

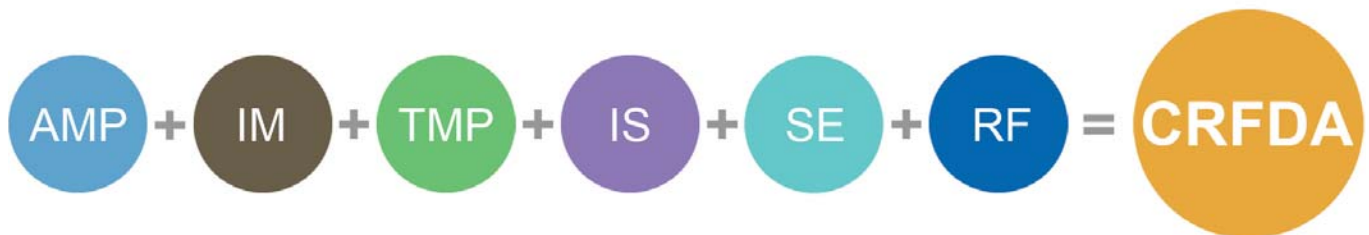


Dental Assisting National Board, Inc.
Measuring Dental Assisting Excellence®

CRFDA®

The DANB® Certified Restorative Functions Dental Assistant (CRFDA) application packet includes applications for the following exams:

- **Anatomy, Morphology and Physiology (AMP)**
- **Impressions (IM)**
- **Temporaries (TMP)**
- **Isolation (IS)**
- **Sealants (SE)**
- **Restorative Functions (RF)**



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

DANB accepts 2017 exam applications through **Dec. 31, 2017**.

Dental Assisting National Board, Inc.
444 N. Michigan Ave., Suite 900, Chicago, IL 60611-3985
1-800-367-3262 Fax: 1-312-642-8507 Email: danbmail@danb.org
www.danb.org

Testing with DANB

Testing Timeline

	Submit exam application, documentation, fees by mail/fax
1-2 weeks	Exam application is processed (if the application is incomplete, DANB will contact you for missing information)
1-2 weeks	Test Admission Notice (with instructions to schedule your exam) is mailed and also available in your online DANB account
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

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 120 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 emergency, go to www.danb.org, download and complete the *Request a New Testing Window Due to an Emergency* form, and submit the form to DANB within 60 days of your missed exam 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 can reapply for the exam at a reduced rate within 60 days of the missed exam appointment. After 60 days, you must pay full application 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 exam 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 with your application.

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

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, a true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, and any other documentation deemed necessary by DANB. Any person being held on criminal charges or serving a sentence of confinement (e.g., prison, jail, home detention, any equivalent mode of confinement), for any offense, must be fully released from confinement before applying for and/or taking a DANB exam.
- BIQ 2** For regulatory, credentialing or educational disciplinary action, a true and 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, true court copies of all relevant court orders and related documents.

About DANB Exams

About DANB Exams

DANB uses computer adaptive testing (CAT) to present questions to candidates. Each candidate starts with a question at or around the passing standard. Each time the candidate answers a question correctly, the next question will be slightly harder. If the answer is incorrect, the next question will be slightly easier. Each candidate is presented with the same percentage of questions from each sub-content area on the exam blueprint. The candidate's score is based on the difficulty of the questions that are presented, and the average candidate, regardless of passing or failing the exam, will get a little over 50 percent of the questions correct and a little under 50 percent of the questions incorrect. This method of testing more accurately pinpoints a candidate's ability level. All exam items are pretested before becoming operational to ensure the items are performing properly and are correctly calibrated.

How to Prepare to Take a DANB Exam

Step 1: Review the exam blueprint

Download the exam blueprint from www.danb.org. DANB's exam blueprints outline 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 page 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.

- Re-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

Anatomy, Morphology and Physiology (AMP)

105 multiple-choice items
80 minutes testing time

Sub-Content Area	% of items
Head and neck	15
Oral Cavity	25
Tooth anatomy, morphology and related characteristics	20
Tooth numbering systems	15
Occlusion	15
Oral pathology	10

Impressions (IM)

80 multiple-choice items
60 minutes testing time

Sub-Content Area	% of items
Purpose of impressions	15
Taking impressions	55
Patient management techniques	10
Bite/occlusal registrations	10
Infection control/OSHA protocol	10

Temporaries (TMP)

80 multiple-choice items
60 minutes testing time

Sub-Content Area	% of items
Temporary/provisional restorations	65
Temporary cement	20
Infection control/OSHA protocol	15

Isolation (IS)

60 multiple-choice items
45 minutes testing time

Sub-Content Area	% of items
Purpose of isolation	20
Types and attributes/use of various isolation systems/armamentaria	30
Placement and removal procedures	30
Special health considerations	10
Infection control/OSHA protocol	10

Sealants (SE)

80 multiple-choice items
60 minutes testing time

Sub-Content Area	% of items
Purpose of sealants	10
Indications and contraindications for sealant application	40
Acid etching	10
Sealants	40

Restorative Functions (RF)

105 multiple-choice items
80 minutes testing time

Sub-Content Area	% of items
Cavity liners and bases	7
Cavity classifications	7
Amalgam restorations	20
Composite, glass ionomer and compomer restorations	30
Stainless steel crowns	12
Procedural considerations	15
Infection control/OSHA protocol	9

Exam Eligibility

The CRFDA certification includes the AMP, IM, TMP, IS, SE and RF component exams. To earn CRFDA certification, you must pass all six component exams within a three-year period. The component exams may be taken together or separately. There are no eligibility requirements to take the AMP, IM, TMP, IS or SE exams. You must meet the requirements of one of the eligibility pathways below to qualify to take the RF exam.

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

Pathway I

Current or former CDA certificant whose certification lapsed no more than two years ago.

Required Documentation

Current or former CDA certificant

- DANB certification number

Pathway II

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

Required Documentation

Graduate of a CODA-accredited dental assisting or hygiene program

Proof of graduation

- 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)

Registered Dental Hygienist

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

Pathway III

Successful completion of an Expanded Functions Dental Auxiliary (EFDA) or restorative course/program AND minimum of 3,500 hours work experience as a dental assistant, accrued during the previous two to four years; employment must be verified by a licensed dentist.

Required Documentation

Employer Work Experience Statement (p. 9) AND EFDA or Restorative Course/Program

- Copy of diploma/certificate or original/official transcript from a program offered by an institution with a CODA-accredited dental assisting, dental hygiene or dental program. Each function does not have to be listed separately, but the documentation must indicate that expanded functions/duties or restorative functions/duties were included in the course curriculum.

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 before taking the course to be sure it will be accepted by DANB.



2017 Certified Restorative Functions Dental Assistant (CRFDA) Exams

This application will be accepted through Dec. 31, 2017.

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

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

What exam are you applying for? (Check only one) **IS, SE and RF exams taken together**
 RF exam only **AMP, TMP and RF exams taken together**

DANB use:
 IS/SE/RF exam (3660-5)
 AMP/TMP/RF exam (3660-6)
 RF exam (3664)

Section B: Signature and Date (Please type or print 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, make sure to 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?
<input type="checkbox"/> No <input type="checkbox"/> Yes | 2. Have you ever been disciplined by a regulatory board, certifying agency or examination agency or education institution?
<input type="checkbox"/> No <input type="checkbox"/> Yes | 3. Have you ever been declared mentally incompetent by a court of law?
<input type="checkbox"/> No <input type="checkbox"/> Yes |
|--|--|--|

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

In what state do you work? SSN - -

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 Fax

Section E: Eligibility Pathway

- | | |
|--|--|
| <input type="checkbox"/> Pathway I
<input type="radio"/> DANB CDA certification# <input type="text"/>
<input type="radio"/> CPR, BLS or ACLS card (submit copy of front and back) | <input type="checkbox"/> Pathway III
<input type="radio"/> Employer Work Experience Statement (submit completed page 9)
<input type="radio"/> CPR, BLS or ACLS card (submit copy of front and back) |
|--|--|
- Pathway II**
 CODA program code
 CPR, BLS or ACLS card (submit copy of front and back)
- Please see page 6 for additional documentation required.**

Section F: Payment

Candidate's Name

	IS/SE/RF Exam Fee	AMP/TMP/RF Exam Fee	RF Exam Fee	Exam fees include the \$75 nonrefundable processing fee
Traditional candidate:	\$375	\$400	\$250	
Active military personnel:	\$370	\$375	\$245	

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

DANB use:
 IS/SE/RF exam (3660-5)
 AMP/TMP/RF exam (3660-6)
 RF exam (3664)

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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2017 Employer Work Experience Statement (RF Exam — Pathway III)

This form will be accepted through Dec. 31, 2017.

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

Name of Dental Practice Office Phone

Address City State Zip

Name of Licensed Dentist

License # State License Issued

A licensed dentist (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 this form.

Name of Exam Candidate (Assistant):

By signing this form, I attest that the candidate named above has completed a minimum of 3,500 hours work experience as a dental assistant, accrued during the previous two to four years.*

* Dentist can verify employment even if the candidate has worked as a dental assistant for other dentists during the previous two to four years. Alternatively, if an assistant has worked for more than one dentist during the last four years, the candidate may attach letters on office letterhead from all dentists worked for during the last four years. 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 and that the assistant worked as a dental assistant. This form must be completed by at least one of the candidate's current/former dentist employers. DANB will accept multiple work experience statements in lieu of letters from former employers.

Signature of Licensed Dentist

Date

This form is part of the documentation required for RF application under Pathway III.

Please see page 6 for additional documentation required.



2017 Certified Restorative Functions Dental Assistant (CRFDA) Exams

This application will be accepted through Dec. 31, 2017.

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

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

What exam are you applying for?

- AMP exam only
 IM exam only
 TMP exam only
 IS exam only
 SE exam only
 IM and TMP exams taken together

DANB use:
 AMP exam (3661)
 IM exam (3662) TMP exam (3665)
 IS exam (3663) SE exam (3643)
 IM/TMP exam (3660-4)

Section B: Signature and Date (Please type or print 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, make sure to 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?

SSN - -

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 Fax

Section E: Education/Experience

- Dental assisting/hygiene program Program code Grad Year
 On-the-job-trained dental assistant Years of experience /
years months

Section F: Payment

Candidate's Name

DANB use: AMP exam (3661)
 IM exam (3662) TMP exam (3665)
 IS exam (3663) SE exam (3643)
 IM/TMP exam (3660-4)

	AMP Exam Fee	IM Exam Fee	TMP Exam Fee	IS Exam Fee	SE Exam Fee	IM/TMP Exam Fee	
Traditional candidate:	\$225	\$125	\$125	\$125	\$125	\$200	Exam fees include the \$75 nonrefundable processing fee
Active military personnel:	\$220	\$120	\$120	\$120	\$120	\$195	

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.

Exam References

Suggested References

DANB exam committees use the following textbooks and reference materials to develop DANB's exams. These are optional test preparation resources for candidates. Using these resources does not guarantee a passing score on 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.

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

General Exam References — for the RF, SE, IS, TMP, IM and AMP exams

1. Bird, Doni L., and Debbie S. Robinson. *Modern Dental Assisting*. 10th and 11th editions. Elsevier, 2011 and 2015.
2. Phinney, Donna J., and Judy H. Halstead. *Dental Assisting: A Comprehensive Approach*, 3rd and 4th editions. Delmar, 2008 and 2013.
3. Bird, Doni L., and Debbie S. Robinson. *Essentials of Dental Assisting*. 5th edition. Elsevier, 2013.

RF, SE, IS, TMP and IM Exams

1. Miller, Chris H. *Infection Control and Management of Hazardous Materials for the Dental Team*. 5th ed. St. Louis, MO: Elsevier/Mosby, 2014

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