



Dental Assisting National Board, Inc.
Measuring Dental Assisting Excellence®

This application packet includes an application for the following:

- **Oregon Expanded Functions Dental Assistant – Restorative Functions (EFDA-RF) certificate**

When applying for a DANB-issued state certificate, you are responsible for reading, understanding, and complying with the policies and procedures in the **State Candidate Handbook**, available at www.danb.org/About-DANB/Forms-Used-on-This-Site.aspx.

DANB accepts 2020 applications through Dec. 31, 2020.

Oregon Expanded Functions Dental Assistant with Restorative Functions

Requirements for Expanded Functions – Dental Assistant with Restorative Functions in Oregon

Certification in Expanded Functions — Dental Assistant with Restorative Functions (EFDA-RF) is regulated by the Oregon Board of Dentistry (OBD). The Dental Assisting National Board, Inc. (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.

To perform restorative functions in Oregon under the supervision of a licensed dentist, a dental assistant must earn status as an Expanded Functions Dental Assistant with Restorative Functions (EFDA-RF). To qualify, one must:

1. Hold the Oregon Expanded Functions Dental Assistant (EFDA) certificate

AND

2. Complete an OBD-approved curriculum from a Commission on Dental Accreditation (CODA)-accredited program or other course of instruction approved by the OBD (See p. 3)

AND

3. Pass one of the following:

- a. Pass the Western Regional Examining Board (WREB) Restorative exam or other equivalent exam approved by the OBD within the 5 years preceding application

OR

- b. Pass the WREB Restorative exam or other equivalent OBD-approved exam more than 5 years before application

AND

Include verification from another state or jurisdiction that the candidate is legally authorized to perform restorative functions

AND

Include a licensed dentist endorsement that the candidate has completed at least 25 restorative procedures within the immediate past 5 years

Apply for Oregon EFDA-RF certificate from DANB after completing all of the above requirements.

All inquiries regarding DANB exams, certificate, eligibility requirements and requests for certificate applications should be addressed to: DANB at 1-800-367-3262.

All inquiries regarding the state dental practice act should be addressed to: Oregon Board of Dentistry, 1500 SW 1st Ave., Ste. #770, Portland, OR 97201, or call 1-971-673-3200.

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Oregon Expanded Functions Dental Assistant with Restorative Functions

OBD-Approved Restorative Functions Course Providers

Lane Community College

4000 E 30th Avenue
Eugene, OR 97405
(541) 463-5616
Curriculum Approved: February 2008

Oregon Health & Science University (OHSU School of Dentistry)

Continuing Dental Education Department
2730 SW Moody Avenue
Portland, OR 97201
(503) 494-8857
Curriculum Approved: April 2019

Oregon Institute of Technology

3201 Campus Dr.
Klamath Falls, OR 97601
(541) 885-1366
Curriculum Approved: June 2009

Pacific University

222 SE 8th Avenue, Suite 271
Hillsboro, OR 97123-4218
(503) 352-7238
Curriculum Approved April 2008

Portland Community College — CLIMB Center for Advancement

12000 SW 49th Avenue
Portland, OR 97219
(503) 977-4235
Curriculum Approved: June 2009

South Puget Sound Community College

2011 Mottman Road SW
Olympia, WA 98512
(360) 596-5295
Curriculum Approved: February 2013

List last updated on November 15, 2019.

Oregon Expanded Functions Dental Assistant with Restorative Functions

Application Statements

Please read the following Application Statements carefully. These statements apply to all DANB state exams.
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 issuance to me of a certificate and issuance of my certificate 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 the DANB application packet covering eligibility for and the exam and DANB policies, including but not limited to the DANB Code of Professional Conduct. I agree to disqualification from the exam and return to DANB of any results granted me by the OBD based on DANB exam results 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 this application, the certification process, any exam given by DANB, any scoring relating thereto, the failure to issue me a certificate, or any demand for forfeiture or return of such 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 certification activities. I UNDERSTAND THAT THE DECISION AS TO WHETHER I QUALIFY FOR A NATIONAL CERTIFICATION OR CERTIFICATE OF KNOWLEDGE-BASED COMPETENCE RESTS SOLELY AND EXCLUSIVELY WITH DANB 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 exam 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, any DANB certificates of knowledge-based competence, and any state-specific certificates administered by DANB on behalf of a state regulatory body. 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 further understand and agree that DANB may, from time to time, provide my name, address and phone number to third parties (including but not limited to official DANB affiliates, potential employers; dental conference sponsors; federal, national or state organizations; or legislative committees or task forces proposing or informing stakeholders of legislation). I further understand that this consent will remain in effect unless and until I submit a written request to have this information omitted from release. I understand that if I do not want DANB to display my city and state of residence as part of the online 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 official 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 other 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 www.danb.org.
5. I understand that for each application submitted, DANB will process the appropriate payment. If I fail to show up for an exam 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 exam fee. I further understand that taking the exam 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 exam whether I pass or fail. I agree not to dispute the exam fee. Exam results will be rescinded if the exam fee is not paid in full.

Oregon Expanded Functions Dental Assistant with Restorative Functions

2020 Oregon EFDA-RF Certificate Application

This application will be accepted through Dec. 31, 2020.

1. Candidate must sign, date and submit all required documentation and nonrefundable certificate fee to DANB. **Incomplete applications will be denied.**
2. Enclose proof of OBD-approved program completion.
3. Enclose proof of successful completion of the WREB Restorative exam.
4. Enclose completed *Out-of-State Credential Verification* form and *Out-of-State Work Experience Verification* form **mailed directly to DANB from the state board or licensed dentist** (if needed).
5. Mail or fax completed application and supporting documentation to DANB. Full payment is required at the time of application.

OR-EFDA-RF Certificate
3884c24

Section A: Signature and Date (Please sign and date with a pen.)

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 and OBD policies and procedures. I further affirm that I have read and understood the Application Statements contained in this packet, and I intend to be legally bound by them. I understand that the certificate fee is not refundable under any circumstances. I hereby apply in accordance with the rules and regulations governing the certificate. I hereby agree that prior or subsequent to issuance, the OBD or DANB may investigate my eligibility and may refuse to issue the certificate 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 certificate fee accompanying the application.

Signature Date

Section B: Candidate Information (Please type or print with a pen.)

Last Four SSN Date of Birth

Name (must match current ID exactly):

Last First Middle Name/Initial

Prior Name (if applicable) Email (required)

Home Address City State Zip

Phone Numbers:

Office Home Cell

Section C: Eligibility Information

- Passed the WREB Restorative exam within the past five years. Date Completed **OR**
- Passed the WREB Restorative exam more than five years ago: Date Completed **AND**
- Out-of-state credential: Must attach *Out-of-State Work Credential Verification* form (p. 4) **AND**
 - Out-of-state work experience: Must attach *Out-of-State Work Experience Verification* form (p. 5)

Section D: Payment (Please type or print with a pen.)

- Check/Money Order payable to DANB (must include candidate's name and be in U.S. dollars)
- Credit Card Authorization (VISA, MasterCard, Discover & American Express accepted): Amount **\$50.00**

OR-EFDA-RF Certificate
3884c24

Credit Card Number CVV Expiration /

Cardholder's Name

Cardholder's Billing Address City

State Zip Daytime Phone Number

Cardholder's Signature

By signing, the cardholder acknowledges intent to register for the aforementioned DANB exam 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 exam administration shall be used to indicate receipt of purchase. A candidate who fails to show up for the exam for which he/she registered and has not canceled the exam as described in this packet is still required to pay for the exam. (See the *Application Statements* for further requirements.)

DANB • 444 N. Michigan Ave., Suite 900 Chicago, IL 60611
Questions? 800-367-3262 or danbmail@danb.org

Fax: 312-642-8507
Do not submit twice or you will be charged twice.

Oregon Expanded Functions Dental Assistant with Restorative Functions

2020 Out-of-State Credential Verification Form

This form will be accepted through Dec. 31, 2020.

Must be filled out completely and mailed directly to DANB in a sealed envelope by the state dental board.

Section A: Candidate Information

Name

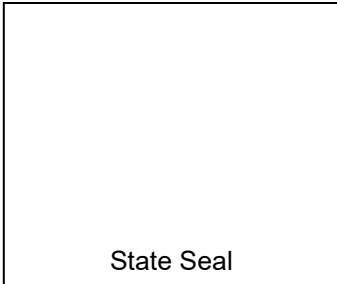
Credential Number Date Issued

Address City State Zip

Section B: Credential Information

I hereby attest that the above named candidate was granted license/certificate number to perform the restorative functions in the State of .

Secretary Signature Date



Oregon Expanded Functions Dental Assistant with Restorative Functions

2020 Out-of-State Work Experience Form

This form will be accepted through Dec. 31, 2020.

Must be filled out completely by a dentist licensed in a state other than Oregon. Must be mailed directly to DANB in a sealed envelope from the licensed dentist.

Section A: Dentist's Information

Licensed Dentist's Name

License Number State Issued

Dental Practice Address City

State Zip Office Phone Number

Section B: Work Experience

A licensed dentist, licensed in any state other than Oregon (license will be verified by DANB staff), from any country, can assess the work experience of a dental assistant in the country that the verifying dentist supervised/trained the dental assistant for whom he/she is completing a DANB *Out-of-State Work Experience Verification Form*.

Candidate Name

I hereby attest that the above-named candidate has successfully completed at least restorative procedures within the immediate five years, and all functions were performed on a live patient. Any functions performed on typodonts will not be accepted.

Dates candidate was employed: From / To /

Month Year Month Year Month Year Month Year

If an assistant has worked as a dental assistant for more than one dentist during the required time period, the dentist may verify all work experience. Or, the candidate may attach a letter on office letterhead from all dentists worked for during the time period. Each letter must be signed and dated by the dentist and include the dentist's license number, the month and year the assistant began and ended employment, if the assistant was employed full or part time and that the assistant worked as a dental assistant. This form must be completed by at least one of the candidate's current or former employers and included with the application. DANB will accept multiple work experience verification forms in lieu of letters from former employers.

By signing this form, I further attest that I have personally trained or can verify that the candidate has been trained in restorative procedures that are legally allowable in the state the candidate accrued dental assisting work experience.

Dentist's Signature Date

Oregon Expanded Functions Dental Assistant with Restorative Functions

Application 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*, p.3)
- Filled out the certificate application in its entirety?
- Signed and dated the certificate application?
- Enclosed the certificate fee or provided credit card information?
- Enclosed the proof of OBD-approved program completion?
- Enclosed proof of successful completion of WREB Restorative exam?
- Made a copy of your entire application packet for your records?
- Addressed your envelope OR prepared your information to be faxed?

Mail to:

Dental Assisting National Board, Inc. (DANB)
444 N. Michigan Ave., Suite 900
Chicago, IL 60611

Fax credit card payments only to:

DANB
1-312-642-8507

If you have not:

- completed the application in full,
- enclosed, signed and dated your application, and
- 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 certificate applications will be denied and the \$50 nonrefundable certificate fee will be retained by DANB.