



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

CDA®

The DANB® CDA exam application packet includes applications for the following exams:

- **Certified Dental Assistant™ (CDA)**
GC, RHS and ICE exams taken in the same administration
- **General Chairside Assisting (GC)**
- **Radiation Health and Safety (RHS®)**
- **Infection Control (ICE®)**
- **RHS/ICE**
RHS and ICE exams taken in the same administration



When applying for an exam, you are responsible for understanding and complying with the policies and procedures in the **Candidate Handbook**, available at www.danb.org.

DANB accepts 2018 exam applications through **Dec. 31, 2018**.



Apply for the RHS, ICE and RHS/ICE exams online at <http://info.danb.org/apply/>

Testing with DANB

Timeline

1-2 weeks	Submit exam application, documentation, fees by mail/fax
1-2 weeks	Application is processed (if incomplete, DANB will contact you)
1-2 weeks	Test Admission Notice (instructions to schedule your exam) available in your online DANB account and mailed
60-day testing window	Visit www.vue.com/danb to schedule your exam appointment. Take exam and receive preliminary exam result
2-3 weeks from exam date	Receive official exam result and earned certificates



To test sooner: Online applications are available for the RHS, ICE and RHS/ICE exams!
Apply at <http://info.danb.org/apply/>

Changing Your Exam Appointment

If you are unable to test within the 60-day testing window, go to www.danb.org to download the *Request a New Testing Window* form. This form must be submitted within 60 days from the end of the current testing window. See the form for instructions and fees.

If you miss your exam appointment due to a documented, DANB-accepted emergency, go to www.danb.org, download and complete the *Request a New Testing Window Due to an Emergency* form, and submit the form and required documentation to DANB within 60 days of your missed appointment.

If you miss an exam appointment for any other reason, you will receive a *Request a New Testing Window Due to a Missed Exam Appointment* form and may reapply for the exam at a reduced rate within 60 days of the missed appointment. After 60 days, you must pay full exam fees.

To reschedule an exam appointment within the 60-day testing window, contact Pearson VUE. The appointment may be rescheduled up to 24 hours before the scheduled appointment. Only the candidate may reschedule an appointment.

Reasonable Accommodations

If you require accommodations to test, download the *Reasonable Accommodations* form at www.danb.org for more information on how to request accommodations.

Fair Testing Policy

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

DANB seeks to ensure a fair and equitable testing experience for all individuals while ensuring the security and reliability of the process. Improper behavior is not acceptable before, during or after an exam appointment, and each candidate's behavior is monitored during testing. Consequences of improper behavior may include invalidation of exam results and/or revocation of ability to take future exams. For examples of improper behavior, see *DANB's Disciplinary Policy & Procedures*, available at www.danb.org.

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DANB is a member of the Institute for Credentialing Excellence. The National Commission for Certifying Agencies (NCCA), an Institute for Credentialing Excellence commission with responsibility for accrediting certification programs, has evaluated DANB national certification programs (CDA and COA), including DANB component exams (RHS, ICE, GC and OA), and finds that DANB programs meet NCCA's highest standards, thus helping to assure validity, reliability and objectivity in the testing process.

DANB has met the International Accreditation Service (IAS) Accreditation Criteria for Bodies Operating Certification of Persons (AC474) and has demonstrated compliance with ISO/IEC Standard 17024:2012, Conformity assessment – General Requirements for Bodies Operating Certification of Persons and has been accredited as a Personnel Certification Body, commencing September 22, 2015, to provide certifications for Certified Dental Assistant (CDA) and Certified Orthodontic Assistant (COA) certifications.

Application Statements

Please read the following *Application Statements* carefully. These statements apply to all DANB national 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 and certification by DANB, in accordance with and subject to the procedures and regulations of DANB. 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 and Candidate Handbook covering eligibility for and the administration of certification exams, the certification process, and DANB policies, including but not limited to the DANB Code of Professional Conduct. I agree to disqualification from the exam, to denial of certification, and to forfeiture and return to DANB of any certificate granted me by DANB, 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 authorize DANB to release my exam results to state regulatory agencies. Individuals cannot opt out of DANB release of exam results to state regulatory agencies. I also authorize DANB to use information from my application and exam(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 exam, from receiving exam results and from obtaining certification 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 exam.
7. I understand that the content of all DANB exams 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 exam to any person or entity. I understand that the unauthorized receipt, retention, possession, copying or disclosure of any DANB exam materials, including but not limited to the content of any exam question, before, during or after the exam may subject me to legal action. Such legal action may result in monetary damages and/or disciplinary action including rescinding exam results and denying or revoking certification.
8. 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.

Background Information Policy and Questions

Background Information Policy

DANB national exam applications, certification renewal forms, certification reinstatement forms, and emeritus applications contain three background information questions (BIQs) that exam candidates and certificants (“DANB Individuals”) are required to answer. Failure to answer the questions will result in the application being returned as incomplete. DANB Individuals must submit documentation, with his/her completed application, related to each affirmative response. DANB will review the documentation related to each affirmative response and make a case-by-case determination, in consultation with legal counsel, as to the candidate’s eligibility to test, to earn certification or recertify. Dependent on specific disclosures made, DANB reserves the right to bring individuals for review under *DANB’s Disciplinary Policy & Procedures*.

Note: Any person being held on criminal charges or serving a sentence of confinement (e.g., prison, jail, home detention, or any equivalent mode of confinement) for any offense, must be fully released from confinement before applying for and/or taking a DANB exam or before renewing or reinstating DANB certification.

Background Information Questions

BIQ 1 Is your answer “yes” to either of the following?

- In the last five years, have you been convicted of, or pled guilty or no contest to, a felony or any crime punishable by confinement in a state or federal prison for any length of time?
- Are you currently serving a sentence of confinement, home detention, parole, probation, or other court-ordered supervision, or are you subject to a reporting requirement (e.g., sex offender or violent offender registry) in connection with **any** felony conviction received in your lifetime?

It is not necessary to report misdemeanor convictions.

If you are uncertain whether a conviction was for a felony or a misdemeanor, you must mark “yes.”

BIQ 2 Have you ever been the subject of any of the following?

- Suspension, revocation, or voluntary surrender of your dental assisting license, registration, or other state-recognized dental assisting credential?
- Suspension, revocation, or voluntary surrender of a license, registration, or other state-recognized credential in any profession?
- Loss of authorization to practice dental assisting or any profession as an employee of the federal government?
- Loss of authorization to practice dental assisting or any profession in a jurisdiction that does not require registration, licensure, or other recognized employment credential?
- Disciplinary action by a professional regulatory board, certifying or examination agency, or other professional body?
- Investigation by or dismissal from an educational institution for cheating or any other ethical violation?

BIQ 3 Have you ever been declared mentally incompetent by a court of law?

Documentation Required If a Candidate Answers “Yes”

Documentation must be submitted with the completed exam application.

Step 1 — Personal Statement

The candidate **must** attach a signed and dated personal statement describing the circumstances surrounding each occurrence, the offense or reason for the conviction or disciplinary action, the date of the adverse action, the penalties imposed, and the dates when penalties for each occurrence were or will be completed.

Step 2 — Supporting Documentation

The candidate must also provide **official** documentation related to each occurrence, including but not limited to:

BIQ 1 For felony convictions, judgment of conviction, sentencing order and termination of probation order, if applicable, and any other documentation deemed necessary by DANB.

BIQ 2 For regulatory, credentialing or educational disciplinary action, an official statement from the disciplining agency or educational institution describing the offense and penalties imposed (e.g., consent order, decision) and, if applicable, providing evidence of completion or expiration of all penalties, including reinstatement of license or credential.

BIQ 3 For a court declaration of mental incompetence, official copies of all relevant court orders and related documents.

About DANB Exams

About DANB Exams

DANB uses computer adaptive testing (CAT). CAT starts each candidate with an item at or around the exam pass point. When the candidate answers an item correctly, the next item will be slightly harder. If the answer is incorrect, the next item will be slightly easier. Each candidate is presented with the same percentage of items from each domain on the exam outline. The candidate's score is based on the difficulty of the items answered, not a specific number or percentage of items, and the average candidate, regardless of passing or failing the exam, will get a little over 50 percent of the items correct and a little under 50 percent of the items incorrect. This method of testing more accurately pinpoints a candidate's ability level. All exam items are pretested to ensure the items are performing properly and are correctly calibrated before becoming a scored item.

How to Prepare to Take an Exam

Step 1: Review the exam outline

Download the outline from www.danb.org. The outlines identify every topic found on a particular exam. Review each topic and identify the areas in which you need further study.

Step 2: Choose your study materials

Obtain study materials. Options include:

- Suggested reference list (see p. 11)
- Textbooks and other reference materials
- The DALE Foundation's review courses and study aids (the DALE Foundation is the only official DANB affiliate)

Step 3: Make a study plan

Reading and re-reading is usually not enough.

- Review previously studied topics every few days
- Assist in understanding by tying what you learn to real-life experiences
- Understand the rationale for correct performance and not just how to perform a procedure
- Make a practice test and use flashcards

Exam Outlines

General Chairside Assisting (GC)

120 multiple-choice items
1½ hours testing time

Domain	% of items
Collection and recording of clinical data	10
Chairside dental procedures	45
Chairside dental and lab materials	13
Patient education and oral health management	10
Prevention and management of patient emergencies	12
Office operations	10

Radiation Health and Safety (RHS)

100 multiple-choice items
1¼ hours testing time

Domain	% of items
Expose and evaluate	26
Quality assurance and radiology regulations	21
Radiation safety for patients and operators	31
Infection control	22

Infection Control* (ICE)

100 multiple-choice items
1¼ hours testing time

Domain	% of items
Standard precautions and the prevention of disease transmission	20
Prevention of cross-contamination during procedures	34
Instrument/device processing	26
Occupational safety/administrative protocols	20

*References 2003 CDC Guidelines for Infection Control in Dental Health-Care Settings and Occupational Safety and Health Administration (OSHA) Standards



Prepare for DANB Exams

The DALE Foundation, the official DANB affiliate, offers interactive online e-learning courses and study aids to help you prepare for DANB exams, refresh your knowledge, and earn continuing education credits.

To learn more or to purchase a course, visit www.dalefoundation.org.



The DALE Foundation's study aids are an optional resource for candidates looking to prepare for DANB exams. Using the DALE Foundation's study aids does not guarantee candidates will pass the DANB exam. Candidates should prepare for DANB exams using a variety of study materials and taking into account their own unique education and experience. DANB does not participate directly in the development of DALE Foundation exam preparatory products.

Exam Eligibility

To earn CDA certification, you must pass the RHS, ICE and GC exams within a five-year period. The exams may be taken together or separately. There are no eligibility requirements to take the RHS and ICE exams. You must meet the requirements of one of the eligibility pathways below to qualify to take the GC exam.

All GC pathways require current DANB-accepted, hands-on CPR, BLS or ACLS.

Pathway I

Graduate of a Commission on Dental Accreditation (CODA)-accredited dental assisting or hygiene program or Registered Dental Hygienist (RDH).

Required Documentation

Graduate of a CODA-accredited dental assisting or hygiene program

- Copy of certificate or diploma OR
- Original/official transcript OR
- Letter from program director on school letterhead (must include candidate's name, date of graduation, signed and dated by program director)

Students scheduled to graduate within 90 days of applying for the exam

- Letter from program director on school letterhead (include candidate's name, anticipated graduation date, signed and dated by program director)

Note: Students **must** submit proof of graduation within 90 days of testing or the GC exam results will be rescinded. Once proof is received, exam results and any earned certificates will be mailed. Program directors must notify DANB if a student will not graduate.

Registered Dental Hygienist

Copy of current RDH license (from any state except Alabama)

Pathway II

Minimum 3,500 hours dental assisting work experience accrued over a period of 2-4 years; must be verified by a licensed dentist.

Required Documentation

Employer Work Experience Statement (p. 9) AND High school graduation or equivalent:

- Copy of diploma, GED certificate or original/official transcript from an institution recognized in the U.S. education system OR
- Proof of college or postsecondary coursework at an institution accredited by a U.S. Department of Education-recognized agency

If high school is outside U.S. and Canada

- Copy of high school or postsecondary diploma/transcript with graduation date
- Copy of document translated into English
- Original/official equivalency report in a sealed envelope from the National Association of Credential Evaluation Services or American Association of Collegiate Registrars and Admissions Officers. DANB will return original documents.

Pathway III

Former CDA certificant or graduate of a D.D.S. or D.M.D. program.

Required Documentation

Former CDA certificant

- Certification number

Graduate of a CODA-accredited D.D.S. or D.M.D. program in U.S. or Canada

- Copy of diploma/certificate or dental license

Graduate of a D.D.S. or D.M.D. program outside U.S. or Canada

- Copy of transcript, diploma or current dental license
- Copy of the document translated into English

CPR, BLS or ACLS Documentation

Copy (front and back) of current CPR, BLS or ACLS card from a DANB-accepted provider. Must be current at time of application and exam.

DANB accepts CPR, BLS and ACLS from the providers below, and only if the course included CPR and a hands-on exam. Courses from other providers will not be accepted.

- American Environmental Health and Safety
- American Heart Association
- American Red Cross
- American Safety and Health Institute
- Canadian Red Cross
- Emergency Care and Safety Institute
- Emergency First Response
- Emergency Medical Training Associates
- Emergency University*
- EMS Safety Services
- Medic First Aid
- Military Training Network
- National Safety Council (Green Cross)
- ProCPR*
- Saudi Heart Association

*Not all courses include a hands-on exam. Contact provider to be sure the course will be accepted by DANB.



2018 Certified Dental Assistant (CDA) or General Chairside Assisting (GC) Exam

This application will be accepted through Dec. 31, 2018.

- Candidate must sign, date, answer all background information questions, and submit all required documentation and fees to DANB. **Incomplete applications will be denied and a refund minus the nonrefundable processing fee will be issued.**
- Mail or fax completed application and **documentation** to DANB. Full payment is required at the time of application.

Section A: Exams (Please type or print with a pen.)

Which exam are you applying for? (Check only one.)

DANB use: CDA exam (3605)
GC exam (3635)

CDA exam (GC, RHS, ICE exams taken together) OR **GC exam only**

Section B: 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 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 \$75 application fee is not refundable under any circumstances.

Signature

Date

Section C: Background Information Questions (Please type or print with a pen.)

Read the questions in their entirety on page 4. If you checked Yes for any question, you must include required documentation.

1. In the last five years have you been convicted of any felonies or are you currently serving any sentences for felony convictions?

No Yes

2. Have you ever been disciplined by a regulatory board, certifying agency or examination agency or education institution?

No Yes

3. Have you ever been declared mentally incompetent by a court of law?

No Yes

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

In what state do you work?

Last 4 SSN

Date of Birth / /

I work in a dental office that uses (check all that apply): digital radiography automatic processing manual processing

Name (must match current ID exactly):

Last First Middle Name/Initial

Prior Name (if applicable) Email

Home Address City State Zip

Phone Numbers:

Office Home Cell

Section E: Eligibility Pathway

Pathway I

- CODA Program Completion (submit proof of completion) AND
- CPR, BLS or ACLS card (submit copy of front and back)

Pathway II

- Employer Work Experience Statement (submit completed p. 9) AND
- High School Graduation (submit proof of graduation) AND
- CPR, BLS or ACLS card (submit copy of front and back)

Pathway III

- DANB certification# AND
- CPR, BLS or ACLS card (submit copy of front and back)

Please see p. 6 for required documentation.

Section F: Payment

	CDA Exam Fee	GC Exam Fee	Candidate's Name <input type="text"/>
Traditional candidate:	\$425	\$250	Exam fees include the \$75 nonrefundable processing fee
Employed in Maryland:	\$445	\$250	
Active military personnel:	\$400	\$245	

DANB use: CDA exam (3605)
GC exam (3635)

Check/Money Order payable to DANB (must include candidate's name and be in US dollars)

Credit Card Authorization (VISA, MasterCard, Discover & American Express accepted): Amount \$

Credit Card Number CVV Expiration /

Cardholder's Name Cardholder's Signature

Cardholder's Billing Address City

State Zip Daytime Phone Number

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.)

Mail: DANB • 444 N. Michigan Ave., Suite 900 • Chicago, IL 60611
Questions? 1-800-367-3262 or www.danb.org

Fax: 1-312-642-8507
Do not submit twice or you will be charged twice.

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2018 Employer Work Experience Statement (CDA/GC Exam–Pathway II)

This form will be accepted through Dec. 31, 2018.

Please type or print with a pen. The form must be filled out completely or application will be incomplete.

Name of Dental Practice Office Phone

Address City State Zip

Name of Licensed Dentist

License # State License Issued

A licensed dentist (license verified by DANB), from any country, may assess the work experience of a candidate in the country that the above dentist supervised/trained the candidate.

Name of Exam Candidate:

I hereby attest that the above named candidate has a minimum of 3,500 hours dental assisting work experience. The 3,500 hours must have been accrued in a minimum of two years to a maximum of four years. I am verifying all employment even if the candidate has worked for other dentists in prior years.

Dates candidate has been in my employment: From / To /
Month Year Month Year

Dates of previous employment: From / To /
Month Year Month Year

If a candidate accrued dental assisting work experience under more than one dentist during the required time period, the candidate may attach a letter on office letterhead from each dentist. Each letter must be signed and dated by the dentist and include the dentist's license number, the state that issued the license, the month and year the assistant began and ended employment, if the candidate was employed full or part time and that the candidate accrued dental assisting work experience. This form must be completed by at least one of the candidate's current or former employers and submitted with the exam application. DANB will accept multiple *Employer WES* in lieu of letters from former employers.

I further attest that I have personally trained or can verify that the candidate has been trained in the areas listed below. During the tenure of employment, if this candidate has not performed all of these functions in the office, he/she must still possess a basic understanding of them in order to increase his/her likelihood of success on the exam. If the candidate lacks training in or has not demonstrated basic knowledge of all areas listed below, he/she is ineligible to take the exam.

- ✓ Preliminary examination of patients (intraoral and extraoral)
- ✓ Chart teeth/complete treatment documentation
- ✓ Use of diagnostic aids (such as radiographs and impressions for study models)
- ✓ Take and record patient vital signs
- ✓ Four-handed dentistry techniques
- ✓ Preparation and understanding of armamentarium
- ✓ Perform and assist with intraoral procedures
- ✓ Manage patients
- ✓ Processes and procedures for the laboratory
- ✓ Use, handling and characteristics of dental materials
- ✓ Provide oral health patient education
- ✓ Office operations (inventory, ordering, equipment maintenance, legal)
- ✓ Prevent/manage dental/medical emergencies

Signature of Licensed Dentist

Date

This form is required for CDA/GC exam application under Pathway II.

Please see p. 6 for required documentation.



2018 Radiation Health and Safety (RHS) or Infection Control (ICE) Exam

This application will be accepted through Dec. 31, 2018.

- Candidate must sign, date, answer all background information questions, and submit all required documentation and fees to DANB. **Incomplete applications will be denied and a refund minus the nonrefundable processing fee will be issued.**
- Mail or fax completed application and **required documentation** to DANB. Full payment is required at the time of application.

Section A: Exams (Please type or print with a pen.)

What exam(s) are you applying for?

- RHS exam ICE exam RHS/ICE exam (RHS and ICE exams taken together)

DANB use: RHS (3625)
ICE (3630) RHS/ICE (3616)

Section B: 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 policies and procedures. I understand that if this exam (or exams) complete(s) the requirements to earn a DANB certification, I attest to holding current DANB-accepted, hands-on CPR, BLS or ACLS. 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 \$75 application fee is not refundable under any circumstances.

Signature

Date

Section C: Background Information Questions (Please type or print with a pen.)

Read the questions in their entirety on page 4. If you checked Yes for any question, you must include required documentation.

1. In the last five years have you been convicted of any felonies or are you currently serving any sentences for felony convictions?

- No Yes

2. Have you ever been disciplined by a regulatory board, certifying agency or examination agency or education institution?

- No Yes

3. Have you ever been declared mentally incompetent by a court of law?

- No Yes

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

In what state do you work?

Last 4 SSN

Date of Birth

I work in a dental office that uses (check all that apply):

digital radiography

automatic processing

manual processing

Name (must match current ID exactly):

Last

First

Middle Name/Initial

Prior Name (if applicable)

Email

Home Address

City

State

Zip

Phone Numbers:

Office

Home

Cell

Section E: Education/Experience

Dental assisting/hygiene program

Program code

Grad Year

On-the-job-trained dental assistant

Years of experience

/

years

months

Employed in MD or NJ ONLY
State Approved School ID #

(see www.danb.org)

Section F: Payment

	RHS only	ICE only	RHS/ICE
Traditional candidate:	\$250	\$250	\$325
Employed in Maryland:	\$270	\$250	\$345
Active military personnel:	\$245	\$245	\$315

Candidate's Name

All exam fees listed include the \$75 nonrefundable processing fee

DANB use: RHS (3625)
ICE (3630) RHS/ICE (3616)

Check/Money Order payable to DANB (must include candidate's name and be in US dollars)

Credit Card Authorization (VISA, MasterCard, Discover & American Express accepted):

Amount \$

Credit Card Number

CVV

Expiration

Cardholder's Name

Cardholder's Signature

Cardholder's Billing Address

City

State

Zip

Daytime Phone Number

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.)

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Questions? 1-800-367-3262 or www.danb.org

OR

Fax: 1-312-642-8507

Do not submit twice or you will be charged twice.

Exam References

Suggested References

DANB exam committees use the following textbooks and reference materials to develop this exam. This list does not include all the available textbooks and materials for studying for this exam; these are simply the resources that exam committee subject matter experts have determined provide the most up-to-date information needed to meet or surpass a determined level of competency for this exam. Any one reference will likely not include all the material required to study to take and pass the exam. This list is intended to help prepare for this exam. It is not intended to be an endorsement of any of the publications listed. You should prepare for DANB certification and component exams using as many different study materials as possible.

You may obtain the reference materials below through various libraries and bookstores, or you may contact the publisher directly.

General Exam References — for the GC, RHS and ICE Exams

1. Bird, Doni L., and Debbie S. Robinson. *Modern Dental Assisting*. 11th and 12th ed. St. Louis, MO: Elsevier/Saunders, 2015 and 2017.
2. Phinney, Donna J., and Judy H. Halstead. *Dental Assisting: A Comprehensive Approach*. 4th ed. Clifton Park, NY: Delmar, 2013.
3. Bird, Doni L., and Debbie S. Robinson. *Essentials of Dental Assisting*. 5th ed. St. Louis, MO: Elsevier/Saunders, 2013.
4. The DALE Foundation. *Glossary of Dental Terms*. www.dalefoundation.org.

Infection Control (ICE) Exam

1. The Organization for Safety and Asepsis (OSAP). www.osap.org.
 - From Policy to Practice: OSAP's Guide to the Guidelines
 - OSAP's OSHA & CDC Guidelines: Interact Training System
2. The American Dental Assistants Association (ADAA). www.dentalassistant.org. Infection Control in the Dental Office: A Review for a National Infection Control Exam (Course #0906)
 - Guidelines for Infection Control in Dental Health Care Settings (Course #1305)
3. The DALE Foundation. www.dalefoundation.org.
 - DANB ICE Review
 - DANB ICE Practice Test
 - CDEA module: Understanding CDC's Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care
4. Centers for Disease Control and Prevention (CDC). www.cdc.gov
 - Guidelines for Infection Control in Dental Health-Care Settings — 2003 (MMWR, Vol. 52, RR 17)
 - Centers for Disease Control and Prevention. Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Oral Health; 2016
 - Updated U.S. Public Health Service guidelines for the management of occupational exposures to HBV, HCV, and HIV and recommendations for postexposure prophylaxis (MMWR, Vol. 50, RR 11)
5. U.S. Department of Labor, Occupational Safety and Health Administration (OSHA). www.osha.gov.
 - Hazard Communication Guidelines for Compliance (Publication 3111)
 - Hazard Communication Standard (Code of Federal Regulations #29, Part 1910)
 - Bloodborne Pathogens Standard (1910.1030)
6. Miller, Chris and Charles J. Palenik. *Infection Control and Management of Hazardous Materials for the Dental Team*. 6th ed. Mosby, 2017.
7. Molinari, John and Jennifer Harte. *Cottone's Practical Infection Control in Dentistry*. 3rd ed. Lippincott, 2010.

General Chairside Assisting (GC) Exam

1. Hatrick, Carol D., and W. S. Eakle. *Dental Materials: Clinical Applications for Dental Assistants and Dental Hygienists*. 3rd ed. St. Louis, MO: Elsevier/Saunders, 2016.
2. Little, James W., Donald A. Falace, Craig S. Miller and Nelson L. Rhodus. *Dental Management of the Medically Compromised Patient*. 8th ed. St. Louis, MO: Elsevier/Mosby, 2013.
3. Malamed, Stanley F. *Medical Emergencies in the Dental Office*. 7th ed. St. Louis, MO: Elsevier/Mosby, 2015.
4. Gaylord, Linda J. *The Administrative Dental Assistant*. 3rd and 4th ed. St. Louis, MO: Elsevier/Saunders, 2012.
5. American Dental Assistants Association (ADAA). www.dentalassistant.org
 - General Chairside Assisting: A Review for a National Chairside Exam (Course #613)
6. The DALE Foundation. www.dalefoundation.org.
 - DANB GC Review Part I
 - DANB GC Review Part II
 - DANB GC Practice Test

Radiation Health and Safety (RHS) Exam

1. Johnson, Orlen N., and Evelyn M. Thomson. *Essentials of Dental Radiography for Dental Assistants and Hygienists*. 9th ed. Upper Saddle River, NJ: Pearson Education, 2012.
2. Iannucci, Joan M., and Laura J. Howerton. *Dental Radiography Principles and Techniques (with CD-ROM)*. 5th ed. St. Louis, MO: Elsevier/Saunders, 2017.
3. Centers for Disease Control and Prevention (CDC). www.cdc.gov
 - Guidelines for Infection Control in Dental Health-Care Settings — 2003 (MMWR, Vol. 52, RR 17)
 - Centers for Disease Control and Prevention. Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Oral Health; 2016
4. U.S. Department of Labor, Occupational Safety and Health Administration (OSHA). www.osha.gov.
 - Hazard Communication Standard (Code of Federal Regulations #29, Part 1910)
 - Bloodborne Pathogens Standard (1910.1030)
5. American Dental Assistants Association (ADAA). www.dentalassistant.org.
 - An Introduction to Basic Concepts in Dental Radiography (Course #715)
6. The DALE Foundation. www.dalefoundation.org.
 - DANB RHS Review
 - Conventional Dental Radiography Review
 - DANB RHS Practice Test
7. Miller, Chris H. *Infection Control and Management of Hazardous Materials for the Dental Team*. 6th ed. St. Louis, MO: Elsevier/Mosby, 2018.

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