



Oregon Expanded Functions – Orthodontic Assisting: EFODA Pathway II

2012 Exam/Certificate Applications

2012 Application and Exam Fees Valid Through December 31, 2012

This application packet is for dental assistants seeking an Oregon Expanded Functions – Orthodontic Assisting (EFODA) certificate under Pathway II (see chart below). **This pathway allows candidates who are DANB Certified Dental Assistants (CDAs) or Certified Orthodontic Assistants (COAs) to sit for an exam/apply for a certificate.**

Applications for the Oregon Expanded Functions – Orthodontic Assisting Exam (Application A) and Expanded Functions Certificate Application/Licensed Dentist Endorsement Form (Application B) are attached to this packet. **(Disregard any applications for requirements you have already completed.)** DANB will issue a candidate an Oregon EFODA certificate within 3-4 weeks after the candidate has met all eligibility requirements and DANB receives all required documentation.

An Oregon EFODA certificate allows a dental assistant to perform the following duties: remove cement from cemented

bands or brackets using an ultrasonic or hand scaler, or a slow-speed handpiece; recement loose orthodontic bands; under general supervision, remove any portion of an orthodontic appliance causing a patient discomfort and in the process may replace ligatures and/or separators if the dentist is not available, providing that the patient is rescheduled for follow-up care by a licensed dentist as soon as is reasonably appropriate; under general supervision, recement orthodontic bands if the dentist is not available and the patient is in discomfort, providing that the patient is rescheduled for follow-up care by a licensed dentist as soon as is reasonably appropriate.

EFODA certification is regulated by the Oregon Board of Dentistry (OBD). DANB, under contract with the OBD, administers the certification program, a service that includes providing information regarding exams and certifications, distributing application materials, and issuing certificates.

Summary of Pathway Requirements for Expanded Functions – Orthodontic Assisting in Oregon

In order to be certified in Expanded Functions – Orthodontic Assisting in Oregon, a dental assistant must successfully complete **all** of the following requirements in **one** of the following four pathways:

Pathway I

- A. Be a graduate of a CODA-accredited dental assisting program

Pathway II

- A. Pass the DANB Certified Dental Assistant (CDA) Exam or Certified Orthodontic Assistant (COA) Exam
- B. Pass the Oregon Expanded Functions – Orthodontic Assisting Exam (ORXO) (**Application A**)
- C. Be endorsed by a licensed dentist/orthodontist on the *Licensed Dentist Endorsement* form as having successfully performed listed functions and submit completed application (**Application B**)

Pathway III

- A. Pass the Oregon Basic Dental Assisting Exam (ORB)
- B. Pass the Oregon Expanded Functions – Orthodontic Assisting Exam (ORXO)
- C. Be endorsed by a licensed dentist/orthodontist on the *Licensed Dentist Endorsement* form as having successfully performed listed functions and submit completed application

Pathway IV

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

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Applying for a DANB Exam

- | | |
|--|---|
| 3-4 week processing/ mailing time | <ol style="list-style-type: none"> 1. Candidate mails/faxes exam application, documentation (if applicable) and fees to DANB. 2. DANB processes candidate exam application. 3. If the exam application is accepted as complete, DANB mails exam candidate a Test Admission Notice. |
| 60-day window to schedule and take exam | <ol style="list-style-type: none"> 4. Candidate schedules exam location, date and time with testing vendor Pearson VUE. 5. Candidate sits for DANB exam. An unofficial pass/fail report will be provided after completing the exam. |
| 3-4 weeks from exam date | <ol style="list-style-type: none"> 6. DANB mails exam candidate an Official Score Report. |

Test Center Locations

DANB exams are administered on computer at Pearson VUE test centers all year.

| | |
|---|----------|
| Oregon Computerized Testing Center Locations | |
| Beaverton | Medford |
| Bend | Salem |
| Portland | Roseburg |

Submitting an Exam Application

Exam applications should be mailed or faxed to DANB. The candidate should read this packet carefully to ensure the application is submitted accurately with all the required documents and fees.

Signing and dating the application is required. By signing and dating the application, the candidate affirms that the application and documentation are accurate and that the candidate agrees to abide by all applicable DANB policies described in this packet, including the *Application State-ments* on page 7. The signature also allows DANB to release test results to state regulatory agencies.

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, 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.

Group Testing

Groups of four or more candidates can request to take any DANB exam on the same day, at or around the same time. Download the *Group Testing Form* from www.danb.org or contact DANB at 1-800-367-3262, ext. 452, with questions.

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 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

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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.

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.

Scheduling a DANB Exam

Receiving the Test Admission Notice

DANB will send the candidate a *Test Admission Notice* within four weeks of receiving the completed exam application. The *Test Admission Notice* confirms that the candidate is eligible to take the exam and includes instructions to schedule the exam appointment.

The candidate must check the *Test Admission Notice* for any errors and report them to DANB immediately at 1-800-367-3262.

Call DANB immediately if:

- The exam the candidate registered for is not the one listed
- The candidate's name is spelled incorrectly
- The candidate's ID reflects a different name than the one used to register to test (e.g., married, maiden, hyphenated)

The name on the *Test Admission Notice* must match the ID that the candidate will bring to the test center. The middle name does not need to be spelled out, but the initial must match (e.g., "M" on the ID and "Mary" on the *Test Admission Notice* is acceptable and vice versa).

The candidate will be turned away from testing if the name on the ID does not match the *Test Admission Notice*. The candidate would need to reapply; see the *Rescheduling a*

Missed Exam section in this packet for details.

The 60-Day Eligibility Window

The candidate must take the exam within the 60-day eligibility window listed on DANB's *Test Admission Notice*.

Scheduling an Appointment

The candidate should schedule the exam appointment as soon as he or she receives the *Test Admission Notice*. The *Test Admission Notice* includes instructions to schedule the exam appointment at a Pearson VUE location. To find the nearest testing center, visit www.vue.com/danb or see the *Test Center Locations* section in this 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.

Exam Appointment Confirmation

After the candidate schedules the exam appointment, he or she will receive a confirmation via email (if the candidate's email address was included on the exam application) or regular mail.

Candidates should open and read all email and/or mail from Pearson VUE. There will be important information regarding the appointment.

Rescheduling an Exam or Extending an Eligibility Window

The candidate can reschedule an exam or extend the 60-day eligibility window. Regardless who paid for an exam, only the candidate may reschedule an exam.

Rescheduling Within the 60-Day Window

To reschedule the exam appointment within the 60-day window, the candidate must contact Pearson VUE. The candidate can reschedule the appointment up to 24 hours before his or her scheduled exam time at no additional fee. See the *Test Admission Notice* for Pearson VUE contact information.

Extending the 60-Day Window

The candidate may extend the exam window for a \$35 fee. The candidate must complete the following steps:

STEP 1: Cancel the appointment: The candidate must cancel his or her exam appointment with Pearson VUE at least 24 hours before the scheduled exam time. See the *Test Admission Notice* for Pearson VUE contact information.

STEP 2: Request to reschedule the 60-day window. Submit the *Request to Reschedule an Exam Eligibility Window* form and \$35 fee within **60 days after the end of the 60-day eligibility window**. Go to www.danb.org to download

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the form. Within three weeks, the candidate will receive a new *Test Admission Notice* with a new 60-day window. Note: A candidate may reschedule an exam up to three times. After the third reschedule, a current exam application with full fee must be submitted.

Rescheduling a Missed Exam

If the candidate does not take a scheduled exam because the candidate missed the appointment (for any reason except a valid emergency) or the candidate was denied entry into the exam, the candidate may reapply for the exam with a reduced fee if the appropriate form is submitted to DANB within 30 days of the missed appointment date. DANB will contact the candidate with information on how to reschedule. The candidate must return the form and fee within 30 days of the appointment date, or the candidate must reapply for the exam and pay the full exam and application fee.

Rescheduling Due to an Emergency

If a candidate misses an exam due to a personal emergency, the candidate must submit a *Request to Reschedule Due to an Emergency* form explaining the emergency, including supporting documents. The candidate must submit the request within 30 days of the scheduled exam date. Download the form at www.danb.org. Call 1-800-367-3262 with any questions about what constitutes an emergency and appropriate supporting documentation. Approved requests will be rescheduled at no additional fee.

Canceling an Exam for a Refund

The candidate may cancel an exam if he or she no longer wishes to test. The candidate must submit a *Request to Cancel an Exam* form (available at www.danb.org) to **DANB at least two business days before the end of his or her eligibility window to receive a refund** (minus the \$35 cancellation fee and \$50 nonrefundable application fee). DANB will issue the refund to the payer.

The candidate must **also** cancel the appointment with Pearson VUE at least 24 hours before the scheduled exam time. See the *Test Admission Notice* for Pearson VUE contact information.

When Pearson VUE Cancels an Exam

In the event of weather or other emergency, Pearson VUE will try to notify candidates by phone of a cancellation and will reschedule at no additional fee.

Taking a DANB Exam

What to Bring to the Exam Site

Bring the *Test Admission Notice* and one form of ID.

The ID must be a currently valid, non-expired government or school-issued photo and signature-bearing ID, in roman characters. A driver's license, passport, military ID card, state ID card, U.S. government-issued permanent resident card or

current school year ID card are all acceptable. Test centers may use an electronic fingerprinting, palm vein and/or photographic security system for identification purposes only. Test centers may use a video/audio recording system to enhance exam security. The candidate must not bring any reference materials or notes into any exam area. The candidate will be provided with an erasable noteboard and pen to use during the exam. No visitors or unauthorized individuals will be permitted in any exam area during testing sessions.

Exam Environment

The candidate will receive a tutorial before the exam to help the candidate feel comfortable with the computerized format. Time spent on the tutorial will not count as part of the exam time period. The tutorial is not a practice test. The tutorial describes how to mark answers and return to questions for review and comment. The tutorial is also available on the DANB website at www.danb.org.

There are no breaks during the exam. Candidates may be excused to visit the restroom, one at a time. During the absence, the exam time clock will continue to run. No additional time will be provided. There is no requirement for specific clothing, but it is a good idea to wear comfortable clothing in layers to adjust for minor fluctuations in room temperature. It is also a good idea to wear soft-soled shoes to allow the candidate to leave his or her seat without disrupting others.

Late Arrival or Failure to Appear

If the candidate arrives more than 15 minutes after a scheduled appointment, the candidate will be accommodated at the discretion of the test center administrator. If the test center administrator is unable to accommodate the candidate, the candidate then forfeits the full application/exam fees, and the application is null and void; the candidate must reapply. If the candidate fails to appear for a scheduled exam, the candidate forfeits the full application/exam fees, and the application is null and void, unless the candidate qualified for an emergency reschedule (see section above).

Candidate Behavior Before, During and After an Exam

Improper behavior is not acceptable before, during or after an exam. DANB seeks to ensure a fair and equitable testing experience for all individuals and to ensure the security and reliability of the process. *DANB's Disciplinary Policy & Procedures* form, which is available at www.danb.org, contains examples of improper behavior.

The behavior of each candidate taking the exam will be monitored. The exam is confidential. Any individual who removes or attempts to remove testing-related materials from the test center, or who attempts to memorize, distribute or otherwise misuse an exam, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose, without the prior express written permis-

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sion of DANB, will be subject to legal action. Any candidate or Certificant who engages in improper behavior also will be subject to disciplinary action by DANB, which may include denial or revocation of certification or recertification. **DANB's Disciplinary Policy & Procedures document is available at www.danb.org.**

The test center administrator will notify DANB of anyone who talks during the exam, gives or receives assistance, or otherwise engages or appears to engage in dishonest or improper behavior before, during, or after the exam. Those candidates may be required to cease taking the exam and leave the test center. The test center administrator will send a report to DANB regarding the incident. After reviewing a 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 the incident report is valid, DANB may, at its discretion, pursuant to the procedures set forth in the *DANB Policy & Procedures for Disciplinary Review and Appeal* form, take disciplinary actions, including but not limited to the following:

- Order the candidate to retake the exam at a time and place to be determined by DANB
- Invalidate or refuse to release the score of the candidate
- Deny the candidate's current application for certification
- Require the candidate to wait a specified period of time before reapplying to take the exam
- Revoke the candidate's eligibility to sit for future exams
- Take a combination of any of the above actions or other action that DANB may deem appropriate.

If a test center administrator allows a candidate to take an exam that the candidate is not registered for, those results will not be valid. The original application will be considered null and void, and the full application and exam fees will be forfeited. The candidate will be required to reapply with a new application and payment of the full exam and application fees.

Exam Integrity

To ensure a consistently high-quality testing program, each exam is routinely reviewed for reliability and validity. Each exam question is statistically analyzed and evaluated for performance. DANB Exam Committees, with final DANB Board approval, establish passing standards (the minimum score required to pass a particular DANB exam) using standard psychometric procedures for criterion-referenced tests. A candidate is expected to perform at or above the Board-established standard to pass each exam.

After the Exam

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.

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.

Hand Scoring

DANB will hand score an exam on request. The candidate must submit a *Request for Hand Scoring of Exam Results* form and a \$25 hand scoring fee to DANB within 30 days after the official score date printed on the score report or certificate received. The form is available on DANB's website at www.danb.org. Hand scoring results of the exam are completed within 30 days of a request. If the pass/fail status is reversed as a result of the hand scoring, the \$25 fee will be refunded.

Official Exam Results

The candidate will receive preliminary results at the test center upon completing the exam. The candidate is not considered to have passed or failed an exam until DANB generates and mails the official score report(s) approximately two to four weeks after the exam was administered. 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.

Retaking an Exam

If the candidate takes a DANB-administered exam and does not pass, the candidate must reapply for the exam with a new application and fee in order to take the exam again. State laws may require additional schooling after failed attempts. Visit www.danb.org for contact information.

Release of Exam Results

Exam pass/fail results will not be released to employers or any individuals other than the candidate, except on written request of the candidate. DANB releases score reports or credential verifications to some state regulatory agencies. DANB also releases aggregate results to program directors for candidates who are graduates from or students in the program directors dental assisting programs.

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Appealing a Decision

If a candidate wishes to appeal a DANB decision regarding eligibility, administrative or exam content issues, he or she may submit a *Request for Reconsideration Under DANB's Review and Appeal Process* form and 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 (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.

Verification of Certificates and Certification

DANB will verify DANB certification, RHS and ICE exam passing/failing status and the effective date(s) of certification over the phone to anyone on request, since these items are matters of public record and may be disclosed. DANB will not verify passing status of state exams over the phone, but will verify if a candidate has earned a state certificate or license issued by DANB on behalf of a state board of dentistry. A *Request for Credential Verification* form is available at www.danb.org. Only a candidate or employer may request written credential verification; please see the *Request for Credential Verification* form on www.danb.org for details. DANB may offer credential verification on its website. See the *Application Statements* for more details.

Duplicate Score Reports

Duplicate score reports are available for exams taken within the last five years. The candidate must submit a *Request for a Duplicate Score Report* form and the \$25 fee for each score report request. Exam score reports older than five years are not available, although DANB will verify credentials earned more than five years ago.

Duplicate Certificates

Duplicate certificates are available for \$25. Any state certificate or license issued by DANB on behalf of a state board of dentistry, as well as for any national DANB exam where a certificate has been earned is available. Because DANB provides several opportunities for a candidate to correct errors, this \$25 duplicate certificate fee also applies for any reprint of a certificate due to a spelling error. Download the *Request for Duplicate Certificate* form at www.danb.org.

Exam Content

The ORXO Exam is composed of multiple choice questions. Areas tested are listed below by function. Background information in the following areas may be included where such information is necessary for the performance of the function: Morphology, Histology, Physiology, Pharmacology, Pathology, General Anatomy, Dental Anatomy, Microbiology, Chemistry, Psychology, and Embryology. Each exam will require approximately two and one-half hours. *Contact DANB with any questions at 1-800-367-3262.*

Expanded Functions – Orthodontic Assisting Exam (ORXO)

(Approximately 60-70 questions)

| Area | Percent of Questions |
|---|----------------------|
| 1. Cementing/bonding procedures | 20-25% |
| 2. Removing cement and bonding materials, including the use of ultrasonic equipment | 35-40% |
| 3. Selecting and sizing bands | 15-20% |
| 4. Removal of separators | 5-10% |
| 5. Selecting, placing and removing arch wires and ligature ties | 15-20% |

Sample Question: The following question illustrates the format found on the Oregon exams. 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

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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 Oregon Expanded Functions exam/certificate application covering the administration of the Oregon Expanded Functions Examination and DANB policies, including but not limited to DANB's Code of Professional Conduct. 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 Expanded Functions Examination 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 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, 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 Expanded Functions – Orthodontic Assisting Exam (ORXO): EFODA Pathway II

2012 Application and Exam Fees Valid Through December 31, 2012

Fee: \$175

Instructions:

1. Read the *Application Statements* on page 7.
2. Complete all items on the application. (Incomplete applications will be returned and the \$50 nonrefundable application fee retained.)
3. Mail signed and dated application to DANB with the \$175 application/exam fee.
Note: Application fees are not refundable.
4. In approximately four (4) weeks, a *Test Admission Notice* will be mailed, allowing the candidate to call and schedule a testing date. Candidates are encouraged to call early, as centers and dates fill quickly.
Testing must be completed within the 60-day period indicated on the Test Admission Notice.

Candidate Information

Please print clearly.

SSN _____ - _____ - _____ DANB Certification Number _____

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

Prior Name, if any _____ Email _____

Address _____ City _____ State _____ Zip _____

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

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

I hereby affirm that my answers to all questions are true and correct, I have met all eligibility requirements, and will comply with all DANB policies and procedures. I further affirm that I have read and understood the application statements contained on page 7, and I intend to be legally bound by them. I understand that the \$50 application fee is not refundable under any circumstances. I hereby apply 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 _____

ORXO-3882

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

Candidate's Name _____ SSN _____ - _____ - _____

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

| |
|-------------|
| 3882 |
| ORXO |

Credit Card Authorization: Allows DANB to charge the credit card account. VISA MC DISC AM EX

Credit Card Account Number _____ Expiration Date ____ / ____ Amount **\$175**

Cardholder's Name _____ Cardholder's Signature _____

Cardholder's Billing Address _____

City/State/Zip _____ Phone Number(____) _____

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 7, for further requirements).

2012 Oregon Expanded Functions – Orthodontic Assisting Exam (ORXO): EFODA Pathway II**Exam Checklist**

Have you:

- Read the instructions and information in this application packet?
 - Read and agreed to be bound by Oregon and DANB rules, regulations, policies and procedures as noted in this application packet? (See *Application Statements*, page 7.)
 - Filled out the Exam Application in its entirety?
 - Signed and dated the Exam Application?
 - Enclosed the application and exam fee (\$175) or provided credit card information?
 - Enclosed the *Reasonable Accommodations Form*, if needed? Note: This form can be found on www.danb.org.
 - 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?
Dental Assisting National Board (DANB)
Fax: 312-642-8507

If you have not ...

- completed the application in full
- enclosed, signed and dated your application
- 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 the \$50 nonrefundable application fee.



2012 Oregon Expanded Functions – Orthodontic Assisting EFODA Certificate: Pathway II

2012 Application and Exam Fees Valid Through December 31, 2012

Fee: \$40

Instructions:

- 1. Complete all items on the application. Incomplete applications will be returned and the \$40 nonrefundable fee retained.
2. Ensure that a licensed dentist completes and signs this form.
3. Mail/fax the completed application and enclosed documents to DANB with the full \$40 certificate fee or credit card information.
4. DANB will issue your Oregon Expanded Functions–Orthodontic Assisting Certificate within 3-4 weeks of DANB receipt of required documentation.

Candidate Information

SSN _____ - _____ - _____
Name _____ (Last) _____ (First) _____ (Middle Name or Initial)
Prior Name, if any _____ Email _____
Address _____ City _____ State _____ Zip _____
Phone Number(s): Office (____) _____ Home (____) _____ Cell (____) _____ Fax (____) _____
I work in a: [] general dental office [] specialty dental practice [] other (please specify) _____
I hereby 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 DANB to issue a certificate to me based on its standards and those of the OBD. Further, I understand that proof of Oregon Expanded Functions Dental Assistant certification, if earned, will be released to the OBD.
Signature X _____ Date X _____

Licensed Dentist Endorsement

Licensed Dentist (Name) _____
License No. _____ State Issued _____
Address _____
City _____ State _____ Zip _____
Phone Number: (____) _____
I hereby certify that _____ has successfully performed the following functions on the dates indicated below.
Assistant's Name
Dentist's Signature X _____ Date X _____

Numbered, blank spaces are provided below to record dates the following functions were performed. (If functions are not performed in your office, you must find another office where they can be completed.)

Remove cement from bands using an ultrasonic or hand scaler, or slow-speed handpiece, on six patients:

- 1. _____ 3. _____ 5. _____
2. _____ 4. _____ 6. _____

Recement loose orthodontic bands on four patients:

- 1. _____ 3. _____
2. _____ 4. _____

3884-30 OR-EFODA Cert

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

Candidate Name _____ SSN _____ - _____ - _____
[] Check/Money Order payable to the Dental Assisting National Board, Inc. or DANB
Checks must include candidate's name and the name of the certificate requested.
Credit Card Authorization: Allows DANB to charge your credit card account. [] VISA [] MC [] DISC [] AM EX
Credit Card Account Number _____ Expiration Date: ____/____/____ Amount _____
Cardholder's Name _____ Cardholder's Signature _____
Cardholder's Billing Address _____
City/State/Zip _____ Phone Number _____

3884-30 OR-EFODA Cert

By signing, the cardholder acknowledges intent to apply for the aforementioned Certificate 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 shall be used to indicate receipt of purchase.