Community College	0684	Lake Area Technical Institute		
0651	Central Piedmont Community College	TENNESSEE			
0652	Coastal Carolina Community College	0685	Chattanooga State Comm. Coll.		
0750	Fayetteville Technical Comm. College	0607	Concorde Career College- Memphis		
0167	Forsyth Technical Comm. College	0625	Kaplan Career Institute		
0653	Guilford Technical Comm. College	0884	Northeast State Tech. Comm. Coll.		
0981	Martin Community College				
0201	Miller-Motte College				
4100	Miller-Motte College-Raleigh				
0268	Montgomery Community College				

OBD-Approved Radiologic Proficiency Course Providers (Appendix D)

OBD/ DANB ID	Name	City	Phone	OBD/ DANB ID	Name	City	Phone
6000	Shelley Huser, RDH, LAP	Eugene/Portland	541-556-0112	6095	Jay Wettstein, DMD	Ontario	541-889-6666
6003	Cathy J. Taylor	Lebanon	541-259-1354	6097	Jenifer Plummer	Gold Beach	541-247-4416
6007	Deborah Davies, RDH	Bend	541-382-5001	6100	Lisa Deneau	Brookings	541-469-4013
6008	Bonnie Marshall	Battleground	360-687-7764	6103	Sharon Poynter	Portland	503-706-3669
6012	Juliana P. Panchura, DMD	Bend	541-382-0410	6106	Robert Meharry, DDS	Hermiston	541-567-3321
6013	Mary Davidson, RDH	The Dalles	541-298-1105	6108	Janet Siminoe	Klamath Falls	541-273-8645
6015	James Tyack, DMD	Clatskanie	503-728-2114	6111	Donna Christman	Aloha	503-524-7493
6016	Susan Daniels, RDH	Klamath Falls	541-882-7372	6113	John Barinaga	Ontario	541-889-9490
6018	Jan L. Landis	Portland	971-226-0853	6117	Linda L. Kihs	Salem	503-585-5340
6019	Lynn L. Murray	Redmond	541-383-7574	6121	Brent Bakken, DDS	Hermiston	541-289-1020
6021	Tamara Loosli	Roseburg	541-673-6301	6122	Eric Dahle, DMD	Ontario	541-881-1794
6022	Danielle Chancellor	Lincoln City	541-994-8135	6124	Christopher Scheuerman, DMD	Veronia	503-429-0880
6023	Mary Beard	Camas	503-290-8524	6128	Sheri Hankel	Astoria	503-325-2131
6024	Joyce Vaughan	Salem	503-399-5269	6130	Holly Nichols, DMD	The Dalles	541-296-9415
6027	Tamara Maahs, RDH	Springfield	541-741-3044	6131	Tracy Gibboney	Wilsonville	503-266-1117
6028	Michelle Cummins, RDH	Springfield	541-746-3980	6132	David Gobeille, DDS	Bend	541-749-4444
6030	Bradley E. Johnson, DMD	Bend	541-389-1107	6133	Robbin Burns	Vancouver	360-546-0705
6035	Dennis C. Turner, DMD	Hermiston	541-567-0102	6135	Ravi S. Sinha, DDS	Portland	503-255-6815
6038	Vicki Maillet (Skinner)	Central Point	541-830-8538	6136	Carrie Mount	Molalla	503-829-6363
6046	Nora Crawford	Astoria	503-325-0722	6139	Gary Underhill, DMD	Enterprise	541-426-3783
6047	Donna Anderson	Medford	503-601-8532	6142	Sara Royer	Hillsboro	503-642-5800
6054	Lynnette (Page, Cox) George	Corbett	503-695-5356	6145	Nancy Smith	Ontario	541-889-8837
6057	Sean A. Benson, DDS	Baker City	541-523-2144	6146	Oscar (Luis) Contreras, DMD	Sandy	503-668-1300
6058	Angela Bernal	Medford	541-301-3740	6147	Linda Fargher, RDH	Durfur	541-993-6383
6064	Joanne M. Wimpy, RDH	Tillamook	503-842-0877	6148	Russell Bird	Portland	503-224-0133
6066	Lisa Connolley	Brookings	541-469-4740	6149	Teresa Cook, RDH	Brookings	541-469-3868
6068	Robert A. Felthousen	Grants Pass	541-245-7750	6150	Janice L. Krohn, RDH	Florence	541-954-3124
6069	Jacquelyn S. Ford	Conroe, TX		6151	Robert Brewer, DDS	The Dalles	541-296-9134
6073	Debra Silva	Jacksonville	541-899-8411	6152	Veronica Knitter	Grants Pass	541-955-2933
6074	Deborah Bishop	Klamath Falls	541-884-4550	6153	James Ridley, DDS	Eugene	541-345-0004
6076	Darcy McCrea	Boring	503-256-8572	6154	Heather Schudel, RDH	Philomath	541-929-2347
6083	Ninette Lyon	Portland	503-816-6464	6155	Jillian Lomax	Salem	503-984-2630
6084	Mary (Daugherty) Elliott	Happy Valley	503-789-6120	6156	Leslye B. Laxton, RDH	Eugene	541-510-2991
6087	Karen (Nordholt) Logan	Beaverton	503-747-0947	6157	Lori A. Ross	Camas Valley	541-884-5833
6090	Mart D. Erickson, DDS	Grants Pass	541-476-3419	6158	Melissa L. Cheek	Sweet Home	541-367-2963
6091	Dix Densley, DDS	Hillsboro	503-642-5800				

Non-Current OBD-Approved Radiologic Proficiency Course Providers (Appendix D cont'd)

The following individuals are not current OBD-approved radiologic proficiency providers. However, they previously held OBD approval as radiologic proficiency instructors. If you are applying for your radiology certification and you completed a program with one of these providers while they were approved, DANB will accept your coursework.

<u>OBD/ DANB ID</u>	<u>Name</u>	<u>City</u>	<u>Phone</u>	<u>OBD/ DANB ID</u>	<u>Name</u>	<u>City</u>	<u>Phone</u>
6001	Nancy Gorham	La Grande	541-437-1292	6067	Cynthia Morris, DMD	Island City	541-963-2741
6002	Maria J. Corona	Vancouver	360-574-6351	6070	Tracy L. Cook	Milwaukie	503-654-2946
6004	Robin Gealon	Bend	541-772-0890	6072	Dawn Bowman	Tualatin	N/A
6005	Janet Dollarhide	Grants Pass	541-476-4494	6077	Tina Hernandez	Portland	503-421-0569
6006	Mary Nagell	Madras	541-546-2230	6080	Marian K. Morse, DDS	Medford	541-772-1215
6009	Julia Fegles	Reedsport	541-271-4858	6081	Stacey Marshall	Portland	503-761-6100
6010	Tammy Hill	Salem	503-434-8761	6088	Sandhya Susnjara	Portland	503-761-6100
6011	Marcella McClain	Lake Oswego	503-697-7198	6089	Ryan C. Allen, DMD	Philomath	503-363-3311
6014	Kailey Thysell	Bend	541-383-4133	6092	Deborah Fite	Gold Hill	541-779-2647
6020	Tina Cramer	Rainier	503-556-0002	6098	Heidi Knight	Portland	503-281-4181
6025	Barbara Gambetti, RDH	Beaverton	503-644-6444 x4215	6110	Kimberly Bower	Grants Pass	541-659-8919
6029	Eric N. Dahle, DMD	Ontario	541-881-1794	6112	Ashley Middleton	Klamath Falls	541-591-3280
6032	Cara Kao-Young, RDH	Beaverton	503-644-6444	6114	Garland D. Fisher II	Canby	503-263-2524
6033	Steven Bauer, DMD	Nyssa	541-372-3950	6115	Niani Jones	Vancouver	360-993-0466
6036	Donna R. Grierson	Portland	503-761-6100	6116	Sarah Inghram	Grants Pass	541-660-7787
6037	Steve D. Adams, DMD	Baker City	541-523-6311	6118	Kimberly Handick, DDS	Portland	503-246-6785
6039	Patricia J. DiNucci	Beaverton	503-644-6444	6119	Edmond L. Kim, DDS	South Beach	541-867-3755
6040	Mark G. Thorson	Eugene	541-688-3856	6120	Sharen C. Strong, DMD	Bandon	541-347-5555
6041	Ulrich G. Schockelt, DMD	Forest Grove	503-357-3121	6123	Teresa Miller	Central Point	
6042	Kristi Clary	Portland	503-281-4181	6125	Holly L. Webster	Hood River	541-387-8688
6043	Jody Simpson	Portland	503-281-4181	6126	Sixto Contreras Jr., DMD	Coos Bay	541-269-5321
6044	Christina Gunn	Grants Pass	541-479-2748	6127	Merry Farley	Keno	541-281-4371
6049	Jean M. West	Portland	503-235-4253	6129	Janet Woods	Lake Oswego	503-475-6353
6050	Cindy Lee	Portland	503-281-4181	6134	Kimberly Harris	Hood River	541-386-4727
6053	Jeannette M. Gardner	Oregon City	503-502-6636	6137	Missy A. Phillips	Tillamook	503-842-3489
6055	Estefania Downs	Ontario	541-889-6614	6138	Mindy Deter	Klamath Falls	541-274-1920
6056	Cindi J. Rapp	Beaverton	503-848-9886	6140	Megan Dean	Klamath Falls	541-885-5578
6059	Arlene Hendrick	Nyssa	541-881-4839	6141	Merissa Ennes	Hillsboro	503-642-5800
6060	Jamie Officer	Redmond	541-504-8425	6143	Jo E. Shea, RDH	Mt. Hood	541-490-5161
6062	Kathleen M. Bergevin, RDH	Salem	503-566-6734	6144	Bruno Da Costa, DDS	Tigard	503-639-6900
6063	Robert D. Yauger	Portland	503-408-7456				
6065	Amanda Sanders	Island City	541-963-2741				

Approved Radiology Course Providers (Appendix E)

Dental Radiography Courses approved by the Oregon Radiation Protection Services (RPS)

ODHS/ DANB ID	Company/School/Individual Name	Location	Phone
6200	OHSU Dental School	Portland, OR	503-494-8857
6201	Klamath Community College	Klamath Falls, OR	541-880-2235
6202	Anthem College	Beaverton, OR	503-906-9028
6203	Career School of Dental Assisting	Central Point, OR	541-779-2647
6204	The Center for Advanced Learning	Gresham, OR	N/A
6205	Mt. Hood Community College	Gresham, OR	503-491-6422
6206	The Oregon Academy of Dental Assisting	Eugene, OR	541-688-3856
6211	Heald College	Portland, OR	503-229-0492
6301	Concorde Career College	San Bernadino, CA	909-884-8891
6303	Western Career College	Sacramento, CA	800-321-2386
6304	North West College	Pomona, CA	919-623-1552
6307	The Academy of Professional Careers	Boise, ID	208-672-9500
6308	Rio Salado Community College	Tempe, AZ	480-517-8533
6400	Central County Occup. Cnt.	San Jose, CA	408-723-6400
6401	North Valley Occupational Cnt.	Van Nuys, CA	818-365-9645
6402	Dental Assisting Services of New Jersey	Farmingdale, NJ	732-919-1816
6403	University of Jordan	Amman, Jordan	+962-6-5355000
6404	Mission Trails Regional Occupational Program	Selinas, CA	831-753-4209
6405	Dental Professionals of California	Canyon Country, CA	N/A
6409	Carrington College (formerly Apollo College)	Portland, OR	
6411	Practical Dental Assisting of Oregon, LLC	Corvallis, OR	541-760-8259
6412	Cascadia Dental Career	Vancouver, WA	
6414	Mohave Community College	Bullhead City, AZ	928-758-3926
6416	Bryman College	San Jose, CA	408-557-9855
6418	Milan Institute (formerly Academy of Professional Careers)	Boise, ID	
6419	Carrington College (formerly Apollo College and The American Institute of Health Technology)	Boise, ID	208-377-8080
6424	Caliber Training Institute	New York, NY	
6425	Mandi The College of Allied Health	New York, NY	
6426	Allied Medical Institute	Eugene, OR	
6428	The Columbia George Community College	The Dalles, OR	
6432	Certified Dental Careers, LLC	Lake Oswego, OR	
6433	Willamette Valley Dental Assisting School	Salem OR	
6434	Corinthian College, Inc. dba Ashmead College	Tigard, OR	
6435	Oregon Institute of Technology	Klamath Falls, OR	541-885-1808
6444	Baylor College of Dentistry	Dallas, TX	
6445	Cascade Job Corps Center	Sedro-Woolley, WA	
6446	Carrington College (formerly Apollo College)	Spokane, WA	
6447	Pima Medical Institute	Seattle, WA	
6448	National School of Dental Assisting	Camas, WA	360-882-9595
6451	Clark College	Vancouver, WA	360-699-6398
6452	Daymar Institute	Clarksville, TN	931-552-7600
6453	Kaplan College	Sacramento, CA	916-649-8168
6454	Charter College- Prospect Education, LLC	Pasco, WA	509-546-3900
6455	Charter College- Prospect Education, LLC	Vancouver, WA	360-448-2000
6456	Corinthian College Inc. dba Everest College	Portland, OR	
6457	Simi Valley Adult School	Simi Valley, CA	805-579-6200
6458	Carrington College (formerly Apollo College)	Mesa, AZ	480-717-3546
6459	Northshore Dental Assisting Academy	Kenmore, WA	425-408-9400
6460	Summit Career College	Colton, CA	

RPS-Approved Dental Radiography Courses (Located at, but not part of, CODA-accredited dental assisting programs)

RPS/ DANB ID	Company/School Name	Location	Phone
6500	Blue Mountain Community College	Pendleton, OR	541-278-5876
6501	Central Oregon Community College	Bend, OR	541-330-4368
6502	Chemeketa Community College	Salem, OR	503-399-5265
6503	Portland Community College	Portland, OR	503-977-4908
6504	Linn Benton Community College	Albany, OR	541-917-4496
6505	Concord Career Institute	Portland, OR	503-281-4181
6507	Lane Community College	Eugene, OR	541-463-5068
6508	Bridgerland Applied Technology College	Logan, UT	435-753-6760